Transcript of Proceedings

THE HONOURABLE G DAVIES AO, Commissioner

MR D C ANDREWS SC, Counsel Assisting
MR R DOUGLAS SC, Counsel Assisting
MR E MORZONE, Counsel Assisting
MR D ATKINSON, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 2) 2005

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

BRISBANE

..DATE 21/10/2005

..DAY 29

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THE COMMISSION RESUMED AT 9.02 A.M.

COMMISSIONER: Mr Andrews?

MR ANDREWS: Commissioner, I think Mr Harper has something he would like to raise.

COMMISSIONER: Mr Harper?

MR HARPER: Commissioner, counsel assisting circulated yesterday a statement of Ms Jenkin-----

COMMISSIONER: Yes.

MR HARPER: -----which was sworn, I understand, around about the 6th of July. It contains some statements which bear upon evidence relating to the patient P26, whose name has been suppressed as P26. It makes some statements which Ms Jenkin alleges were made by the patient's mother.

COMMISSIONER: Yes.

MR HARPER: I haven't yet been able to obtain any instructions from the mother but I expect that she disagrees with those, having regard to her previous statement.

COMMISSIONER: Yes.

MR HARPER: They are matters which I expect would cause her some distress and in those circumstances, we would seek either a right to cross-examine Ms Jenkin about them-----

COMMISSIONER: Yes.

MR HARPER: -----or at the very least to file a supplementary statement from the patient's mother to refute them. As I say, they are - they may not be matters which are central to-----

COMMISSIONER: They are not, you say?

MR HARPER: They may not be matters which are central to your ultimate determination, but they are matters which are of significance obviously to the patient's mother.

COMMISSIONER: Yes, I understand that. I have not seen the statement you are talking about. Do you want to say anything about - sorry, do you want to say anything further?

MR HARPER: No, Commissioner.

COMMISSIONER: Do you want to say anything about that?

MR ANDREWS: Yes, Commissioner, I do propose to tender the statement later today after Dr Wilson has been excused.

COMMISSIONER: Yes.

MR ANDREWS: It - it is a useful statement from the point of view of Ms Jenkin for she has been criticised - or her conduct has by some other witnesses during the course of the inquiry. It is, from her point of view, exculpatory.

COMMISSIONER: Do you need that statement from the patient's mother in order to exculpate her?

MR ANDREWS: No.

COMMISSIONER: Well, maybe that statement could be tendered with the patient's mother's statement deleted from it. You would be satisfied with that?

MR HARPER: We would be satisfied with that, Commissioner.

COMMISSIONER: Is that a possibility?

MR ANDREWS: That is. There is another complication with respect to Ms Jenkin's statement. Within it, I think she outlines a conversation she had with Linda Mulligan, the Director of Nursing.

COMMISSIONER: Yes.

MR ANDREWS: And Ms Mulligan's legal representatives will, I think, wish to tender a further statement yet to be obtained, but I don't see any problems with that either, Commissioner.

COMMISSIONER: No, no, all right. We will see if that can be done. All right, thank you.

MR HARPER: Thank you, Commissioner.

MR ANDREWS: I call Dr Anthony Graham Wilson.

COMMISSIONER: Yes.

ANTHONY GRAHAM WILSON, SWORN AND EXAMINED:

MR ANDREWS: Good morning. Is your full name Anthony Graham Wilson?-- Yes, Mr Andrews.

Dr Wilson, you are an orthopaedic surgeon?-- Correct.

Have you prepared a statement of two pages with some annexures, the statement being dated the 11th of October 2005?-- Correct.

And have you done so at the request of solicitors for Dr Naidoo?-- Correct.

Would you identify this copy of that statement?-- That's it, yeah.

Are the facts recited in it true to the best of your knowledge, and the opinions you express honestly held by you?-- Yes. There is a list that Dr Naidoo did which I could be more exacting about, but, yes.

You will be invited to be exacting shortly?-- Yeah, sure.

I will tender - before actually tendering that statement, you may see that in the form in which it was received by the Commission, and probably the form in which it left you, the lists in exhibit B, which were for orthopaedic trauma and elective surgery, were, it seemed to me, disordered so that some of the elective surgery was mixed with some of the orthopaedic trauma. Doing the best I can, I have restapled that list. Would you have a look and see that I have done so intelligently? You will see exhibit B is comprised of the last five pages of your statement?-- Yes. Yeah, I can see that.

And at the bottom right-hand corner you will see there seems to be a coding which ends in the numbers - well, 072?-- 72, 73, 74, yep.

Yes. Can you see - well, can you tell me, the first three pages, do they relate to orthopaedic trauma, and the next two pages relate to elective orthopaedic surgery?-- Very closely, yeah. As best as could be done with this document, I think, yeah.

Thank you. I tender Dr Wilson's statement.

COMMISSIONER: Thank you. That will be Exhibit 482.

ADMITTED AND MARKED "EXHIBIT 482"

MR ANDREWS: Doctor, please retain that copy with you. I would like to ask you some questions about it. For instance, at paragraph 3 you observe that Dr Krishna acted in the position of your non-training registrar in 2002?-- Paragraph 3 of the?

Of your statement?-- Oh, okay, yeah. Yeah.

I understand from the reference, which is Exhibit A, that he was in fact your registrar for the first four months of 2002?-- Uh-huh, yep.

At the time, were you a staff surgeon or a visiting medical officer?-- I was a staff surgeon but part-time. So similar to a VMO.

I see?-- Yeah.

For how many days per month would you have been in a position to have Dr Krishna as your registrar during those four months?-- Well, per week it would be about half the week, two and a half, three days of each week. So 10 by that.

You said 10 by that?-- No, that's not correct, is it? Four months.

Would it be-----?-- Four months, 12.

So he'll have been your registrar, I suppose, for something short of 40 days?-- I didn't count it up very well, did I.

I am sure you are good at surgery?-- That's right.

He'll have been your registrar for something approximating 40 days, being 16 weeks if it is four months?-- 16, yeah.

At about three days-----?-- Yeah, that's right.

-----per week?-- A bit over four, yeah.

Now, the degree of supervision in Toowoomba has been described by Dr Krishna in evidence, and I'll put up on the monitor that appears before you some of those descriptions and ask you to comment on whether that's the degree of supervision that you applied and whether that's the degree of supervision that you understood the other VMOs in Toowoomba to have applied. This is from a page of the transcript 6515, at about line 8?-- Mmm.

Where it is suggested, "In Toowoomba there was 100 per cent supervision. There were consultants all the time and any new case we see we have to tell the consultant." How does that accord with your recollections of early 2002?-- Well, it is - 100 per cent supervision may not be entirely correct. That's overstating it, but the supervision is very strong and very good. So largely that's correct, that statement.

Thank you?-- Yeah.

May I see the next descriptive page? And would you indicate on the monitor, please, the page of the transcript it comes from? From 6523, at about line 36. Dr Krishna agreed with the proposition that there was 100 per cent supervision in Toowoomba and said - oh, and to the suggestion that it was by Dr Punn and Dr Ivers, he said, "There was seven VMOs, so depending on who was on call." It was suggested, "So at one time or another, the VMOs, who were orthopaedic surgeons, and Drs Ivers and Punn, would have seen you perform and supervised you in the performance of most of the surgery that appears on that list of traumatic surgery?", and he said, "Yes." Well, now, there are several propositions in there. One was that he was supervised, I suppose one would infer, almost all of the time?-- Mmm.

And the second is that he'd have performed, while there, most of the surgery on the list of traumatic surgery, which you will find is the three-page list, exhibit B. At the start of exhibit B to your statement?-- Yeah.

