

A REVIEW OF  
ORTHOPAEDIC HEALTH CARE IN  
THE FRASER COAST HEALTH REGION



COMMISSIONED BY THE DIRECTOR GENERAL OF QUEENSLAND HEALTH

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DIRECTOR GENERAL OF QUEENSLAND HEALTH, DR STEPHEN BUCKLAND,  
IN MAY 2005.

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## Section 1: General Information

### Preamble

On 4th November 2003, the Chairman of the Queensland Branch of the Australian Orthopaedic Association, Dr Christopher Blenkin, an accredited orthopaedic surgeon working in Queensland, wrote to Queensland Health expressing concern with the delivery and quality of orthopaedic care at Hervey Bay Hospital. At the time, two non-accredited surgeons were carrying out orthopaedic procedures as SMOs at Hervey Bay. The matter received coverage in the Queensland media and created considerable concern among the accredited orthopaedic specialists working in public hospitals in Queensland.

Early in 2004, Dr Terry Hanelt, Director of Medical Services, Fraser Coast Health Service District called for an investigation into the situation and in June 2004, the Director General of Queensland Health, Dr Stephen Buckland, sought a review of the facilities available in the Hervey Bay region, the staffing of those facilities and the process of orthopaedic healthcare delivery in the region. It was also requested that the Investigators consider any impediments to healthcare delivery to patients in the region and advise with respect to possible improvements in the delivery and/or referral to appropriate hospitals.

### Appointment of Investigators

The Australian Orthopaedic Association was asked to nominate two orthopaedic surgeons who could conduct the inspection and report as requested. The Executive of the Association nominated:

**Dr Peter E Giblin** MBBS FRACS FAOrthA  
Orthopaedic Surgeon  
Honorary Secretary of the Australian Orthopaedic Association

**Dr John B North** MBBS FRACS FAOrthA  
Orthopaedic Surgeon  
Senior Examiner in Orthopaedics to the Royal Australasian College of Surgeons  
Honorary Secretary-Elect of the Australian Orthopaedic Association

The Director-General of Queensland Health subsequently appointed Dr Peter Giblin and Dr John North as the Investigators of the Hervey Bay Hospital orthopaedic facilities, pursuant to Division 1, Part 6 of the *Health Services Act 1991* on 8<sup>th</sup> June 2004.<sup>1</sup>

The conditions of appointment were:

1. That the appointment commenced on the date of the Instrument and would end on the delivery of the required report (Initially set at June 30);
2. The appointees would be indemnified against any claims made against the appointees arising out of the performance in their functions under the Instrument;
3. The appointees could only exercise the powers specified in Section 56 of the *Health Services Act 1991* where the appointees were satisfied the use of the power was necessary to carry out the *Terms of Reference* listed below.

<sup>1</sup> The Instrument was dated 06/08/2004 but as the date of receipt was early June and not early August, the recipients assumed that the dating had been reversed and in fact it was signed on 8 June 2004.

An Instrument of Appointment signed by the Director General of Queensland Health, was forwarded to each Investigator.

### **Terms of Reference**

The Director General of Queensland Health instructed the Investigators to undertake a review of, and report on, the provision of orthopaedic service in the public sector in the Fraser Coast Health Service District. The appointees were to review the following Queensland Health facilities:

- Hervey Bay Hospital
- Maryborough Hospital

The review was to investigate matters relating to the management, administration and delivery of public sector health services and was to include advice to assist the Fraser Coast Health Service District in defining some guidelines for the senior medical officers in relation to:

"1. Conditions where:

- a) the management of the patient does not require discussion with orthopaedic surgeon prior to the commencement of a treatment plan;
- b) the management of a patient must be discussed with an orthopaedic surgeon prior to the commencement of a treatment plan.

2. Appropriate assessment processes for determining the procedures by which each of the senior medical officers is assessed:

- a) Competent to perform independently without reference to an orthopaedic surgeon;
- b) Requiring discussion with an orthopaedic surgeon prior to commencing treatment;
- c) Requiring direct supervision of an orthopaedic surgeon while treating.

3. Complications that must be discussed with an orthopaedic surgeon prior to continuing treatment.

4. The level of direct and indirect supervision required from consultants;

5. Clinical audit/quality assurance recommendations;

6. Requirements for registrar training accreditation;

7. Any other matters that the AOA feels relevant that have been omitted."

### **The Inspection Process**

#### **The Functions of Investigators (*Health Services Act (Qld) 1991*)**

S55 of the *Health Services Act (Qld) 1991* describes the functions of Investigators.

*"The functions of an investigator are to investigate and report to the Chief Executive on any matters relating to the management, administration or delivery of public sector health services, including, for example, matters relating to clinical practices and standards of health care in the delivery of public sector health services."*

The Investigators understood the functions to which they were called and have undertaken the investigation with the limits of s55 and s56 of the *Health Services Act (Qld) 1991*.

When requesting any documentation from an officer or employee of Queensland Health, the Investigators produced the Instrument of Appointment as well as a copy of the *Health Services Act (Qld) 1991 - s55, s56, s57*.

All persons interviewed were shown the document and asked to sign that they understood the Instrument of Appointment and the appropriate sections of the *Health Services Act (Qld) 1991* and their responsibility in the supply of documents requested.

## Inspection Documentation

Queensland Health had undertaken that all documentation relating to the inspection would be available to the investigators seven days prior to the inspection date. Although four weeks' notice of the inspection was given, almost none of the documentation was provided prior to the inspection date. The material to be provided to the Investigators in advance was to include:

1. A written overview of the departmental structure to include:
  - a. Names and CVs of all medical staff involved in the Orthopaedic Department
    - i] Director
    - ii] SMOs
    - iii] RMOs (who have or are doing orthopaedic terms 16/1/04 -30/4/04)
    - iv] VMOs

*This material was not provided prior to the inspection but was received after the inspection date.*

- b. Written evidence of continuing professional development activities from all medical staff listed above.

*Written evidence was not provided.*

- c. The extent of secretarial services for orthopaedics and nursing services in:
  - i] Wards
  - ii] Outpatient Department
  - iii] Operating Theatre, (both in normal hours and after hours)

*The above material was not provided.*

2. A summary of outpatients treated by each of the medical staff from 30/6/03 to 31/3/04.

*The above material was not provided.*

3. A summary of operating theatre cases undertaken by each of the medical staff from 30/6/03 to 31/3/04, including both elective and emergency procedures and 'unplanned returns to operating theatre' as well as cases passing through the operating theatre referred to another centre within 24 hours.

*The above material was not provided.*

4. A Mortality and Morbidity Audit.

*The above material was not provided.*

The list of all cases in the Orthopaedic Department with files and X-rays were to be available of all cases of mortality or morbidity associated with orthopaedic treatment in the facility 30/6/03 to 31/3/04 together with audit meeting reports with respect to these.

5. A list of all patients referred to major hospitals from 30/6/03 to 31/3/04.

*The above material was not provided.*

Files and X-rays of all those cases referred to major hospitals 30/6/03 to 31/3/04 to be were to be available for the Investigators to view on the date of inspection.

6. HRM Timesheets for all Medical Officers including the Director of Orthopaedics, Senior Medical Officers, Visiting Medical Officers and Resident Medical Officers from 30/6/03 to 30/4/04 are requested.

*These were provided after the inspection.*

7. Lists of recreation leave, sick leave, conference leave, professional development leave and/or special leave for each member of staff above over the period mentioned above.

*These were provided after the inspection.*

The Investigators requested various forms of documentation from those interviewed, including material not previously supplied as agreed.

### **The Timing of the Inspection and Submission of the Report**

The Investigators were unwilling to set any date to visit the district until they had obtained written confirmation of indemnity against any claims made against them in the performance of their functions under the Instrument of Appointment.

When this was confirmed early in June 2004, arrangements were made for the Investigators to travel to Hervey Bay on 1 July 2004 for inspections on the 2 July and all parties notified. The original date for the submission of a report was set for 30 June 2004, but when the inspection had not been undertaken by this date, an extension was granted until 31 October 2004.

As material necessary for the report was still being received by 31 October, the Investigators were unable to meet the deadline and sought an extension of time for the submission of the report. This was not granted by Queensland Health.

Early in 2005, negotiations re-commenced with Queensland Health concerning submission of the report, which the Investigators felt was important to those involved in the delivery of Health Care in the Fraser Coast Health District. Upon receiving advice from Queensland Health that the report would be accepted under the initial terms of appointment of the Investigators, the report was forwarded to the Director General of Queensland Health, Dr Stephen Buckland.

### **The Inspection Process**

The Investigators travelled to Hervey Bay from Sydney and Brisbane on 1st July 2004. The following morning, they were met by the Director of Medical Services, Dr Terry Hanelt, and driven to the Hervey Bay Hospital. The entire day of July 2nd 2004 was spent interviewing

medical, nursing and administrative officers at both the Hervey Bay Hospital and the Maryborough Hospital.<sup>2</sup>

The Investigators did not seek to inspect facilities at the hospitals and relied on reports of interviewees concerning the accuracy of details contained in this report concerning those facilities.

After being driven to their hotel in the evening, the Investigators perused files and x-rays of cases of concern, travelling back to Brisbane and Sydney, respectively, the following day.

At interview, each interviewee was asked about his/her understanding of the orthopaedic health care delivery process from their point of view and the positives and negatives that they saw in the present situation. The interviewees were also asked to consider any impediments to health care delivery that they saw and each was asked to be frank with respect to their discussions with the Investigators.

Each of those interviewed was asked to read and sign that they understood Section 56 of the *Health Services Act (Qld) 1991* with respect to documentation and its supply to Investigators in these circumstances. Each of the interviewees was given a list of those documents that the Investigators wished to see which had not been made available prior to the inspection. The list contained the name and address of one of the Investigators to which information could be forwarded. The Investigators retained copies of the list given to each interviewee.

Further requests for documentation arose following receipt of the original requests. Not all requests have been met at the time of submission of this report, although most had been received by end of September after reminder letters sent by the Investigators. The slow return of information continued over a number of months, with one large envelope containing more than one hundred pages arriving on 24th December 2004.

The process of collation and preparation of the report commenced within several days of the inspection itself and the Investigators held numerous face-to-face and telephone meetings over the ensuing weeks. The Investigators have considered carefully all documentation received. Responses given during the interview were reconsidered in the light of the documentation received following the inspection.

Unfortunately, the Investigators were unable to meet the original deadline set by Queensland Health for the submission of the report because of the failure of the Investigators to obtain requested material in a timely fashion.

## **Interviews**

The Investigators interviewed the following people as part of the review process:

### **Medical Staff**

Dr Morgan Naidoo, Director of Orthopaedics, Hervey Bay Hospital  
 Dr Damodaran Krishna, SMO Orthopaedics  
 Dr Dinesh Sharma SMO Orthopaedics  
 Dr Padayachey, SMO Orthopaedics  
 Dr H (Jim) Khursandi, VMO Orthopaedics  
 Dr Sean Mullen, VMO Orthopaedics

<sup>2</sup> The Investigators would like to sincerely thank Dr Terry Hanchet for his transfers from the hotel to the hospitals and travel between the two campuses



Nurse Unit Managers of:

Ms Karen Champion, Hervey Bay Outpatients and Hervey Bay Emergency Department

Ms Dale Erwin, Hervey Bay Operating Theatre

Ms Gail Plint Hervey Bay, nominee of Hervey Bay Surgical Unit Nurse Manager

Ms Theresa Winstone was asked to attend for interview but was unavailable. No reason was provided for her absence.

Maryborough Hospital Nurse Unit Manager of the General Ward

Ms Lyndal Suthers, Maryborough Clinical Nurse Consultant (Infection Control)

***Administrative Staff***

Dr Terry Hanelt, Director of Medical Services, Fraser Coast Health Service District

Ms Lister, Fraser Coast Health Service District Human Resource/Pay Office

Mr Michael Allsop, District Manager, Fraser Coast Health Service District

## **Section 2: General Information on Fraser Coast District Hospitals**

### **Demographics of the Fraser Coast Health Service District**

Maryborough is three hours' drive (256km) north of Brisbane via the Bruce Highway. Maryborough and Hervey Bay are the two cities in the region.

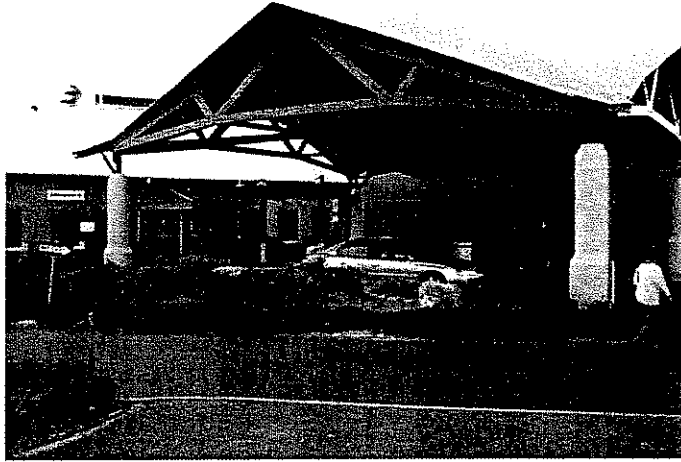
Maryborough was first settled in 1847 and is situated on the Mary River. It is one of the oldest cities in Queensland. The port of Maryborough began in approximately 1860 and continued through until 1900. The town is serviced daily by a regional airline, a Queensland Rail service and several coach services.

Twenty minutes northeast of Maryborough are the beaches of Hervey Bay. Whereas the population of Maryborough has remained the same for some years, the Hervey Bay population has rapidly expanded (currently approximately 50,000). Hervey Bay has become the centre for Fraser Coast tourist attractions, and the calm waters of the Sandy Straits as well as the wonders of Fraser Island are easily accessible from Hervey Bay. It is the hub for whale watching activities on the Queensland Coast.

### **Minimum Standards for the Practice and Teaching of Orthopaedic Surgery**

Documentation available from the Australian Orthopaedic Association sets down the minimum requirements for the practice of orthopaedic surgery (Appendix A) and the minimum requirements for the accreditation of a training post in orthopaedic surgery (Appendix B). The standards as set down in these documents may be compared with the situation at Hervey Bay Hospital and Maryborough Hospital.

## General Information on Hervey Bay Hospital



### ***General Hospital Facilities***

There are 8-10 orthopaedic beds available at Hervey Bay Hospital, mainly public patients. Outpatient facilities are available and the hospital operates an Accident and Emergency Department.

The hospital has adequate operating theatres, with imaging devices and pathology services available as needed. Ancillary services, including physiotherapy, occupational therapy and orthotics are available. Medical records are stored at the hospital.

### ***Structure of Orthopaedic Unit***

#### **• Orthopaedic Consultants**

**Dr Morgan Naidoo** was appointed to the position of Director of Orthopaedics (Option A) at Hervey Bay Hospital on 22 August 2002 and continues to hold it. The terms of his appointment included a limited right of private practice which could be undertaken within the Fraser Coast District hospitals (Hervey Bay and Maryborough).

The letter of appointment from the area Director of Medical Services, Dr Terry Hanelt, shows that Dr Naidoo was given a study leave entitlement of 13 weeks on full salary for each five years of continuous leave which may be taken on a pro-rata basis after one year of continuous service. This leave approval was conditional upon the proposed leave being of benefit to the service provision of the District, as determined by the Director of Medical Services. As well, conference Leave of one week on full salary for each year of continuous service up to a maximum accrual of two weeks was provided with a Long Service Leave entitlement of 13 weeks after 10 years of service.

Other terms of appointment included a fully-maintained motor vehicle for official and private use (within reason) which is to be made available for use of other staff during normal working hours, a residence or a rental subsidy to a maximum of \$170 per week, payment of telephone rental, an allowance toward the cost of telephone calls and an

allowance toward the cost of electricity. A Director's allowance of \$5937 per annum was paid on top of the agreed salary package.

Dr Naidoo's referees for the position were Dr Michael Tuch, an anaesthetist in private practice in Brisbane, and Dr H J Khursandi, an orthopaedic surgeon in Maryborough. Mrs Linda Dawson (District Manager at Roma Hospital, Queensland) was apparently a third referee.

Dr Naidoo completed his initial medical training in South Africa in 1973 and was enrolled in the advanced training programme in orthopaedics from 1977-1981. He is a registered orthopaedic specialist and is a Fellow of the Royal Australasian College of Surgeons. He was granted Fellowship of the Australian Orthopaedic Association in 1992. Prior to his appointment at Hervey Bay, Dr Naidoo claims to have held the following positions:

- Registrar at various Queensland Hospitals 1976-1982
- VMO at Rockhampton Base Hospital from 1982-1986
- VMO at Ipswich General Hospital from 1986-
- Staff Orthopaedic Surgeon (Option A) from 1 July 2001 to 21 August 2002

Dr Naidoo is a full time staff specialist with on call commitment. He and his family live in Brisbane, although he also has a Hervey Bay residence provided for his use.

**Dr Sean Mullen** is employed as a Visiting Medical Officer (Specialist Orthopaedic Surgeon) at Hervey Bay Hospital. Dr Mullen is registered in Queensland as an Orthopaedic Surgeon, having trained in Australia and being granted the FRACS in Orthopaedics in 1999. After completion of his specialist training, he spent one year at Princess Alexandra Hospital as Staff Specialist, and then moved into a private practice with a VMO position at the Hervey Bay Hospital. He is a registered orthopaedic specialist and was granted Fellowship of the Australian Orthopaedic Association in 2002. He attends Hervey Bay Hospital for three sessions per week and has an on call commitment. His private medical activities occur at St Stephen's Private Hospital in Maryborough.

#### • Other Medical Staff in the Orthopaedic Unit

**Dr Damodaran Krishna** holds the position of Senior Medical Officer (Orthopaedics) at Hervey Bay Hospital. He was initially granted Special Purpose Registration to fill an Area of Need within a public hospital through AMAQ Services Pty Limited, commencing 4 December 2000. He has been granted periods of Special Purpose Registration and is currently registered until 17 July 2005 to fill an Area of Need position at Hervey Bay Hospital and Maryborough Hospital. He is undertaking career medical officer activity at Hervey Bay Hospital and is engaged in full time orthopaedic patient care.