Now, I note, for instance, that on that list there were two items that you particularly remarked about. One was, I think, the fracture of the proximal humerus, open reduction and internal fixation?-- Uh-huh.

Is it likely that Dr Krishna would have performed that while at Toowoomba, or are you just not in a position to-----?-- I would say it is likely, yeah.

And it is likely it would have been done with supervision?-- Supervision or 50 - shared surgery, fifty-fifty, something like that.

Is there another page? Now, in your 16 weeks or so, is it likely that Dr Krishna would have been supervised by persons other than yourself in addition to being-----?-- Absolutely. Quite - without doubt. There is two registrars that were with him quite a bit - one of them is a training registrar, one was non-training - and both those gentlemen were fairly skilled in orthopaedic and traumatic orthopaedic surgery, and he was fairly - fairly well supervised by them in addition to if we weren't available. That's why I said the consultants weren't necessarily 100 per cent. If they weren't, the two other gentlemen were quite often involved.

Thank you. Well, that may explain, from this page of the transcript, 6532, at about line 48, the agreement - well, it says, "The procedures that you performed at Toowoomba, every single one of them was supervised by a consultant?" The answer was, "Yes." Does that overstate it somewhat?-- Yeah, well, they are supervised - they are under the consultant's care and he has given - and the registrar liaises with the consultant about the process and then goes ahead. And quite often they would have - if there was any issue, he would have one of the registrars there, and if there was a bigger issue or a more complex issue, the consultant would be there.

So supervision by a consultant in Toowoomba meant that there was always a consultant available to attend if a registrar deemed it appropriate?-- Without doubt, yeah.

Towards the top of that page there is the suggestion that Dr Krishna wouldn't have had privileges in Toowoomba because everything he did had to be supervised. So he wouldn't have had privileges of the kind that listed things he could do unsupervised?-- Certainly as we got to know him in time, he was doing things on his own, you know, minor fractures, compound fractures - minor compound fractures, situations that we were comfortable for him to deal with.

Thank you?-- And I can remember being called in by him when he felt he was not happy with how it was going.

And if he wished to call you, or, indeed, anyone else in, he'd have felt fairly comfortable that you or some other consultant would have been there to assist within, what, 30 minutes?-- Yeah. Probably less than that, but, yeah, that's fair, yep.

You speak of the scope of service for trauma procedures. I assume you mean the orthopaedic trauma list that runs for about three pages as being reasonable. Now, I notice that you've sought to delete two items from it. I will put them on the monitor, just to have you confirm that I understand correctly which ones they were. You referred to fracture of the proximal humerus. Have I indicated it appropriately in yellow?-- Yeah.

And scaphoid compound fracture. At the bottom of the page I have indicated something in yellow?-- Yeah.

It doesn't say compound but is that the one from the list that you were-----?-- Yeah, that's - those are the two I listed in the statement, yeah.

Are there some others that you would not have him perform independently on that page?-- Yes, there are, actually.

Yes?-- I can elaborate if you want me to?

Oh, well, first of all if you - yes, by all means?-- Yeah, all right. The ones - I mean, I actually - I have got a copy of this over in my briefcase, but I put a ring around - subsequently around that group around the fractured proximal humerus. So if you go upwards, one, two, three, four - the four above I think are questionable as to whether they should be done independently.

COMMISSIONER: That's from fracture clavicle down?-- Yeah, fracture clavicle down, yeah. I think that those all can cause some distress for anyone. So probably he should be supervised for those as well.

MR ANDREWS: Fracture clavicle ACJ dislocation?-- Sternoclavicular dislocation and fracture proximal humerus.

Thank you. Now, any others in the perform-independently column you have had second thoughts about?-- On that page, I think the perilunate, the two above scaphoid from the bottom.

Yes?-- That little grouping there. That's-----

You take them out?-- You need to be happy that he'd done a few and I don't know how many of them he was involved in in Toowoomba.

Thank you. Now, with respect to the second page, are there any that you have had some second thoughts about?-- Well, I couldn't understand where it says "acetabulum fracture simple", and someone has ticked a box and written "ridiculous". Who wrote "ridiculous" there?

It will have been one of the orthopaedic specialists, but-----?-- Oh, right.

He'll have-----?-- Yeah.

-----explained what was meant by the comment?-- Yeah, I see. Well, I mean, those fractures - those pelvic fractures shouldn't - they need heavy supervision.

So-----

COMMISSIONER: So you would exclude both of those?-- Sorry?

So you would exclude both of those from supervision?-- Yeah, I think - pelvic ring disruptions, acetabulum fracture, acetabulum fracture complex, those ones.

Those three?-- Yeah, he shouldn't - he needs supervision for them. I was confused by who wrote ridiculous there and what that was all about, so I didn't comment particularly in my statement about that.

Yeah, right?-- I thought Dr Naidoo had written "ridiculous" and I thought he thought it was ridiculous.

MR ANDREWS: You agree it is ridiculous?-- I would agree, and I thought he'd ticked the wrong column. He'd written "ridiculous" as well and I thought, "He has made a mistake there."

COMMISSIONER: No-----?-- So I didn't comment.

Well, you can ignore the writing on there but you can assume, certainly in that case, that was a comment by another orthopaedic surgeon?-- Yeah. Then down the bottom, again I was a bit confused, tibial plateau fractures, it said supervised tick, but then someone wrote "never", and I thought, "Well, okay, I am not sure what that means." But he should be supervised for that as well.

MR ANDREWS: Thank you.

COMMISSIONER: Thank you?-- Finally, I think-----

MR ANDREWS: Are you on the same page?-- Oh, yeah, yeah. That's - yeah, I am still on that page. No, there is nothing else particularly there. I mean, I know that someone has again written "doubtful" for subcapital fracture, but he had - he would have done a number.

MR ANDREWS: I in fact can't see subcapital fracture?-- Femur.

Of femur, yes?-- Someone put "doubtful" and moved it across to supervision. Well, probably by the time he had done - he had been in Toowoomba and then gone to Hervey Bay, it wouldn't have been too long before he could have done that independently. So, you know, that would depend on his

progression - the natural progression of a training surgeon or a doctor in surgery would be that he should be able to do that unsupervised. Then I think on the last page there were again a few alterations, like distal tibial fracture complex.

COMMISSIONER: Yes?-- And some of those midtarsal fracture/dislocation, for example. That would need supervision.

Both the midtarsal-----?-- Yeah.

-----fracture/dislocation?-- Yeah.

Those two midtarsal fracture?-- No, just midtarsal.

Only one?-- Midtarsal fracture dislocation and talus fracture dislocation would be likely to need supervision, as Dr Naidoo has already said. So that's not - not the question.

MR ANDREWS: So you would agree the metatarsal phalangeal fracture is something that can be performed independently?-- He could do that, yeah.

Now, with respect to the severed extensor tendon, flexor tendon and digital nerve, someone's indicated that to the effect that one finds them in both the foot and the hand?-- Yeah.

Can you-----?-- I think he would have been able to perform surgery on both the hand and the foot for that problem, independently. Excluding - sorry, excluding vascular injuries, you know, if it is vascular compromised, but that's not mentioned there. It is just digital nerve and flexor tendon.

Thank you. Can you bear with me for a moment while I turn up what another witness has said about some of the things in that list, to see now whether you and the other witness have any differences of opinion? Yes, on the first page of the trauma list, would you look at the items for the medial epicondyle and lateral epicondyle? Well, I see it says "lateral condyle". From the transcript at page 5815, I would ask you to look at the section in yellow which expresses a view about that suggesting that because they're children's fractures and can be difficult, it is better to have supervision for them. Do you see that section?-- Mmm.