The letter of appointment from the Director of Medical Services, Dr Terry Hanelt, details the terms of appointment as follows: remuneration at a rate applicable to a specialist, conditional upon gaining and maintaining registration with the Medical Board of Queensland as a Specialist; employment is on a permanent basis conditional upon maintaining registration with the Medical Board of Queensland as a Medical Practitioner; a 12 month probationary period. Leave, motor vehicle and residence provisions were the same as those offered to Dr Naidoo. Although requested, a copy of Dr Krishna's referees could not be located. Dr Krishna was apparently recruited by Dr Naidoo.

Dr Krishna is not registered as a specialist in Queensland or in any other State in Australia. Prior to his appointment at Hervey Bay, Dr Krishna was employed as a Principal House Officer in the Orthopaedic Department at Toowoomba Base Hospital from January 2001.

Dr Krishna graduated in 1982 from the Fiji School of Medicine and undertook his further medical training in Fiji. He was awarded a Diploma in Orthopaedics (Fiji) by the Australian Orthopaedic Association in recognition of his participation in professional development organised by Orthopaedic Outreach Fund Inc., where volunteer orthopaedic surgeons travel to Fiji to develop the skills of doctors to practice some limited orthopaedic surgery in their home country. This diploma is not, and has never been, recognised or considered as a qualification in orthopaedic surgery by the AOA or the Royal Australasian College of Surgeons. Despite being informed of this when awarded the certificate, many participants have held the diploma out as a qualification in orthopaedics. The AOA ceased issuing the diploma from 2003 because of such misuse.

**Dr Dinesh Sharma** commenced an appointment as an SMO at Hervey Bay on 27 February 2003, having been granted Special Purpose Registration to fill an Area of Need position. This Special Purpose Registration was subsequently extended to 25 January 2005. He is undertaking career medical officer activity at Hervey Bay Hospital and is engaged in full time orthopaedic patient care.

A letter of appointment to the position of Senior Medical Officer, Department of Orthopaedics, Fraser Coast Health Service District, was signed by Dr Terry Haneit on 7 January 2003. Registration requirements were similar to those of the other Senior Medical Officer and leave, motor vehicle and residence provisions were the same as for Dr Naidoo and Dr Krishna.

Dr Sharma is not a specialist orthopaedic surgeon and does not have specialist registration. He was trained in medicine in Fiji in the University of the South Pacific between 1991 and 1996 and practised as an "orthopaedic surgeon" in Fiji after receiving a Diploma in Orthopaedics (Fiji) under the circumstances mentioned above.

#### • Registrars

There are no registrars attached to the Orthopaedics department at Hervey Bay Hospital, although there is one RMO, who is not always available. The Hospital does not meet the standards required for an orthopaedic training post and there are no service registrars working in orthopaedics at the hospital.

#### ***Orthopaedic Wards***

There are 24 surgical beds at Hervey Bay Hospital and 8-10 of these are designated as orthopaedic beds. There is a limited number of rehabilitation and "exit" beds.

Ward rounds are carried out, but are typically done without supervision by an accredited orthopaedic surgeon and there is limited, or no, documentation of such rounds.

#### ***Operating Sessions***

It was not possible to establish the number of operating sessions available for surgeons at Hervey Bay Hospital for general orthopaedics and trauma. These sessions are supervised by Drs Naidoo and Mullen, but logbooks appear not to be kept.

### ***Outpatient Services***

It was also not possible to establish the number of orthopaedic and fracture clinics at Hervey Bay Hospital. These clinics, however, were not always supervised by a registered orthopaedic specialist and much of the work was done by the SMOs, Dr Krishna and Dr Sharma.

### ***On-Call Roster***

The trauma component of the on-call roster is significant. Queensland Health policy requires that staff specialists undertake normal hours on-call (0730-1730), with a portion of after hours on-call as well. VMO specialists undertake out of hours (14hrs) on-call during weekdays. Weekends are divided between the two specialists and they are on for 48 hours. Some minor differences/modifications have been put in place to accommodate the fact that Dr Naidoo's primary residence is in Brisbane.

From a professional and personal perspective, the on-call component of this hospital is impossibly heavy, with only two registered orthopaedic specialists.

### ***Teaching and Learning Opportunities***

Teaching and learning opportunities at Hervey Bay Hospital are virtually non-existent. There is no Journal Club and only very occasional tutorials and x-ray sessions for staff. A Clinical Conference is not organised within the Orthopaedic Department. Audit Meetings are held only occasional and these are poorly structured, poorly documented and poorly attended. Pathology Meetings and Special Interest Clinics are not held.

Library facilities for orthopaedic staff are inadequate and there is no study area available. Computer facilities are poor and outdated.

### ***Research Facilities***

There are no research facilities for orthopaedic staff at Hervey Bay Hospital.

## **General Information on Maryborough Hospital**



### ***General Hospital Facilities***

There are several orthopaedic beds available at Maryborough Hospital, with a public/private mix. Outpatient facilities, including a hand clinic, are available. The hospital does not have an Accident and Emergency Department and cases are taken to Hervey Bay.

The hospital has adequate operating theatres, with imaging devices and pathology services available as needed. Ancillary services, including physiotherapy, occupational therapy and orthotics are available. Rehabilitation services are limited. Medical records are stored at the hospital and the method of storage is adequate.

### ***Structure of Orthopaedic Unit***

#### **• Orthopaedic Consultants**

**Dr H (Jim) Khursandi** was appointed on 9 March 1977 as a Visiting Medical Officer in Orthopaedics at Maryborough Base Hospital. He is a registered orthopaedic specialist and is a Fellow of the Royal College of Surgeons (Edinburgh) and the Australian Orthopaedic Association. He attends for three sessions per week, engages in both private and public practice and has an on call commitment. Dr Khursandi specialises in general orthopaedics, arthroplasty and trauma and runs a fracture clinic and hand clinic at Maryborough Hospital. His private practice takes place at St Stephen's Private Hospital and he is involved in medico-legal practice and participates in tribunal activities in Brisbane.

## • Other Medical Staff in the Orthopaedic Unit

### • SMOs

**Dr Padayachey** holds an appointment as a Senior Medical Officer at Maryborough Hospital. He was granted General Registration but not Specialist Registration in September 1978 and his registration remains current until the end of September 2004. Although in his initial years Dr Padayachey undertook general surgery as well as orthopaedic surgery, and was on-call for orthopaedic problems, in recent years he has been undertaking orthopaedic activity only. He hopes to retire in two or three years and now does minimal orthopaedic surgery apart from some trauma activity. He does not undertake continuing professional development because of his intention to retire soon from the medical workforce. He is part of the on-call roster at Hervey Bay Hospital as well, although he spends most of his time at the Maryborough Base Hospital. He is a career medical officer in orthopaedics and does not hold specialist registration as an orthopaedic surgeon in Queensland.

### • Registrars

There are no orthopaedic registrars at Maryborough Hospital, although there is one RMO. The Hospital does not meet the standards required for an orthopaedic training post and there are no service registrars working in orthopaedics at the hospital.

### *Orthopaedic Wards*

Information was not available on the number of designated orthopaedic beds at Maryborough Hospital or on the turnover rate. There is a limited number of rehabilitation and "exit" beds.

Ward rounds are carried out daily by the SMO and by the VMO at session.

### *Operating Sessions*

It was not possible to establish the number of operating sessions available for surgeons at Maryborough Hospital for general orthopaedics and trauma. Procedures are supervised by Dr Khursandi, but logbooks appear not to be kept.

### *Outpatient Services*

Orthopaedic, fracture and hand clinics are conducted at Maryborough Hospital. These clinics are supervised by Dr Khursandi and the work is mainly done by the SMO, Dr Padayachey.

### *On-Call Roster*

Dr Khursandi has been the lone on call specialist for many years after a colleague left the town. He does not take on-call for Hervey Bay Accident and Emergency.



***Teaching and Learning Opportunities***

Teaching opportunities at Maryborough Hospital are limited. There is no Journal Club and only very occasional tutorials and x-ray sessions for staff. A Clinical Conference is occasionally organised within the Orthopaedic Department. Audit Meetings are held only occasionally. Pathology Meetings are not held but a Special Interest Hand Clinic is organised.

A limited library and study area is available for staff, but computer facilities are outdated.

***Research Facilities***

There are no research facilities for orthopaedic staff at Maryborough Hospital.

## Section 3: Investigators' Report on the Medical Staff of the Fraser Coast Health District

### Orthopaedic Staff

#### Director of Orthopaedics at Hervey Bay Hospital Dr Morgan Naidoo

The interviews of staff of Hervey Bay Hospital revealed serious deficiencies in the functioning of Dr Naidoo and observations on Dr Naidoo's performance were generally negative. The major concerns expressed at interview are listed below:

**Commitments:** The Investigators heard that Dr Naidoo undertakes private practice within the Fraser Coast system, usually at Hervey Bay Hospital on Monday afternoons. It appears the majority of his time is spent at Hervey Bay Hospital where he has three theatre sessions per week. In these three sessions, Dr Naidoo confirmed that he performed seven total joint arthroplasties each week, but no spinal surgery. The Investigators were unable to ascertain the mix of private and public during these sessions. Dr Naidoo also confirmed that he did medico-legal reports outside the Hervey Bay / Fraser Coast system. He stated that he did not engage in clinical work outside the Fraser Coast system.

**Availability:** Several staff interviewed expressed concern about Dr Naidoo being in Brisbane for a large proportion of his time and frequently being absent on recreation leave, sick leave, conference leave or study leave. Staff believed that, as Director of Orthopaedics, his absence from the campus on many occasions for very long periods of time was unacceptable. It was reported that he was extraordinarily difficult to contact, being either out of range or out of town and that he simply did not respond to messages left by staff to contact them. It was suggested during interview that when difficult issues arose, Dr Naidoo would take recreation leave or study leave, leaving the issues unresolved.

Dr Naidoo was questioned with respect to his leave applications (and in particular study leave and sick leave applications) at the end of the interview session. It was established by the Investigators that all leave applications must be approved by Dr Hanelt and an indication that approval had been obtained for all leave was sought. At the time of writing the report, the Investigators have not received any documentation to confirm that leave taken by Dr Naidoo over the past 12 months was approved by Dr Hanelt.

**Supervision of Staff:** One of the SMOs commented that Dr Naidoo would not scrub up or scrub in with him when he had problems with surgery and it was reported by nursing staff that the Director was often not present in the Operating Theatre when it was clear that the SMOs from the unit had exceeded their level of competence. Dr Naidoo had negotiated extremely generous study leave arrangements upon his appointment and was frequently absent from the hospital because of this and also took frequent sick leave. The frequent absences of Dr Naidoo from the hospital were of concern to both theatre and ward staff who reported that there was usually no supervision of the SMOs when operating and no supervision of their work within the hospital.

**Communication with Staff:** The Investigators heard that the Director of Orthopaedics was a poor communicator and the conflict between medical staff made communications even more difficult. There appears to be very poor communication between Dr Naidoo and the nursing staff and virtually no communication between the SMOs and Dr Naidoo. He was depicted as a poor communicator in every aspect of orthopaedic surgery, but particularly in communication between colleagues.

**Surgical Performance:** Several interviewees reported that Dr Naidoo frequently cancels orthopaedic procedures (elective as well as trauma surgery) that have been booked and prepared for the Operating Theatre. Nursing staff from the Operating Theatre referred to a procedure called "cancelectomy" as being Dr Naidoo's specialty. This behaviour was considered highly unprofessional.

Although Dr Naidoo felt that he was somewhat of an expert in this field of total joint arthroplasty, serious concern was expressed from a number of quarters about Dr Naidoo's ability to undertake this procedure. A case was described to the Investigators where it was claimed that Dr Naidoo had taken five hours to undertake a total hip replacement as a consequence of surgical incompetence.

It was claimed that Dr Naidoo undertook the care of many Work Cover patients in the Operating Theatre although the Investigators were unable to establish if there was any unreasonable practice outside the employment envelope.

**Clinical Performance:** Concern was expressed by hospital staff that Dr Naidoo would only see six patients in an outpatient session and that he regularly changed categories for orthopaedic patients. The repeated, short-notice cancellation of outpatient clinics was a constant source of irritation for the Outpatients Department nursing staff.

It was also claimed by interviewees that Dr Naidoo engaged in a substantial amount of photocopying of outpatient notes and no legitimate explanation for this activity could be suggested. The Investigators have serious concerns about privacy issues in this circumstance, and about practice issues as well, such as billing for Workcover and HIC patients.

**Industry Involvement:** Of concern to the Investigators were several allegations about Dr Naidoo's involvement with the Link Company, manufacturers of total joint prostheses. It was reported that, on a number of occasions, Dr Naidoo and a representative of the company had been overheard discussing activities which suggested a conflict of interest situation. The Investigators suggest that it would be of interest to establish how many Link prostheses had been used at Hervey Bay Hospital in the previous two years and whether any Link prosthesis procedures had been cancelled.

**Leadership:** All those interviewed reported serious misgivings about the leadership of Dr Naidoo. His leadership and administrative skills were universally considered to be poor to non-existent.

### ***Investigator's Recommendation/Comment***

*The Investigators believe there is sufficient evidence to warrant a further investigation of Dr Naidoo's activities and practice. Specifically, it is recommended that an immediate investigation be undertaken into the following:*

- *the specialist surgical care provided by Dr Naidoo of Work Cover patients in the Hervey Bay Hospital Operating Theatre and the billing practices employed by Dr Naidoo in respect of these patients;*
- *the specialist surgical care provided by Dr Naidoo with respect to the use of total joint arthroplasty implants and the possible provision of any inducements to Dr Naidoo by prosthetic devices suppliers to implant a particular prosthesis;*
- *the lack of clinical audit of Dr Naidoo's activity at Hervey Bay Hospital;*
- *the extent of the leave undertaken by Dr Naidoo from Hervey Bay Hospital and whether the leave has been approved by the relevant authorities;*
- *the rate of cancellation of orthopaedic procedures by Dr Naidoo and the reasons for same; and*
- *the reported photocopying of outpatient notes, the reason for this activity and whether privacy concerns have been breached by this practice.*

### **VMO at Hervey Bay Hospital Dr Sean Mullen**

The interview of staff at Hervey Bay Hospital evoked no negative reports on the performance of Dr Mullen. The Investigators also sought information from those outside the hospital about Dr Mullen's commitment to the people of Hervey Bay, and there was high praise from all, except from the Director of Medical Services and the District Manager.

Both Dr Hanelt, the Director of Medical Services for the Fraser Coast Health District, and Mr Allsop, the District Manager, revealed animosity toward Dr Mullen although the reasons for the feeling were not clear to the Investigators. Reference was made to "problems" with Dr Mullen's duties as a consultant, which appeared to relate to the fact that Dr Mullen had withdrawn his services the previous year when he had felt that patient care and safety was being compromised, and to the perception that Dr Mullen's practice manager (Mrs Mullen) "made all the practice decisions". Beyond this, however, the Investigators were unable to elicit clear and detailed statements of the "problems" perceived by Dr Hanelt and Mr Allsop.

Dr Mullen is aware that he does not have the support of either Dr Hanelt or Mr Mullen.

At interview, Dr Mullen indicated that he was committed to the Fraser Coast area and he and his family lived close to the hospital. He has subsequently demonstrated that commitment by purchasing premises with several other specialists to begin a day surgery centre in the Hervey Bay District that would supply specialist health care delivery in the private sector. He revealed a vision he had for orthopaedic health care for the Fraser Coast Health District where three, possibly four, younger orthopaedic surgeons living in the region supplied orthopaedic health care delivery both in public and in private.

### ***Investigator's Recommendation/Comment***

*The Investigators found Dr Mullen to be committed to the Fraser Coast but frustrated in his endeavours to improve the standard of orthopaedic care in the district. They are concerned that, unless greater support is given to Dr Mullen, he may leave the area. For this reason, the Investigators recommend that a solid effort be made by Queensland Health to encourage Dr Mullen and that the Administration seek his assistance in attracting young and fully qualified orthopaedic surgeons to the Fraser Coast District.*

### **SMO at Hervey Bay Hospital Dr Dinesh Sharma**

It was reported to the Investigators that staff at Hervey Bay Hospital found difficulties in many areas of Dr Sharma's performance. He was described as being unwilling to work and ready to pass off work (and blame for his failures) to others. Nursing staff noted that he would often use a jurisdictional excuse to avoid responsibility.

Staff reported that Dr Sharma's clinical and surgical skills were poor, as were his communication skills. There were no favourable reports of the work or attitude of Dr Sharma and staff reported that it was always very hard to find the orthopaedic SMOs for consultation in the Emergency Department and they were often not on the hospital campus.

At interview, the Investigators found that Dr Sharma appeared to have insight into his professional shortcomings and the problems associated with orthopaedic health care delivery in the Fraser Coast District. The Investigators were informed that Dr Sharma has attempted to improve his skills since his appointment at Hervey Bay Hospital by attending a number of educational and professional development activities. It was clear that he had little or no supervision most of the time within the hospital and that there was very poor communication between the leadership of the hospital. These factors made it difficult for Dr Sharma to extend his skills at the hospital.

Dr Sharma wishes to remain in Australia. He claims to have committed himself and his family to the area and wished to try and gain specialist registration if possible. He had received a letter from the Royal Australasian College of Surgeons in June 2004 advising that his qualifications would require him to complete the full training programme in orthopaedic surgery before he could be granted recognition as an orthopaedic specialist.

### ***Investigators Recommendation/Comment***

*The Investigators recommend that Dr Sharma seek a place in the Advanced Surgical Training Programme in orthopaedics, and if his application is unsuccessful, he seek to be employed as a Career Medical Officer / Senior Medical Officer in Orthopaedics, but in a much larger centre where adequate supervision by specialists, both full-time and VMOs, would be guaranteed. It is further recommended that Dr Sharma not undertake surgical procedures without having a specialist orthopaedic surgeon in the operating theatre at all times. This is the only way to ensure safe health care delivery to orthopaedic patients, especially in the area of straightforward trauma and operative surgery for that trauma.*

## **SMO at Hervey Bay Hospital Dr Damodaran Krishna**

Staff interviews elicited uniformly poor reports of the performance of Dr Krishna. It was suggested that Dr Krishna's assessment of patients and his ability to communicate their needs are very inadequate and may have been seriously flawed on many occasions. He was described variously as "lazy", "incompetent" and "lacking basic surgical and clinical skills". Nursing staff complained that Dr Krishna also used jurisdictional excuses to avoid responsibility. Staff also reported that he is often difficult to contact in the case of an emergency and often appears to be off-campus during working hours. Even in after-hours on-call situations it was reported that he was difficult to find.