Is that a - well, is that a reasonable opinion?-- Yeah, that's - that certainly can be difficult, but in this particular case Krishna's experience would be such that I think he'd be comfortable - he was probably comfortable with them on departure from Toowoomba. So he - he - I would estimate he would have been capable of performing those up in Hervey Bay.

Now, at the bottom of the page, something in blue, it may be a different topic. They, I expect, are to do with the perilunate section that you too have identified?-- Yes.

Would you turn the page, please to 5816 of the transcript. Yes, phalangeal fracture of the hand, do you see that identified in orange?-- Mmm, yes.

Is that a reasonable opinion expressed?-- Yeah.

Would it be reasonable to refer this trauma to a hand surgeon?-- If there's a vascular injury involved, then certainly. But failing that, there's a lot of phalangeal fractures and they can't all be sent to the hand surgeon and that the regional surgeons have to deal with them, and if we send them on, the hand surgeons would do nothing else but fix them.

You've identified a nice point. If you can't have a - once you decide that you can't send every phalangeal fracture to a hand surgeon, you say your regional surgeons will deal with them. Are you suggesting they should be dealt with by an orthopaedic surgeon, if you can't have a hand surgeon, or by an unsupervised Dr Krishna?-- They - they can be dealt with-----

Well, I suppose-----?-- The registrars can deal with these fractures certainly, and they do deal with them, and in the Brisbane hospitals as well at the same level of training as the ones who have gone to the regional areas. So, again, under the care of the hand surgeons in Brisbane but under the care of a general orthopaedic surgeon in a regional centre. So the level of training of those individuals is pretty similar as a registrar level.

COMMISSIONER: But you're implying the necessity for supervision though, aren't you?-- No.

You're not. All right?-- No.

MR ANDREWS: But there would-----?-- Just-----

There would be the availability of supervision?-- Yeah, yeah. That's right. Correct. That's - that's not a concern in our centre, you see, so it's not - I mean, it's implied if I make a comment like that, yes. Maybe I shouldn't imply it. But the level of supervision is not an issue in our community.

So if a-----

COMMISSIONER: By "our community", you mean Toowoomba?-- Yeah.

Yes?-- Yeah.

MR ANDREWS: So any registrar doing - performing surgery on a phalangeal fracture would know that with any complication or doubt, there'd be a consultant who could be summoned at very short notice?-- Correct.

Mmm?-- Yeah.

I believe the next two items in yellow and green you've dealt with. At the bottom of the page in blue seems to be another topic which touches upon tibial fractures. There seems to be expressed an opinion that you haven't commented upon?-- Mmm.

Is that a reasonable opinion expressed?-- Certainly.

Does that suggest that if Dr Krishna - does that suggest to you that it would be appropriate to ask Dr Krishna to perform a distal tibial fracture simple with supervision; that is, knowing that there's an available consultant?-- Distal tibial fracture simple would be fine for Dr Krishna but not the - the area highlighted in blue-----

Is that more likely to be complex?-- That's tibial plateau fracture, is the other end, proximate end of the tibia, and that's going to be complex and that would need supervision.

COMMISSIONER: This doctor has already said that.

MR ANDREWS: Yes. On the third page of the trauma list, severed digital nerve, you, I think, have indicated that whether it be hand or foot, you think Dr Krishna would be capable of dealing with it. But the opinion expressed there in orange relating to it, is it a reasonable one? That is, that even some training, registrars may not have the ability?-- Yeah, well, certainly when Dr Krishna arrived in Toowoomba he - his skills wouldn't have allowed him to do that but probably by the time he'd left he had done - he would have done a number of those procedures with the microscope and I expect he was capable. And if he wasn't capable immediately on arriving in Hervey Bay, it would have been a few months, three to six months before he would have been - wouldn't have required much supervision for that, provided he'd assessed the patient adequately before he undertook the surgery because, I mean, if they've got a vascular injury, then that's a whole different story and that needs to be referred to a hand - to the hand unit and one of the hand units in Brisbane.

If you were writing up a scope of practice document for Dr Krishna, such as the documents that appear in Exhibit B to your statement, would you, when dealing with severed nerves, severed digital nerves, discriminate between those that involve a vascular injury and those that do not?-- Certainly, yep.

Now, within your statement you then at paragraph 6 speak of elective procedures and to this reader it's obtuse?-- I wrote it and I don't understand it.

Thank you. Do you suggest that - at least in your reference relating to Dr Krishna you distinguished between his competence with respect to orthopaedic trauma and his competence with respect to orthopaedic elective surgery?-- Mmm.

You described his trauma skills as being at a good level with his elective skills lagging behind, but you noticed - noted that he was doing more and more of the elective work. Would it be fair to say that there would be more things on the elective surgery list that you would ask for him to be supervised when performing than there were on the orthopaedic trauma list?-- On a percentage basis, absolutely, yes.

Where you say in your statement, "Day cases including some arthroscopies", by day cases do you mean very simple elective procedures?-- Yeah, I was - I think I was cutting corners a bit and trying to exclude using the list and, yeah, they're minor cases. The patient comes in and is there for two or three hours and therefore you encompass a lot of - yeah, minor surgery by saying day-only procedure.

Thank you. When you say, "Arthroscopies, most of these would require supervision", did you mean - is that what you meant when you wrote that?-- Yeah. It means - arthroscopies in an individual - certainly some of them can be complicated and there would need to be a surgeon around to help out if there was any difficulty, and that that means that - you know, a few minutes away and in an office maybe doing some other work but somewhere around.

COMMISSIONER: And cases that required more than day care you think should be supervised?-- Pretty much.

Elective surgery requiring more than day care-----?-- As a general statement, yes.

Yes?-- Yes.

MR ANDREWS: And with respect to arthroscopies, the only ones I see using that expression on the list are on the last page of Exhibit B under - or to do with the knee?-- Mmm-hmm.

There's an arthroscopic debridement and an arthroscopic meniscectomy which are described?-- Yes.

They are things that ought to be done with supervision?-- Arthroscopic debridement, not necessarily, no. And arthroscopic meniscectomy depends on the nature of the meniscal injury.

Thank you?-- The next one wouldn't would though, needs supervision, internal derangement, meniscal repair and derangement, which can be a day case, and the other one is internal derangement ACL/PCL reconstruction, that would need supervision.

And they both are indicated on the list as requiring it?-- Yeah, so that's covering it anyway. But, no, those two are-----

In the circumstances, I have to ask you to do it the long way?-- Yeah, all right.

Can you go to the first page of the elective list, which commences with rotator cuff tendonitis rupture simple?-- I'd prefer supervision for those first two. The next one really probably should be done as a consultant, a recurrent anterior dislocation. I don't think I would even supervise that. I think I would do it myself. And then, as you work down the list, arthrodesis of the wrist, wrist arthropathy.

You missed CTS?-- No, that's carpal tunnel release. I mean, Krishna was doing them in Toowoomba without any - without any trouble.

So you would - I see. And what about the next one, the-----?-- Yeah, the ganglion cyst, bursa-----

COMMISSIONER: No, dupuytren contracture?-- Oh, dupuytren, sorry, yeah. Yeah, Krishna had training in that with one of the surgeons in Toowoomba. I didn't - I wasn't involved in him doing any of those cases but he did have training with that so he probably was - he should have been able to perform that independently.

Ganglion bursa bakers cyst?-- Yeah, bakers cyst may need supervision but the other two, fine.

Trigger finger?-- No, he'd have no issue with that. That would be fine.

The extensor tendon and rupture thumb?-- Yeah, the tendon transfer would need supervision, part of that.