At interview, Dr Krishna revealed no personal insight of his shortcomings with respect to patient care issues, management of severe trauma, or clinical care. A number of clinical scenarios were put to him, and he was unable to respond appropriately to even the simplest of them, despite being fluent in English. The Investigators were seriously concerned about his ability to carry out minor clinical reasoning and could find no evidence of any ability to undertake advanced clinical reasoning.

It had been reported that Dr Krishna wrote very little in medical records and almost never undertook contemporaneous record keeping. The Investigators requested and received a number of files and x-rays associated with the patients where major complications had occurred and a serious lack of basic record keeping was very obvious.

Despite evidence to the contrary, Dr Krishna believed he was capable of handling any orthopaedic case that came his way. He was reported not to seek help or advice when performing procedures under supervision. When asked about poor outcomes following procedures he had undertaken, he suggested the "hopeless junior staff" were responsible.

Dr Krishna's surgical qualifications have never been assessed by the Royal Australasian College of Surgeons, but he stated that he did not believe he needed further training in orthopaedics and suggested that he should receive specialist registration because of the work he was doing and the training he had undertaken in Fiji. He stated that he was regarded as a senior level orthopaedic specialist in Fiji and could not see why he should be granted the same status in Australia.

Dr Krishna admitted that the lines of communication within the Orthopaedic Department at Hervey Bay Hospital and with the medical and administrative staff were poor but did not hold himself responsible for this in any way.

## ***Investigators Recommendation/Comment***

*The Investigators recommend that if Dr Krishna is to be offered another position by Queensland Health, the prospective employer should:*

- demand very close supervision in clinical work, and*
- ensure that no surgical treatment undertaken by him is unsupervised*

*The Investigators believe that, in his present position, Dr Krishna should not be undertaking surgical procedures without having a specialist orthopaedic surgeon who has assessed him in the operating theatre at all times. A process for assessing further orthopaedic health care delivery by this doctor should be undertaken by a credentialing committee, which should include two specialist orthopaedic surgeons drawn from outside the district.*

### **VMO at Maryborough Hospital Dr H ("Jim") Khursandi**

Dr Khursandi has practised in the Maryborough area since 1977 and, at interview, staff revealed a respect for Dr Khursandi and his commitment to orthopaedic care in the region.

Dr Khursandi stated that, at one stage, pressure had been brought to bear to close Maryborough Hospital and he fought to have it maintained as an orthopaedic centre for those people who lived in Maryborough and regarded it as their local hospital. Although he had never been attached to Hervey Bay Hospital, when the Emergency Department moved from Maryborough Hospital to Hervey Bay Hospital he felt he could not offer emergency department cover at Hervey Bay. He stated that this decision resulted in antagonism with the area administration which has never been resolved.

Dr Khursandi advised the Investigators that he and another general surgeon with orthopaedic interests had supported the district and covered it orthopaedically for more than two decades until the general surgeon retired. Dr Khursandi has since continued with the help of an SMO, Dr Padayachey.

### ***Investigators' Recommendation/Comment***

*The Investigators were impressed with the long and faithful service given to the community of the Fraser Coast District over 28 years. The Investigators would encourage Queensland Health to consider some means of public recognition of Dr Khursandi's work.*

### **SMO at Hervey Bay Hospital Dr Padayachey**

Interviews revealed no adverse comments on Dr Padayachey, who was reported to be well known for asking advice from Dr Khursandi when, and if, necessary. He was complimented on his faithfulness to patient care in the Maryborough region, and it was suggested that he would almost certainly retire from his present position within two or three years.

The Investigators agreed that Dr Padayachey recognised his limitations and had worked within those limitations in the orthopaedic sphere, with the help of Dr Khursandi.

### ***Investigators' Recommendation/Comment***

*The Investigators formed the impression that Dr Padayachey, with Dr Khursandi, had provided an invaluable service in orthopaedics to the people of Maryborough for a long period of time. It is suggested that his service should be recognised publicly by Queensland Health at the time of his retirement.*

## **Nursing Staff<sup>3</sup>**

Interviews of staff revealed no shortcomings associated with the performance of the nursing staff at either Hervey Bay Hospital or Maryborough Hospital. Indeed, the clear impression was gained that the nursing staff had largely kept the orthopaedic unit at Hervey Bay Hospital functioning (with the help of Dr Mullen) in the absence of leadership from the Director of Orthopaedics. Other than a shortage of staff, no problems were reported with the nursing cohort at the hospital.

Nursing staff reported many problems associated with the operation of the orthopaedic unit at Hervey Bay Hospital, which corroborated statements obtained in other interviews. It was stated that any complaints from Hervey Bay nursing staff to the Director, the SMOs or the administration were ignored.

All nursing staff from whom extra documentation was requested had complied with the request willingly and in a timely fashion.

## ***Investigators' Recommendation/Comment***

*The Investigators recognised the commitment of the nursing staff at Hervey Bay Hospital and Maryborough Hospital to the provision of good orthopaedic care. It was clear to the Investigators that the nursing staff had concerns about the performance of some medical staff and some of the processes in place at these hospitals, that they had expressed these concerns to those who were in a position to address the problems, but that their complaints usually fell on deaf ears. It is recommended that, as part of a quality assurance process at the District Hospitals, nursing staff be encouraged to submit documented concerns to the medical officer in charge of a unit or to the hospital administration, that these concerns be registered and a letter forwarded to the complainant after the matter has been considered and/or addressed.*

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<sup>3</sup> Despite being given reasonable notice, the nurse unit manager for the surgical unit (Ms Theresa Winston) was unavailable for interview. No reason was offered for her unavailability. A delegate (Ms Gail Plint) was interviewed in her place. The Investigators were concerned that some coercive behaviour may have occurred that led to her decision. The culture of the unit (clearly delineated in many interviews) would strongly support this possibility.



## **Section 4: Investigators' Report on the Administration of Orthopaedic Services in the Fraser Coast Health District**

### **Administration of the Orthopaedic Department**

Having read the documentation provided by staff of the Hospital and listened to interviews, the Investigators formed the opinion that the structure of the orthopaedic unit at Hervey Bay Hospital is inherently unsafe in terms of patient care and safety. Leadership of the unit is absent or grossly dysfunctional and interpersonal relationships, especially between medical staff, are extremely poor. Priorities and limits for the Department have never been discussed or documented and work is performed without clear direction, often by inadequately qualified staff. From an orthopaedic perspective there was no evidence of business plans, and an orthopaedic operating theatre review committee did not seem to function.

The staffing situation is less than ideal. The Director of the unit lives in Brisbane with his family and spends only part of his time in Hervey Bay. In 2003, the other orthopaedic consultant had withdrawn his services from the hospital for a period, leaving the unit in a perilous position, and there was concern that this situation could recur. The view was also expressed that one of the SMOs lacked appropriate motivation for his work and was perceived to carry less than his share of the workload.

Staff also expressed grave concern with the frequent absences of the SMOs and the Director of Orthopaedics at Hervey Bay Hospital and the difficulty of contacting them. It was stated that the lack of availability of medical staff contributed to the administrative failure of the orthopaedic unit.

From time to time, RMOs from Royal Brisbane Hospital attended at Hervey Bay Hospital and it was reported that these doctors worked well in the orthopaedic unit. It is apparent that, at times, these practitioners may have been the only 'life savers' in the unit. In the absence of RMOs from Royal Brisbane, overseas practitioners, purportedly undergoing "supervision", worked in the orthopaedic unit at Hervey Bay, adding to the already unsatisfactory and unsafe staffing situation within the unit.

At interview, nursing staff reported very poor out-of-hours organization in orthopaedics, and a very poor Maryborough/Hervey Bay transit service. Nursing staff also observed that there was little support from the Orthopaedic Department for nurses in emergency services and that the orthopaedic unit seemed completely disorganised and dysfunctional.

### **Investigators' Recommendation/Comment**

*Unit structure and management must be the responsibility of those orthopaedic surgeons delivering the orthopaedic care and staff who are not prepared to accept this responsibility and who are not prepared to spend adequate time at the hospital should not be employed by the District.*

*The Investigators suggest that a minimum of four registered specialist orthopaedic surgeons is required to deliver orthopaedic services of an adequate nature to the Fraser Coast District although five would be necessary if continuing professional development activities and recreation leave were to be undertaken with safety. This would form a stable base for the consideration of an AOA accredited training post in the region in the future. A suitable mix of staff specialists and VMOs would be a 'one to four' ratio for a five-person*

*unit. This mix would initially be a very attractive option for those younger doctors in postgraduate years 2-4, who could be employed as service registrars and senior RMOs*

## **Hospital and District Health Administration**

During the inspection, it became clear to the Investigators that there was a distinct lack of respect between senior administrative staff in the Fraser Coast Health District and medical staff at both Hervey Bay Hospital and Maryborough Hospital. Administrative personnel also appeared to be aware of many of the problems relating to the performance of the orthopaedic medical staff and with the delivery of orthopaedic services, although steps had not been taken to address these problems.

For example, in recognition of the difficulties faced by the shortage of qualified orthopaedic specialists in the area, Dr Mullen had offered to do a one-in-two on-call with Dr Naidoo. It was claimed that Dr Hanelt, the Director of Medical Services for the Fraser Coast had stated that this would be too costly and Dr Mullen then offered the service *pro bono*. This was not acceptable to the Director of Medical Services and the problem remained unresolved, with unqualified orthopaedic staff rostered on call.

Dr Hanelt reported that he was aware of problems of leadership in the Orthopaedic Department at Hervey Bay Hospital and that Dr Naidoo's living arrangements were less than ideal for someone in his position. He also reported that he was aware Dr Naidoo only spent part of his time in Hervey Bay and was frequently on leave or absent from the hospital. He was unable to advise whether he had approved all leave taken by Dr Naidoo and suggested that there may be honesty problems with VMOs and time sheets.

Dr Hanelt also reported his suspicions about a VMO taking sick leave from a hospital in the Fraser Coast Region, suggesting that the leave might be taken to enable the VMO to do Work Cover tribunals in Brisbane on hospital time. During the interview Dr Hanelt expressed criticism of each member of the orthopaedic staff at both Hervey Bay and Maryborough Hospital.

Dr Hanelt also expressed the view that credentialing and reaccreditation procedures, such as those offered by the Royal Australasian College of Surgeons and the Australian Orthopaedic Association were "a joke". The Investigators interpreted this comment to mean that the credentials of orthopaedic applicants had not been independently checked by accrediting bodies prior to appointment because the Director of Medical Services believed that such a process was not worthwhile in terms of protecting the quality of orthopaedic health care in the region. Upon questioning, it became clear that Dr Hanelt had no understanding of the processes in place and had made no attempt to ask for advice prior to the lead up to this investigation.

Reports from medical staff indicated that the lack of respect shown to them by the administrators was returned in full measure. Responses at interview revealed that medical staff found Mr Mike Ailsop, the District Manager, lacking in creative management skills and the ability to successfully address problems created by the administrators within orthopaedic health care. The approach to problem solving was seen as that of "shooting the messenger" rather than listening to the message and taking constructive action.

Medical staff also reported that it was felt that Dr Hanelt, was out of his depth and showed no leadership skills in the hospital or the district. He was reported to be unresponsive to reasonable requests to improve the situation at Hervey Bay Hospital and to be unwilling to tackle unacceptable situations head-on. Hospital staff expressed extreme frustration with

the manner in which the administration functioned and the fact that the senior administrators in the area appeared not to support them.

Concern was expressed that the administration had not taken steps to counter the less than honest approach taken to the presentation of the two SMOs at Hervey Bay Hospital to the public and to staff within the hospital. Despite the fact that neither was ever registered as a specialist in Australia, both SMOs were placed on the "consultant roster" for the Fraser Coast District.<sup>4</sup> In media releases initiated by the administration, these appointees were subsequently referred to as "consultant" staff appointed to deal with "the long waiting lists" in the area. Reference to these two doctors as specialists in orthopaedics continued until the inspection of Hervey Bay Hospital and this misleading advertising may not have been corrected at this date.

The Investigators formed the view from documentation and responses at interview, that health care delivery in the Fraser Coast Health District is budget driven for crisis management. This is manifested in many ways:

- by the appointment of persons, who by virtue of the nature of their training and the level of expertise, cost less to employ but were clearly unsafe in terms of their level of medical practice;
- by the rostering of non-specialists on consultant rosters for orthopaedics without supervision;
- by the avoidance of patient transfer to larger institutions where acceptable care would be available;
- by the persistent failure of the hospital and district administrators to address serious clinical concerns reported to them by staff associated with the orthopaedic unit.

### ***Investigators' Recommendations/Comments***

*The culture of criticism and blame which exists within the administrative services of the Fraser Coast District must be replaced by one of co-operation and constructive attention to problems as they arise. It became clear to the Investigators that, although administration was aware of problems relating to the quality of service and operation of the orthopaedic unit, they adopted a defensive attitude which exacerbated the situation.*

*Of concern to the Investigators was the role played by the administration in passing off the two SMOs as specialist orthopaedic surgeons, both within the hospital and in the media. The public should be informed of matters affecting their health care and the Investigators felt that the approach taken by the administrators since the employment of Dr Krishna and Sharma has been less than honest.*

*Also of concern was the observation that the administrators believed certain irregular practices were occurring in relation to doctors employed within the hospital system, yet no action was taken to investigate any of these matters to establish the facts of the situation. Irregular processes should not be tolerated within a taxpayer-funded system and the administrators should be taken to task for not following up on these matters.*

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<sup>4</sup> Administration changed the roster title for the district in the first six months of 2004 (possibly after hearing that an investigation was to be undertaken). The word 'consultant' was removed from that title.

*The administration must recognise that excellence in patient care within the Fraser Coast Health Service District should be their primary aim. Only a group of administrative officers, communicating in a professional way to each other, with medical staff and with the allied health service providers can deliver that standard of service to the patient.*

*Administration must adopt a support role, rather than one of control, and must recognise that the practitioner serves the patient while the function of the administration is to expedite that service delivery by supporting the practitioner in every way possible. To this end, the practitioner must be a significant part of the budget dispersal and an integral part of the decision making process in what can, or cannot, be achieved/delivered in the region.*

*The Investigators recommend that the Director General immediately take whatever steps are possible to remedy the dysfunctional relationship between administrators and medical staff in orthopaedics in the Fraser Coast Health District. It is the Investigators' opinion, that both the Director of Medical Services and the District Manager have not handled their roles in a competent or professional manner and that they have added to the problems observed, rather than serving to mitigate them.*

## **Section 5: Investigators' Report on the Processes Related to the Provision of Orthopaedic Services in the Fraser Coast Health District**

### **Staff Appointments**

The procedure for the appointment of staff to the Orthopaedic Unit appears to be ill-defined and ill-documented. Information requested by the Investigators on the appointment process was not forthcoming despite the fact that provision would not have breached privacy rules. On the contrary, appointment procedures should be transparent, yet much information failed to reach the Investigators on this matter.

Appointments are initiated by the Fraser Coast District administration but it is not clear how the selection committee for orthopaedic appointments is structured, who chooses the members of the committee, whether it is required that at least one registered orthopaedic surgeon be on the selection committee, or whether independent reference checks are made. In the case of the appointment of the Director of Orthopaedics, it would appear that there was no check on the conditions under which Dr Naidoo had left his appointment at Ipswich Hospital or on his level of performance at that hospital. It is not clear whether the appropriateness of his chosen referees for a position as an orthopaedic specialist was ever questioned or independent information sought on his competence as an orthopaedic surgeon.

In the case of the two SMOs at Hervey Bay Hospital, there appeared to have been no independent check of the status of the "diploma"<sup>5</sup> held out by both doctors as a qualification in orthopaedic surgery. The District administration supported the appointment of these two overseas trained doctors who claimed that they were orthopaedic specialists in their country of origin, and adequate checks on the level of their competence in orthopaedics in terms of Australian standards were not carried out.

### **Investigators' Recommendations/Comments**

*The Investigators recommend that employment of staff to serve the orthopaedic unit must involve all stakeholders. Administration must support this process fully as a service to the unit and respond to advice from all orthopaedic surgeons whatever their time commitment to the hospital.*

*It is recommended that decisions on staffing be made in conjunction with stakeholders and that:*

- advertising copy and information to applicants be discussed with unit staff before release;*
- that the senior orthopaedic consultant from the employing hospital should sit on the selection committee;*
- that at least two orthopaedic surgeons from outside the employing hospital should be recruited to the selection committee;*

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<sup>5</sup> This "diploma" was assessed by the medical administration in American Samoa in 2003 and rejected on the basis of clinical inadequacy.

- a thorough performance assessment be undertaken of new appointees at the end of the probationary period;
- that all medical staff be required to undertake continuing professional development after appointment.

*It is further recommended that any media comment be checked by senior members of the medical staff of the orthopaedic unit before release.*

## **Patient Care**

The Investigators heard that there were often substantial delays encountered in orthopaedic trauma care during the day and heard numerous examples of what appeared to be substandard patient care in the Operating Theatre, as well as both pre- and post-operatively.

It was stated that orthopaedic staff from unit director down rarely responded to pagers and requests that they come and assess patients in the department. Long waiting times for orthopaedic examination were the norm, even in the daytime. Weekend responses were even worse. On occasions, patients were admitted but not seen by an orthopaedic staff member for twenty-four hours. The difficulty with finding a responsible consultant on-call was also consistently reported by nursing staff interviewed by the Investigators.

At interview, it was stated that the lack of availability of medical staff in orthopaedics resulted in registered nurses performing medical officer work in the Emergency Department. Nursing initiated x-rays were common in orthopaedic patients simply because the medical officers could not be found or brought to the Emergency Department.