Implants for fracture fixation; do you agree with the notion "only simple ones"?-- Yeah. No, I think he could do more than that. I think that's under-calling his ability there.

Wrist arthropathy?-- I think - again, that would need supervision and it would probably still need supervision even after his time in Hervey Bay.

Fracture of non-union - fracture non-unions?-- Again, depends on the size of that but as a general rule I'd supervise that. Achilles tendon, that's true, what's ticked there. Independent I would have thought.

The bunionectomy?-- The - bunions, again they can be quite complex and someone would need to be there.

Metatarsal osteotomy?-- Again, all those surgeries there for hallux valgus in that section-----

Yes?-- -----would need supervision.

Hammer toes?-- No, I think that he was trained to do that in Toowoomba, so.

Morton's neuroma?-- Again, trained. Those comments from Dr Naidoo are adequate to me.

Subtalar osteoarthritis?-- He'd need to be supervised for that or even not do it at all. And the same next - with the subtalar arthrodesis calcaneo-cuboid, et cetera, the next page, the top of that.

That's already shown as perform with supervision.

COMMISSIONER: Did you say perhaps not even with supervision; it should be done independently by an orthopedic surgeon?-- Yeah, I'd go that far.

MR ANDREWS: I think you've dealt with the remainder, although the amputation of non-viable fingers, toes and limbs, I don't know that you've touched upon?-- No, I think once the decision is made, that, yeah, he could do an amputation. He would probably have done as many amputations as most people in - with his regional training in Fiji I would have thought.

Thank you. I have no further questions.

COMMISSIONER: Thank you. Mr Allen.

MR ALLEN: No, thank you, Commissioner.

COMMISSIONER: Mr McDougall?

CROSS-EXAMINATION:

MR McDOUGALL: Doctor, you have talked about the ability of Dr Krishna in Toowoomba to be able to call upon assistance if it was needed from a VMO or from a staff specialist. Is it the case that Dr Krishna had the insight to do that if he was confronted with something that he may have started out performing unsupervised but decided he needed assistance if it became more complex than he anticipated?-- That - that would be my understanding of his time with us. That he - if he was getting into trouble, that he tended to - you know, he would call us. He knew that there was backup. He knew that the backup was - was fairly timely and, therefore, he - he did utilise it and I remember being called in by him, I don't recall the patient's names but I recall there were some cases that I came in, you know, at various hours of the evening or early morning to help him with. So, yes, he - I didn't - I wasn't concerned about his - his - him trying to take on too much and making inappropriate decisions based on that.

All right. As his supervising consultant, if I can use that description, the relationship between you as supervising consultant and Dr Krishna as your registrar, does a degree of trust develop between the two of you? In other words, do you develop a trust in Dr Krishna's judgment to make decisions like that?-- Yeah, you get - you get to know the person reasonably well. Obviously when - there's some doubt to start

when you're asking about cases and what the X-ray shows and what the examination shows, but once you've confirmed that what he says is - is a good description of what's going on, then, you know, you're much more comfortable and that sort of trust develops over a period of a number of cases over a few months, really, I would say.

And did you-----?-- And also socially.

Sorry?-- I mean, you talk - you might talk with the registrars between cases and, you know, sit around and find out a bit more about the person and so you establish a bit of a rapport and a trust, and that works both ways I guess.

And you say you discuss registrars, other registrars, with other registrars?-- Sure.

And you discuss their performance - the performance of registrars with other consultants?-- Certainly.

And Dr Krishna, for example, would have been the registrar to a number of other consultants at Toowoomba prior to his being your registrar?-- Mmm.

And you would have discussed - would you have discussed Dr Krishna's performance with those other registrars - those other consultants?-- Before - before he - before he joined my unit, certainly, and, in fact, just the way the roster works is that we're not always on with our registrar because there's, say, seven consultants and three, two - two to four registrars depending on who's away, then obviously the registrars have to do more on-call; therefore, they come across different consultants. And so, I knew him anyway from that and that was from the previous year I think, 2001.

And did you develop a confidence in Dr Krishna?-- Yeah, I think he progressed - he progressed in the natural way that people do with supervision and learning and he seemed to move along as we would have expected in Toowoomba in his time with us and we were quite happy with his performance. We discussed his performance. When he first arrived he needed more close supervision and more schooling and more counselling than probably the other two gentlemen who were there but he certainly learnt.

Does that arise out of his background in Fiji, do you think?-- Not necessarily, no. I think that could have been just a junior person from a hospital in Australia as well. It's just the level of experience is really more the thing. I can't - I don't know if it's anything to do with the background at all. We have seen registrars who are very junior who we have to closely supervise and we don't let them do anything, really, at all until we're happy with their progress.

Ultimately, though, you were happy with Dr Krishna's progress?-- He seemed to move along at the expected rate, yeah.

You talk about a natural progression. Is it the case that you would expect Dr Krishna to have continued to progress during his time at Maryborough by performing more procedures?-- That - that would be my expectation. I don't - I did - yes, I would have expected that.

That-----

COMMISSIONER: That would depend on how much help he had, mightn't it?-- That's right. It depends on his supervision that he gets and the training that he gets and the education that he gets, not just surgical education but attending meetings and things. It depends on whether he continues to do that; then he will progress naturally, because he seemed to have the understanding and the skill level that was - that should have progressed.

MR McDOUGALL: All right. Now, it's the case, is it not, that by way of - using the term "supervision", that may mean Dr Krishna, for example, might need to be supervised for the performance of a procedure a number of times before he could competently perform it on his own, or it may mean only to perform it once; is that right?-- Mmm. That's correct.

And it depends upon observation of the initial - his initial ability as to whether or not he needs to be continually supervised?-- That's right. It depends if he - as I said, if he moves in the expected rate, moves forward at the expected rate. I mean, that sounds a bit nebulous but what it means is he grasps what the - he grasps the plan and then proceeds with that plan to completion and does it in a timely manner and if he ticks the boxes in relation to that, then he moves on to a more complex case, I guess, and the number of cases that, you know - it varies between - as you said, it might be one supervised one and then he's right to do it, but some other cases, it'll - it may never happen.

Mmm. Is it the case that the skills he acquires in the performance of one or two procedures might also equip him to perform other procedures of a similar nature but not necessarily the same procedures?-- Certainly. I mean, I don't think any two cases are the same anyway so you have to extrapolate between cases.

So to the observer, and the observer being a consultant orthopaedic surgeon, if that consultant orthopaedic surgeon sees a registrar perform a number of procedures, is it possible to then form an opinion about his abilities to perform other procedures without actually seeing them?-- That's fair - that's fair to say that, yes.

Now, in your evidence about the list of trauma surgery and elective surgery, you have agreed with Dr Naidoo in some respects so far as the matters on both of those lists are concerned?-- Mmm.

And you've disagreed on others. Is that so?-- Yes.

And you've seen comments - you've seen evidence in your evidence - in evidence led by counsel assisting of Dr Mullen, who's offered different opinions about what Dr Krishna could do supervised or unsupervised and you've disagreed with him on some and agreed with him on some; is that right?-- With Dr Mullen or-----

With Dr Mullen and Dr Naidoo. Could I put first tell you that you were shown evidence during your - a short while ago of the opinion of a witness Dr Mullen?-- Mmm.

Who expressed those views before this Commission at an earlier date?-- Yeah.

Now, you've agreed with some of his comments and disagreed with others and the same is the case with Dr Naidoo; you've agreed with some of his assessment and disagreed with others. Is that right?-- Yeah, it's correct about Dr Naidoo. With Dr Mullen, I'm really not familiar with that case that they were talking about in - in the Commission. I mean, I've seen some-----

COMMISSIONER: No, no, we're not talking specific cases; we're talking about list.