It was also reported that, when surgery had been scheduled at Hervey Bay Hospital, frequent late cancellations were reported. Older patients with medical problems who were not fit to undergo surgery on admission but could be improved from a medical point of view were deemed verbally by non-medical administration as cases who did not need to be done on weekends, despite documented specialist medical evidence that the weekend was the safe window for surgery for that particular patient.

The Investigators noted an amputation that resulted from unsafe clinical decision making by the Director of Orthopaedics at Hervey Bay Hospital and SMOs, and clear evidence of unsupervised SMO surgery going wrong and causing substantial and prolonged morbidity for the patient. The Investigators also noted some major problems occurring with patients of Dr Naidoo in their post-operative phase when he was absent from the Fraser Coast and unable to be contacted, as well as unsafe practices with over-the-phone advice from him on other occasions. Clinical pathways were not mandatory and were not used.

The Investigators also noted grossly inappropriate surgery on a patient with a serious injury that should have been referred to a capital city hospital. In this case, the treatment decision by the SMO was severely flawed and the patient suffered substantial extra morbidity as a consequence of the lack of clinical decision-making skills of this doctor. As well, serious concerns and complaints were made by nursing staff regarding limb blocks (regional anaesthesia) performed by SMOs in the Emergency Department.

A summary of the cases noted would confirm the Investigators' view that the people of the Fraser Coast District are in very unsafe hands from the point of view of Drs Naidoo, Sharma and Krishna in view of the shortcomings in clinical assessment, simple communication and basic surgical skills.

The impression gained by the Investigators was that serious morbidity resulted as a consequence of poor care and lack of supervision. The Investigators heard that there had

not been mortality or morbidity meetings in orthopaedics although there had been a flurry of paperwork from the Director of Orthopaedic once an investigation of the orthopaedic facilities was announced and a meeting subsequently took place on 4<sup>th</sup> May 2004.

Attendance at multidisciplinary team meetings for the unit was reported to be sporadic, at best. The unit Director and SMOs never attended and if there was no RMO for the unit, no medical representation would be present.

The Investigators heard that, during ward rounds conducted by the SMOs at Hervey Bay Hospital, extremely superficial examinations with little or no conversation with the patient became the norm. It became apparent during interviews with staff that basic complications were never looked for and never found. This was described by nursing staff as a 'third world culture' in ward rounds and patient care activity. These problems had been communicated to administration by the nursing staff but nothing had been done to rectify the situation.

### ***Investigators' Recommendations/Comments***

*It appears that there is a "Third World culture" with respect to patient care at Hervey Bay Hospital, simply as a consequence of the training of those employed there. Under the circumstances prevailing at this hospital, patient safety is at severe risk.*

*The Investigators noted that these SMOs are missing basic complications such as DVTs and superficial infections and Dr Naidoo fails to meet his obligations as a supervisor of these two doctors.*

*On-call responsibilities appear to be taken very lightly, and the Director of orthopaedics varies in his understanding of whether one of his SMOs can or cannot do a particular operation. The excessive delays occasioned with orthopaedic treatment are unacceptable.*

*It is recommended that;*

- the Director-General cease all orthopaedic surgical health care activity in the public sector in the Fraser Coast Health Service District.*
- the Director-General arrange transfer and referral of all elective and trauma patients to a mentor hospital of sufficient size and complexity to handle such referrals. The Investigators believe that this should be a Brisbane teaching hospital.*
- the Director-General facilitate tele-medicine trauma triage communications with orthopaedic consultants, fellows and registrars at mentor institutions as soon as possible to expedite good quality, uninterrupted orthopaedic service to the people of the Fraser Coast Health Care District.*
- the Director-General arrange appropriate support and infrastructure, including extra staffing, of the mentor hospital to facilitate the increased orthopaedic workload and arrange appropriate transfer of patients according to triage decisions made by the orthopaedic consultant at the mentor hospital.*
- the Director-General provide rehabilitation services at Hervey Bay Hospital and Maryborough Hospital with appropriate allied health personnel and orthopaedic and medical supervision for those patients who return from the mentor institution following appropriate orthopaedic treatment.*

*It is further recommend that:*

- *clinical pathways be made mandatory and that the unit Director and SMOs implement these immediately;*
- *that doctors be informed that failure to attend within reasonable time when on-call constitutes unsatisfactory performance.*

## **Record Keeping**

A culture of grossly inadequate documentation appears to have become the norm at Hervey Bay Hospital in the Orthopaedic Department. The Investigators were informed that patients would write ward round notes on scraps of paper which never found their way into the files. It was also reported that patients were often not seen by a medical officer at discharge and signed themselves out of hospital having had no medical documentation in the file. Much of the available documentation was alleged not to be contemporaneous but prepared several days after the event.

It seems that poor documentation extended to inadequate medication write-up with patients self-medicating within the ward. The Investigators were told that because of the unavailability of medical staff, patients would often discharge themselves without signing discharge papers.

The Investigators examined a number of medical records that had been requested by them and the appropriate x-rays of those patients and found that poor documentation is also present in orthopaedic medical records.

As well, it was reported that when the Unit Director unexpectedly cancelled elective and emergency operations for reasons unclear to medical and nursing staff, almost always no file documentation followed.

The Investigators were told that the Administration was aware of the poor documentation procedures but had not attempted to address the problem.

## ***Investigators' Recommendations/Comments***

*The lack of direct entry documentation at Hervey Bay Hospital is indefensible and places at risk the health of patients and the legal liability of the hospital. It is recommended that immediate steps be taken by the Director General to ensure that record keeping at Hervey Bay Hospital meets the standard required by law.*

## **Quality Assurance Procedures**

The Investigators were unable to elicit information from interviewees that any reasonable quality assurance procedures were in place at Hervey Bay Hospital.

Administrative processes appear not to be documented and mortality and morbidity meetings are not held.



The SMOs and Director of Orthopaedics at Hervey Bay Hospital do not undertake continuing education to maintain and improve their surgical and medical skills.

No benchmarking processes have been implemented and appointments of staff are made without adequate investigation of credentials or ability. Performance reviews of staff are not undertaken.

***Investigators' Recommendations/Comments***

*The Investigators recommend that the Director General require immediate implementation of quality assurance procedures within the Hervey Bay Hospital Orthopaedic Department.*

## Section 6: Recommendations

Following the inspection of Hervey Bay Hospital and Maryborough Hospital, interviews with administrative and medical staff and perusal of documentation, the Investigators recommend that:

1. The Director-General take steps to ensure that all orthopaedic surgical health care activity in the public sector in the Fraser Coast Health Service District cease immediately.
2. The Director-General arrange transfer and referral of all elective and trauma patients to a mentor hospital of sufficient size and complexity to handle such referrals.
3. The Director-General facilitate tele-medicine trauma triage communications with orthopaedic consultants, fellows and registrars at mentor institutions as soon as possible to expedite good quality, uninterrupted orthopaedic service to the people of the Fraser Coast Health Care District.
4. The Director-General arrange appropriate support and infrastructure, including extra staffing, of the mentor hospital to facilitate the increased orthopaedic workload and arrange appropriate transfer of patients according to triage decisions made by the orthopaedic consultant at the mentor hospital.
5. The Director-General provide rehabilitation services at Hervey Bay Hospital and Maryborough Hospital with appropriate allied health personnel and orthopaedic and medical supervision for those patients who return from the mentor institution following appropriate orthopaedic treatment.
6. The Director General immediately take whatever steps are possible to remedy the dysfunctional relationship between administrators and medical staff in orthopaedics in the Fraser Coast Health District.
7. The Director General initiate an investigation into staff acquisition practices and appointment processes undertaken by administration in recent times and develop a process for safe staffing, (including Area of Need positions), for Queensland hospitals in conjunction with all stakeholders and that:
  - advertising copy and information to applicants be discussed with unit staff before release;
  - that the senior orthopaedic consultant from the employing hospital should sit on the selection committee;
  - that at least two orthopaedic surgeons from outside the employing hospital should be recruited to the selection committee;
  - a thorough performance assessment be undertaken of new appointees at the end of the probationary period;
  - that all medical staff be required to undertake continuing professional development after appointment.