MR McDOUGALL: I'm talking about his comments on the list that you've just been shown?-- I didn't know Dr Mullen had made any comments on this list.

COMMISSIONER: No, you didn't.

MR McDOUGALL: That's what I was just trying to explain to you. Could I tell you that the comments you were shown were part of Dr Mullen's evidence?-- All right. Okay.

You've agreed with some of it and disagreed with some of it?-- All right. Yeah, I would say that I disagreed with a few points from Dr Mullen's comments, yeah.

That tends to suggest, doesn't it, that different orthopaedic surgeons observing Dr Krishna's abilities form different opinions as to his ability?-- It does suggest that. It may be that he didn't progress past the level that - as I was saying before, the natural progression is such that people advance to various stages and then move into the training scheme and then pass their exam and become a consultant, and maybe he got to a certain level where he wasn't going to progress any further, but I wasn't around to witness that.

No?-- He was progressing reasonably well with his time with us, but the learning curve is pretty great at the start and then, you know, you can fall by the wayside at a certain level.

I see?-- So maybe that's what Dr Mullen was noting; I don't know actually.

Well, if it's the case that Dr Mullen didn't have the

opportunity to observe or supervise Dr Krishna to any great extent, then he's making general observations about these procedures rather than specific observations based on his knowledge of Dr Krishna's ability?-- I don't - I don't know whether Dr Mullen supervised him. I don't know how much involvement Dr Mullen had with Dr Krishna so I think I can't really comment there, I don't think.

Would you agree with the proposition that to pass comment on Dr Krishna's ability to perform the various items on the trauma list or the elective list requires a reasonably close association like you had-----?-- Mmm.

-----as his supervising consultant in order to form that opinion?-- Correct. Yeah.

And if someone makes observations without having that close supervision, then those comments are really general statements as opposed to Dr Krishna's specific statements?

COMMISSIONER: I don't understand the question. I'm sure the witness doesn't.

MR McDOUGALL: Well, I'll rephrase it, it was a bit clumsy, I must say. If Dr Mullen - if you'd accept for me hypothetically for the moment that Dr Mullen didn't have the opportunity to supervise Dr Krishna like you?-- Mmm-hmm.

His comments in relation to the trauma list and the elective list are really general statements of observation rather than statements specifically related to Dr Krishna?-- I think that's partially true. You find out - you find things out from - it isn't just being there with the person, you find out about them from the other Registrars, the other consultants and the nursing staff, and, you know, we do, you know, always inquire as to how people are going and when they're working with you or for you just to make sure that things are going smoothly. So what you say is reasonable, but you know, I'm not sure, maybe Dr Mullen-----

But-----?-- As, maybe he's involved in more supervision than what - I'm not sure really, to be honest with you.

COMMISSIONER: You get some indication, I suppose, also, doctor, if you looked at procedures which in this case Dr Krishna had done and you saw that they'd gone wrong in a certain way, assuming that to be the case you could form that view from that?-- Yes.

As to his competence to do those procedures?-- Yes, if it's a recurring theme you'd certainly pick up on it.

Yes?-- A recurring theme of problems.

Yes?-- But that wasn't something that we-----

No, no, I'm not suggesting that you knew anything about that?-- Yeah.

MR McDOUGALL: Has Dr Mullen ever asked you about Dr Krishna's ability?-- No, I don't think he has. We discussed Dr Sharma, but not, no, not Dr Krishna, no.

All right. Could I ask you to look at this extract from the transcript and I'm referring to 6487. Could you just read the highlighted section please?-- "It had two fractures, one fracture was the obvious one"-----

COMMISSIONER: You don't have to read it out.

MR McDOUGALL: You don't have to read it out, just read it to yourself. Can I ask you to accept that that's Dr Krishna's description of some surgery that confronted him and Dr Sharma and he is talking about the use of a retrograde nail as

opposed to an antegrade nail; do you understand that to be the case-----?-- Yeah.

-----in the treatment of that fracture?-- Yeah, that's right, they've done a retrograde, yes.

Having read that description of the fracture or, in fact, I think he's referring to two fractures, is he not, he's referring to a fracture in the middle third or the upper middle third of the femur?-- Mmm.

And a fracture closer to in the lower third, in other words, towards the knee?-- Yep.

Is it reasonable to use, depending upon what the state of the fracture as it confronts you as a surgeon, is it reasonable to use a retrograde nail as opposed to an antegrade nail in those circumstances?-- Well, failing the fact that I haven't got the visual image of the X-ray-----

And you'd need that, I understand?-- Looking at what I'm seeing there, it's - both procedures are reasonable. The most - the more traditional one would be the antegrade but a retrograde nail should and would provided adequate fixation. Maybe not optimal because I don't have the X-rays to view, but certainly I wouldn't say for sure where that fracture can't - shouldn't have been treated with a retrograde nail, I think that sounds reasonable treatment because the fracture extended down towards the knee joint and it's hard to get fixation from a antegrade nail down at the knee joint, especially if the proximal femur's in good condition.

Okay. Sometimes during the performance of this surgery in cases where it's a high velocity injury in a very hard bone like the femur, the fracture can be comminuted, in other words, there can be pieces of bone present?-- Mmm.

And it's often the case, isn't it, that those fractures as part of that comminution are undisplaced but nevertheless there?-- Certainly.

And during the course of inserting a nail, an undisplaced fracture can become displaced just in the normal insertion of the nail?-- Yes.

Thank you. Before passing any opinion on it though, you would need to see the pre-surgery X-rays to make a determination as to what approach you would take to mending the fracture?-- Yeah, we obviously have to make decisions without X-rays over the telephone talking to the Registrars as well, and there are times when the description from the Registrar is not adequate and you may say, "Well look, you know, I don't want you to deal with that until I've seen X-rays, how do we arrange to see the X-rays?", and - but mostly, mostly we again, we rely on what the Registrar tells us and if there's any issue and it's complex, then we will have a look, we'll discuss, we'll look at the X-rays together and discuss the treatment. With that particular fracture, just because there was an

undisplaced fracture in the bone, that that would have been recognised as a general rule and you would just note that and say, "Well look, that's going to be a little bit more complex, that fragment may split off but, you know, we can deal with that.

All right. I have nothing further, thank you.

COMMISSIONER: Thank you. Mr Farr?

MR FARR: Thank you, Commissioner.

CROSS-EXAMINATION:

MR FARR: Doctor, I appear on behalf of Dr Krishna. There's just some questions about him that I wanted to ask you. From your experience of working with him, could you comment upon his ability to assess patients and then communicate their needs, would you be able to describe his abilities in those two respects as adequate?-- Yeah, I'd say his assessment of patients as he progressed through his time in Toowoomba improved and he was more than adequate.

All right?-- Plus his - the second part as well?

The second part was his ability to communicate their needs?-- Yes, I thought that was at least adequate, yeah.

Did you see any demonstration of him being seriously flawed in either of those categories?-- No, none whatsoever.

Was he lazy?-- I'd say that he wasn't the most industrious Registrar, he's had - but he wasn't the laziest. I'm not really answering your question.

COMMISSIONER: Oh, that's good enough.

MR FARR: So, was he average?-- Well, I could grade him a six out of 10 maybe for an industrial ability or industriousness.

Okay. Incompetent?-- No.

Lacking basic surgical and clinical skills?-- No.

Did he attempt to avoid responsibility by the use of jurisdictional excuses?-- I never saw that.

Did he disappear from campus when he was supposed to be at work?-- No, he was always available and I didn't notice that.

Did he appear to you to have insight into his shortcomings with respect to patient care issues, management of trauma, clinical care, that type of thing?-- No, he knew when to call for help.

Would you be surprised if he was unable to respond appropriately to even the simplest of clinical scenarios?-- No, the simplest scenario would be well within his ability.

All right. Did you have any concerns about his ability to carry out minor clinical reasoning?-- No.

Would you say that he had some ability to undertake advanced clinical reasoning?-- Yes.

Did you have any difficulty with his recordkeeping, medical recordkeeping?-- I don't recall any, no.

In the time that you worked with him, did he at any stage demonstrate to you an attitude that he believed he was capable of handling any orthopaedic case that came his way?-- No, as I said before, he knew when to call for help.

Did you have experience of him ever attempting to blame junior staff if things went wrong, clinical outcomes?-- No, I don't recall any events like that, no.

All right. Can I just pick up on a point that the Commissioner raised with you just a moment ago? You were asked or it was suggested perhaps that one could attempt to form some degree of opinion as to the clinical skills of a surgeon by looking at patient outcomes of particular cases if something's gone wrong, it might give you some idea?-- Mmm.

In your answer you said that if there was a recurring theme, then certainly that would be an avenue that could and should be adopted. If there is not a recurring theme, if one were to find that there might be three or four cases where something was suboptimal, would that also be of some assistance in that regard or is that something that could occur to even the best of surgeons over a one to two year period of time?-- Yeah, I mean everyone has adverse outcomes and there's no denying that, it's just the frequency of them is the issue and I think that certainly in Toowoomba we run audits and we know what's going on as far as the adverse outcomes go anyway.

Right?-- But we-----

COMMISSIONER: But you can also tell - sorry, I interrupted?-- I was going to say that we didn't specifically see any issues with Krishna in that respect-----

MR FARR: Right.

COMMISSIONER: But-----?-- -----in his time.

Sorry, I interrupted?-- Just in his time with us - I beg your pardon, Commissioner.

I was going to ask you whether, from a particular outcome rather than necessarily a pattern of outcomes, it would be correct though that sometimes you can see from particular

outcomes, not just if a surgery has gone wrong in some way, but that there has been a negligent mistake?-- Yeah, I think poor clinical decisions can certainly be noticed retrospectively.

Yes?-- And, you know, it's the situation where you feel that you could have done a better job if you'd made a stronger decision.

Yes?-- So I think that yes, what you're saying is true.

Yes.

MR FARR: Yes, thank you, that's all I have.

COMMISSIONER: Thank you Mr Farr. Mr Andrews?

MR ANDREWS: I have no re-examination. May the doctor be excused?

COMMISSIONER: Yes, certainly. Thank you for coming, doctor, you're excused from further attendance.

WITNESS EXCUSED

COMMISSIONER: Nothing further?

MR ANDREWS: Commissioner, there are a number of exhibits I propose to tender.

COMMISSIONER: All right.

MR ANDREWS: I tender a statement of Gail Doherty of the 7th of October 2005.

COMMISSIONER: That will be Exhibit 483.

ADMITTED AND MARKED "EXHIBIT 483"

MR ANDREWS: Commissioner, it relates to Dr Kotlovsky.

COMMISSIONER: Mmm.

MR ANDREWS: I'll - if you don't mind, Commissioner, as an aide memoir to myself, I'll give a short description of some of these statements.

COMMISSIONER: By all means.

MR ANDREWS: A statement of Dr Anatoli Kotlovsky of the 1st of

October 2005.

COMMISSIONER: That will be Exhibit 484.

ADMITTED AND MARKED "EXHIBIT 484"

MR ANDREWS: Commissioner, in that statement, Dr Kotlovsky gives evidence that contradicts some assertions that appeared in earlier evidence that there was something wanting in the clinical care that he administered to two patients, and he appends a number of references, some of which are complimentary of not only his skills, but his attitude to learning and to patient care.

COMMISSIONER: Yes.

MR ANDREWS: I tender a supplementary statement of Karen Lyn Fox of the 3rd of October 2005 which relates to the patient Mr Bramich who was treated at the Bundaberg Base Hospital.

COMMISSIONER: That will be Exhibit 485.

ADMITTED AND MARKED "EXHIBIT 485"

MR ANDREWS: A statement of Theresa Francis Winston of the 4th of July 2005 and a supplementary statement of Ms Winston of the 7th of October 2005.

COMMISSIONER: They will be together Exhibit 486.

ADMITTED AND MARKED "EXHIBIT 486"

MR ANDREWS: Commissioner, they relate to events at Hervey Bay. The parties have been notified as to the limited use to which her evidence is being put and that she will not be called to give oral evidence or to be cross-examined.

COMMISSIONER: Yes.

MR ANDREWS: A statement - I beg your pardon - a letter of Mr D Atkinson of the Inquiry staff to Mr P Dwyer of Crown Law of the 12th of October 2005, a response by Mr Dwyer to Mr Atkinson of the 20th of October 2005 and a supplementary statement of Dr Kees Nydam of the 19th of October 2005. They should be one exhibit, Commissioner.

COMMISSIONER: They will be Exhibit 487 together.

ADMITTED AND MARKED "EXHIBIT 487"

MR ANDREWS: I tender a statement of Dina Monroe, M-O-N-R-O-E, of the 14th of July 2005. Ms Monroe is a clinical coder at the Bundaberg Base Hospital who explains the clinical coding process at that hospital and the document is relevant to the weight that can be placed on the information produced by the clinical coding process.

COMMISSIONER: That will be Exhibit 488.

ADMITTED AND MARKED "EXHIBIT 488"

MR ANDREWS: I tender a statement of Leonie Joy Hobbs of the 19th of July 2005. Professor Hobbs was one of the four investigators who conducted the review of the Bundaberg Base Hospital, but this limited statement addresses only the accessing of Dr Miach's personnel file.

COMMISSIONER: Yes. That will be Exhibit 489.

ADMITTED AND MARKED "EXHIBIT 489"

MR ANDREWS: I tender a statement of Dr Richard Ashby of the 19th of August 2005. Dr Ashby responds to some matters raised by Dr Molloy regarding the Royal Brisbane Women's Hospital administration and mental health.

COMMISSIONER: That will be Exhibit 490.

ADMITTED AND MARKED "EXHIBIT 490"

MR ANDREWS: I tender a statement of Megan Snell of the 10th of August 2005. She explains the clinical coding system in Queensland Health which is relevant to the weight that can be placed on information produced by the clinical coding process.

COMMISSIONER: That will be Exhibit 491.

ADMITTED AND MARKED "EXHIBIT 491"

MR ANDREWS: I tender a statement of Brian William Johnston of the 17th of October 2005. Mr Johnston is the Chief Executive of the Australian Council of Health Care Standards. The statement is about the Bundaberg Base Hospital patients having bile duct injury and it deals with differences between data reported by the Bundaberg Base Hospital to ACHS and the data included in a report by Dr FitzGerald and Ms Jenkins.

COMMISSIONER: That will be Exhibit 492.

ADMITTED AND MARKED "EXHIBIT 492"

MR ANDREWS: I tender a Ministerial briefing number BR 021399 on the subject of advice regarding patients who died whilst on the waiting list at the Prince Charles Hospital.

COMMISSIONER: That will be Exhibit 493.

ADMITTED AND MARKED "EXHIBIT 493"

MR ANDREWS: I tender a statement of Dianne Jenkin of the 7th of July 2005. Ms Jenkin is a Nurse Unit Manager of the surgical ward at Bundaberg Base Hospital. She gives evidence relating to the treatment of patient P26, patient Gerard Kemps, Patient 163, and Patient 52. I note that her statement referring to a number of patients will need to be de-identified.

COMMISSIONER: Yes.