8. That any media comment relating to orthopaedic services at Hervey Bay or Maryborough Hospitals be checked by all senior members of the medical staff of the orthopaedic unit before release.
9. That immediate steps be taken by the Director General to ensure that record keeping at Hervey Bay Hospital meets the standard required by law.
10. That clinical pathways be made mandatory and that the unit Director and SMOs implement these immediately orthopaedic services recommence.
11. That doctors be informed that failure to attend within reasonable time when on-call; constitutes unsatisfactory performance and that the Director General take immediate steps to overcome this situation.
12. That the Director General require the immediate introduction and implementation of quality assurance procedures within the Hervey Bay Hospital Orthopaedic Department and that, as part of quality assurance processes, nursing staff be encouraged to submit documented concerns to the medical officer in charge of a unit or to the hospital administration, that these concerns be registered and a letter forwarded to the complainant after the matter has been considered and/or addressed.
13. That an immediate investigation be undertaken of the following:
  - the specialist surgical care provided by Dr Naidoo of Work Cover patients in the Hervey Bay Hospital Operating Theatre and the billing practices (HIC and Workcover) employed by Dr Naidoo in respect of patients since his appointment at Hervey Bay Hospital;
  - the specialist surgical care provided by Dr Naidoo with respect to the use of total joint arthroplasty implants and the nature of any involvement of Dr Naidoo with the Link company;
  - the lack of clinical audit of Dr Naidoo's activity at Hervey Bay Hospital;
  - the extent of the leave undertaken by Dr Naidoo from Hervey Bay Hospital since his appointment at Hervey Bay Hospital and whether the leave taken has been approved by the relevant authorities;
  - the rate of cancellation of orthopaedic procedures by Dr Naidoo from 2003 onwards and the reasons for same; and
  - the reported photocopying of outpatient notes by Dr Naidoo, the reason for this activity and whether privacy concerns have been breached by this practice.
14. That a process for assessing future orthopaedic health care delivery by Drs Krishna and Sharma should be undertaken by a credentialing committee, which should include two specialist orthopaedic surgeons drawn from outside the district.
15. That if Dr Krishna is to be offered another position by Queensland Health, that the prospective employer should:
  - demand very close supervision in clinical work, and
  - ensure that no surgical treatment undertaken by him is unsupervised.
16. That Dr Sharma seek a place in the Advanced Surgical Training Programme in orthopaedics, and If his application is unsuccessful, he seek to be employed as a

Career Medical Officer / Senior Medical Officer in Orthopaedics, but in a much larger centre where:

- adequate supervision by specialists, (both full-time and VMOs, would be guaranteed, and
- surgical procedures would never be undertaken without having a specialist orthopaedic surgeon who has assessed him in the operating theatre at all times.

17. That every effort be made by Queensland Health to actively encourage Dr Mullen and to seek his assistance in attracting young and fully qualified orthopaedic surgeons to the Fraser Coast District to form a safe, cohesive and professional unit in the area.
18. That Queensland Health to consider some means of public recognition of the faithful and lengthy service of Dr Khursandi and Dr Padayachey at Maryborough Hospital.
19. That prior to providing any form of registration for overseas trained doctors, the Queensland Medical Board should undertake a thorough investigation of their qualifications and competencies, seeking advice from professional accreditation bodies as appropriate.

## **APPENDICES**

**APPENDIX A:** MINIMUM REQUIREMENTS FOR THE PRACTICE OF ORTHOPAEDIC SURGERY AS SET DOWN BY THE AUSTRALIAN ORTHOPAEDIC ASSOCIATION

**APPENDIX B:** MINIMUM REQUIREMENTS FOR ACCREDITATION OF TRAINING POSTS IN THE ADVANCED SURGICAL TRAINING PROGRAMME IN ORTHOPAEDICS AS SET FOWN BY THE AUSTRALIAN ORTHOPAEDIC ASSOCIATION

## APPENDIX A



AUSTRALIAN ORTHOPAEDIC ASSOCIATION

### MINIMUM REQUIREMENTS FOR THE PRACTICE OF ORTHOPAEDIC SURGERY

#### Preamble

The practice of orthopaedic surgery in the 21st Century in Australia shows exciting prospects. This is the result of the application of new technologies brought about through the rapid advances in understanding of musculoskeletal pathological conditions, as well as advances in materials technology, the refinements of old and the development of new surgical techniques supported by orthopaedic research. However, the new often complements rather than replaces the old. Although the Australian rural public deserve the benefits flowing from these new developments, they nevertheless reasonably expect, and their lawyers demand, the basic aspects of health care, which are now available in metropolitan Australia.

These include equity of access to a highly trained, competent Orthopaedic Surgeon and a bed and modern facilities in a Public or Private Hospital in the event of an accident when they sustain musculoskeletal trauma. Also, if they suffer from a musculoskeletal condition resulting in pain, instability, deformity or loss of function, which affects their lives in leisure and/or work, similar access is expected.

By its very nature, the vastness of Australia precludes immediate access for all. However, Governments and others can no longer excuse denial of access when Specialist Orthopaedic Surgeons, trained by the Australian Orthopaedic Association, would provide such a service but for the lack of facility. This situation is currently present throughout much of rural Australia, particularly in New South Wales.

#### Expectations of the Modern Orthopaedic Surgeon

Today's Orthopaedic Surgeon is highly trained to practice the art and science of modern orthopaedic surgery. He or she will and should not accept anything but the highest standards of practice. Similarly, patients, Government and lawyers have these reasonable expectations.

The Australian Orthopaedic Surgeon will accept having to "make do" if on deployment with the Australian Defence Forces or with one of the many Aid programmes to Third World Countries. No such acceptance can be tolerated if they are to work in non-metropolitan Australia. The perceived lifestyle advantages of living and working in non-metropolitan Australia no longer balance the professional strangulation which results from the lack of facility in rural areas.

## **AOA Recommended Minimum Requirements for Orthopaedic Practice**

1. Potential for three Specialist Orthopaedic Surgeons (who are members of the AOA or who are eligible to become members of the AOA) sharing on-Call workload including registrar training. Surgeons should be appointed with differing but complementary subspecialty interests.
2. Specialist Orthopaedic Registrar or Orthopaedic Senior Resident Medical Officer support in Public Hospitals, together with a complement of General Surgeons.
3. Minimum Public Hospital targets of two joint replacements per surgeon, or other major elective case for surgeons with non-arthroplasty specialty interests, per week. Realistic budget with penalties for Area Boards/Hospitals, if targets are not achieved.
4. Two trauma lists per Hospital per week, one at the beginning of the week and one at the end of the week, fully funded, with Anaesthetic and Nursing staff and standard trauma equipment and operating table.
5. An Orthopaedic Ward at the Public Hospital with ten quarantined beds per surgeon, not subject to closure.
6. One Public Hospital Outpatient Clinic per Surgeon per week, appropriately staffed and supplied, as required.
7. Access to high level anaesthetic support.
8. Radiology support -
  - A modern mobile Image Intensifier available in the operating theatre with trained radiography staff
  - On-site, out-of-hours plain radiology available
  - CT, MRI and Nuclear Medicine within 90 minutes travelling by road
9. On-site access to a High Dependency Unit, with specialist physician and nursing support.
10. On-site or immediate off-site access to access to physiotherapy and convenient rehabilitation facilities.

11. A videolink facility to major metropolitan hospitals, access to computer based record-keeping and to internet facilities.
12. Funding for the provision of a Locum Service to allow attendance of all the Surgeons at the Annual Scientific Meeting of the AOA, and other COE activities to maintain professional standards and retain accreditation.
13. A Hospital Departmental budget, agreed and annually indexed, to guarantee provisions of the above facilities and implants.
14. Provision of four weeks annual leave.



## APPENDIX B



AUSTRALIAN ORTHOPAEDIC ASSOCIATION

### MINIMUM REQUIREMENTS FOR ACCREDITATION OF TRAINING POSTS IN THE ADVANCED SURGICAL TRAINING PROGRAMME IN ORTHOPAEDICS

1. **Orthopaedic Wards:**

Number of orthopaedic beds/post - 25  
Regular ward rounds with teaching - 2/week  
Regular X-ray session with teaching - 1/week

2. **Operating Sessions:**

Number of sessions/post/week - 4/week (Consultant supervised)  
Case-mix - depends on particular post; review of mini-log sheet

3. **Outpatients Services - includes Orthopaedic Clinic:**

- Consultant supervised fracture clinic and special clinics  
Minimum of 2/week  
Registrar must work and see patients  
Must see new patients (with supervision) reviews and post-operative

cases

Must be some teaching component

4. **On-call commitment**

Maximum of 1 in 3 on-call

5. **Study Facilities**

- Videolink facility to major teaching hospital and free access the AOA as the educational body to the link for the purposes of interacting in the formal teaching elements of the training programme (outer metropolitan and non-metropolitan hospitals)

- Study area
- Computer facilities for audit and research
- Library access
- Access to appropriate medical records e.g. for clinical audit or review

6. **Teaching:**

Registrar should take part in teaching of students, RMOs, nurses etc.

7. **Other**

- Special Interest Clinics (supervised)
- Regular audit meeting - presented by Registrar to whole Orthopaedic Department
- Two orthopaedic consultants who are Fellows of the RACS and members of the Australian Orthopaedic Association

8. **Registrar Education:**

- Clinical conference - Registrar presents cases at least every 2 weeks
- Journal Club/Tutorial Sessions - weekly X-ray sessions
- The Registrar must be allowed to attend:
  - AOA Teaching Programme
  - Registrars Annual Conference
  - Selected COE Meetings
  - EMST Course

9. **Research Facilities:**

There must be adequate facilities and appropriate encouragement to carry out research projects either clinical or laboratory. This requires:

- adequate study area
- proper library facilities
- computer facilities
- access to medical records

It is imperative that there is a structured Orthopaedic and Fracture Outpatient session or alternative arrangements for Registrars to attend Consultants private rooms to gain experience in clinical assessment, physical examination and communications skills apart from the routine review of patients before and after surgery. A busy orthopaedic registrar should have the week completely filled with operating sessions, outpatient sessions and ward rounds as well as time for a structured teaching programme. Provision should be made, however, for the Registrar to have a half-day free per week.

A supervised research project should be undertaken by the Registrar - this may fulfil the requirements for research during training.