MR ANDREWS: She gives evidence also about ASPIC meetings and wound dehiscence. She responds to evidence of Gail Aylmer, A-Y-L-M-E-R.

COMMISSIONER: Mmm.

MR ANDREWS: And gives evidence of a conversation with Linda Mulligan.

COMMISSIONER: That will be Exhibit 494.

ADMITTED AND MARKED "EXHIBIT 494"

MR ANDREWS: I tender a statement of Libby Wenban, W-E-N-B-A-N, of the 13th of October 2005. It is a statement of the Acting Information Services Unit Manager within the information directorate of Queensland Health and it describes searches made for the purposes of the clinical audit of general surgical services at the Bundaberg Base Hospital

COMMISSIONER: Yes, that will be Exhibit 495.

ADMITTED AND MARKED "EXHIBIT 495"

MR ANDREWS: I tender a five page schedule entitled "Dr Naidoo's Petrol Purchases, A Stella", with pages in fact numbered 2 to 6. It's a schedule compiled by Mr Stella from records supplied by Dr Hanelt of the Fraser Coast Health District which relates to Dr Naidoo's petrol purchases and it includes some self-explanatory comments by Mr Stella in the "Comment" column. With respect to that, Commissioner, I have indicated to the legal representatives for Dr Naidoo that it would be appropriate if they wished to respond to that statement for a statement to be received by, I think it's 4.30 p.m. this afternoon or 5 p.m.

COMMISSIONER: All right. That will be Exhibit 496.

ADMITTED AND MARKED "EXHIBIT 496"

MR ANDREWS: I tender a statement of Monica Seth of the 1st of October 2005. Ms Seth, the Acting District Manager at the Bundaberg Health Services District gives evidence relating to the actions taken there and about an action plan for the district.

COMMISSIONER: That will be Exhibit 497.

ADMITTED AND MARKED "EXHIBIT 497"

MR ANDREWS: I tender a letter from Dr Peter Woodruff of the 20th of October 2005 which relates to bile duct surgery.

COMMISSIONER: That will be Exhibit 498.

ADMITTED AND MARKED "EXHIBIT 498"

MR ANDREWS: And I have some discs to give to some of the parties which contain quite a number of these exhibits.

COMMISSIONER: All right. That's all?

MR ANDREWS: Yes, Commissioner.

COMMISSIONER: Nothing further?

MR ALLEN: Could I-----

MR McDOUGALL: Could I raise one issue, Commissioner?

COMMISSIONER: Yes, certainly.

MR McDOUGALL: We've been told that there's a bundle of some 900 pages of documents relating to the Giblin/North Inquiry somewhere in existence. We haven't had the opportunity of seeing those documents yet. They're particularly relevant, I would have thought, to the comments we might make about that document - the report. We're just wondering when those documents will be made available to us?

MR ANDREWS: Commissioner, now that I know that a request is being made, however many pages there are, they can be scanned and made available so that Mr McDougall can have somebody else read them.

COMMISSIONER: All right.

MR McDOUGALL: I don't think anybody else will be reading them.

COMMISSIONER: Mr Allen, you want to say something?

MR ALLEN: Just briefly, Commissioner, a statement of Gail Doherty dated the 7th of October 2005 that has just been admitted as Exhibit 483.

COMMISSIONER: Yes.

MR ALLEN: And a statement of Karen Fox dated the 3rd of October '05, admitted as Exhibit 485.

COMMISSIONER: Yes.

MR ANDREWS: My instructing solicitors have previously corresponded with counsel assisting asking them to consider the admission in addition of the original statements from both those witnesses, and in addition to that correspondence directed towards counsel assisting, has asked for consideration of the admission of statements from a Ms Jenner, Ms Mears and Ms Champion and I was simply seeking some indication as to whether consideration has been given to the

admission of those statements in these proceedings?

COMMISSIONER: Well, not by me, but perhaps Mr Andrews can answer that.

MR ANDREWS: I do remember considering Ms Champion's statement. I had not intended to tender it, but I'll revisit to determine why I'd made that conclusion. As to the others, I don't recall now having read them or being aware of this. I'll attempt to read them before the 2 o'clock resumption and so that I'm in a position to respond.

COMMISSIONER: Okay, thank you.

MS FEENEY: Commissioner-----

COMMISSIONER: Sorry, Mr Allen had something further first.

COMMISSIONER: Mr Allen?

MR ALLEN: The only other matter was I noted Ms Jenkin's statement was admitted as Exhibit 494. That was the one where some consideration was to be given to deleting some passages in relation to P26's mother.

COMMISSIONER: Yes, that's right. True, that will be done presumably, yes.

MS FEENEY: Commissioner, in respect of the earlier statement of Ms Fox, I am unaware of the other statements that Mr Allen was referring to, but we would object to that being admitted into evidence without Ms Fox being made available for cross-examination.

COMMISSIONER: All right. Well, that might be a problem then.

MR ALLEN: I will speak further to counsel assisting about that when we adjourn.

COMMISSIONER: Yes, I think we need to because it is not my intention to have more oral evidence if we can possibly avoid it.

MR ALLEN: It is not my intention to suggest that any of those persons should be called.

COMMISSIONER: All right. Well, maybe that can be resolved in some satisfactory way-----

MR ALLEN: Yes.

COMMISSIONER: -----during the adjournment. Nothing further? We will adjourn till 2 o'clock.

THE COMMISSION ADJOURNED AT 10.27 A.M.

THE COMMISSION RESUMED AT 2.00 P.M.

COMMISSIONER: Yes, Mr Andrews?

MR ANDREWS: Commissioner, before telephoning Ms Wyatt, two of the parties have asked that statements be tendered which tend to rebut, or at least respond to aspects of evidence that has been tendered this morning, or earlier in the inquiry, with a view to restoring or protecting the reputations of these deponents.

I tender a statement of Dr David Charles Little, dated the 31st of September 2005 of 11 paragraphs.

COMMISSIONER: That will be Exhibit 499.

ADMITTED AND MARKED "EXHIBIT 499"

MR ANDREWS: And I tender a supplementary statement of Linda Mary Mulligan, dated the 21st of October 2005, of eight paragraphs.

COMMISSIONER: Exhibit 500.

ADMITTED AND MARKED "EXHIBIT 500"

MR ANDREWS: Commissioner, I tender an email from Dr Darren Keating to Gail Doherty, dated the 8th of February 2005, subject theatre activities.

COMMISSIONER: Exhibit 501.

ADMITTED AND MARKED "EXHIBIT 501"

MR ANDREWS: I would ask that Kristine Wyatt be telephoned.

KRISTINE WYATT, EXAMINED VIA TELEPHONE LINK:

MR ANDREWS: Good afternoon, Ms Wyatt, my name is David Andrews, counsel assisting the Queensland Public Hospitals Commission of Inquiry?-- Yes.

Ms Wyatt, are you the Kristine Wyatt of the Mt Isa Hospital who is a Nurse Unit Manager?-- Yes, I am.

Ms Wyatt, I will ask that you be sworn. Can you take an oath now on the Bible, or would you prefer to take an affirmation?-- I will take an affirmation.

Thank you.

KRISTINE WYATT, ON AFFIRMATION EXAMINED:

MR ANDREWS: Ms Wyatt, you are currently the nurse unit manager at the operating theatre, elective surgery, at the Mt Isa hospital?-- Yes, I am.

Were you employed as a nurse unit manager in charge of the perioperative unit at the Hervey Bay Hospital from May 1997 until October 2003?-- Yes, I was.

Do you recall that at that time Dr Naidoo was the Director of Orthopaedics?-- Yes, he was appointed some time in 1997 and then appointed as the director some time at a later date. I don't remember when.

Do you recall a problem occurring at the hospital where Dr Naidoo, when he was either on call or on duty, was sometimes-----?-- I am sorry, David, the phone line kept breaking up.

Certainly. Do you recall times when Dr Naidoo was either rostered to be on call or rostered on duty when it was difficult to contact him?-- Yes, I recall times.

Is it the case that you're unable to be sure whether there were occasions when this happened where he may have been on leave without you being aware of it?-- Yes, that's correct.

But do you remember that there were numerous occasions when Dr Naidoo cancelled patients for major surgery on the day of surgery?-- That was a common occurrence.

Do you recall that because there were occasions when Dr Naidoo couldn't be contacted when he was on duty or when you believed he should have been on duty, and because of cancellations, you spoke with the District Manager, Mr Allsopp?-- Yes, I recall

conversations but I can't remember when they would have been.

But you left, didn't you, in 2003?-- Yes.

In October?-- Yes.

So these conversations will have been before October 2003?-- Yes.

And do you recall Mr Allsopp always to have listened when you raised these issues?-- He was always available for me to speak to him, and he appeared to listen and said he would address the problems.

About how many times do you think you'd have spoken to Mr Allsopp, either about Dr Naidoo not being contactable or about Dr Naidoo's surgery being cancelled?-- The best I could do is say several times. I can't be exact.

And do you recall attending monthly surgical services committee meetings?-- Yes, I do.

At those meetings do you recall that either you or one of the other persons attending, would occasionally raise problems about Dr Naidoo?-- Yes, I recall that.

And were these problems about his unavailability or cancellations of surgery?-- They would be cancellations.

And the minutes of those meetings, were they always sent to-----?-- That was the protocol, that they were distributed to members of the executive, plus the members of the committee.

Do you remember an occasion that you think was in 2003 when there was an operation being conducted by Drs Sharma and Krishna at the Hervey Bay Hospital?-- Yes, I remember that clearly.

And do you recall that Dr Naidoo was rostered on call on that day?-- Yes.

Now, does on call mean that he was permitted to be absent from the hospital? I am wondering whether you are using on call in the sense of that he was rostered on duty or that he was, according to the roster, said to be on call?-- He was on call and would be available to come in if required.

I see. You attempted to contact him but you couldn't reach him, is that the case?-- That's correct.

So you contacted Dr Hanelt at home to seek advice?-- Yes.

He advised you to contact whom?-- Dr Mullen.

Dr Mullen was a VMO, I understand, at the time?-- Yes, and he wasn't rostered on call for that evening.

So you contacted Dr Mullen, did you?-- Yes, I did.

Did he attend?-- He did.

What happened?-- He assisted Drs Krishna and Sharma to complete the operation.

And have you seen paragraphs 23 to 26 of Dr Mullen's statement?-- Yes, I had it read to me Wednesday.

And do you believe that describes the incident that you recall?-- Yes.

What did you do after that event?-- The following - I was upset over the incident. I went to see Mr Allsopp and explained what had happened and he became - I felt quite intimidated, and he said, "Are you telling me these guys are incompetent?", referring to Drs Krishna and Sharma, and I said, "No, they weren't, but they shouldn't be doing complex surgery unsupervised."

What did he say to that proposition?-- He then said, "What do you expect me to do; stop Dr Naidoo and Drs Krishna and Sharma operating and then have no service?"

How did you respond to that?-- I can't recall how the conversation went after that but I was very upset.

Now, Ms Wyatt, why did you leave the Fraser Coast Health District?-- I was subjected to bullying.

Is that - well, I have seen an outline of things you were likely to say today. Is that a different topic, is it?-- I was dissatisfied with his management of this and other issues and the treatment of myself.

That's Mr Allsopp's management, is it?-- Yes.

Thank you. Why was it that you felt so concerned about the incident where you had to call Dr Mullen?-- I felt it was not fair on Drs Krishna and Sharma to be operating on a patient without support from a consultant.

Did you ever discuss that subsequently with Dr Naidoo?-- No, I didn't.

And have you read a transcript of Mr Allsopp's evidence?-- Not in its entirety.

Ms Wyatt, I have no further questions but there are some other barristers in the room who are likely to want to ask you some questions?-- Okay.

COMMISSIONER: Mr Allen?

MR ALLEN: I have no questions, Commissioner.

COMMISSIONER: Ms McMillan?

MS McMILLAN: No, thank you.

MR McDOUGALL: No.

MR PERRY: Yes, sir, if I may, thank you.

CROSS-EXAMINATION:

MR PERRY: Ms Wyatt, can you hear me?-- Yes.

My name is Perry. I represent Dr Naidoo in the inquiry?-- Uh-huh.

Do you have your statement with you?-- I do.

Can you go to paragraph 12 of it, please?-- Yes.

You will see there that you refer to these monthly meetings?-- Yes.

At which minutes were taken?-- Yes.

Did you subsequently check the minutes after the meetings at which you say you complained about aspects of Dr Naidoo to see whether your complaints were recorded in those minutes?-- I couldn't recall if I did or didn't at this time.

Right, thank you. But you would have an expectation that if complaints were made by someone such as you at such a meeting, those complaints would be summarised in some way in the minutes; that is there would be a record of them?-- I would expect the minutes would be an accurate reflection of the meeting.

Thank you. You say there that you probably didn't raise these issues with Dr Naidoo either and the issues that you are talking about, these monthly meetings, were cancellations of surgery?-- Yes.

If you didn't raise them with Dr Naidoo, was a reason or explanation ever given to you by somebody else as to why those cancellations occurred?-- The - I had raised the issues with Dr Naidoo but I can't recall if I raised them at those particular meetings when he was present. Dr Naidoo usually said it was for clinical reasons.

Thank you. Can I then turn to a different aspect, which is the question of his being unavailable-----?-- Yes.

-----as distinct from the cancellations? Did you raise your concerns in that regard with Dr Hanelt at all in an operational sense? That is if you couldn't find Dr Naidoo, did you then go to someone else to see if they could attempt

to contact him?-- My usual practice was to contact Dr Hanelt's secretary and ask her if she knew where Dr Naidoo was.

Right, thank you. The reference to the period that we're talking about seems to be that in paragraph 10 of your statement; that is you say you had a number of face-to-face discussions with Allsopp during about the six years 1997 till 2003. Do you see that?-- Yes. It would be from whenever Mr Allsopp commenced there. He wasn't there initially. Mr Ron Winn was the District Manager when the hospital first opened.

Mr Ron?-- Winn.

Thank you. Did that cover the period when Naidoo was there as well?-- Yes.

Thank you. You said to Mr Andrews that there had been several occasions, I think, in which you spoke to Allsopp about Dr Naidoo's availability. Do those several occasions spread over the five or six years you are talking about in paragraph 10?-- Yes.

Thank you. Thank you, sir.

COMMISSIONER: Thank you. Mr Farr?

CROSS-EXAMINATION:

MR FARR: Ms Wyatt, my name is Brad Farr. I appear, relevantly for your purposes, on behalf of Mr Allsopp?-- Uh-huh.

Can I just pick up the point of the last point Mr Perry-----?-- I can't hear you very well, Perry.

Can I pick up on the point that Mr Perry was just asking you? Can you hear that all right?-- Not very well.

I will try a different microphone, is that any better?-- A little, yes.

If you can't hear what I say, please let me know, all right? Good answer.

COMMISSIONER: That's a good test.

MR FARR: Can you hear me at all?-- No, I am sorry, it is not very clear.

I might move down a bit. I am not quite sure if this is going to work at all. Is that any better?-- That's better, yes.

We will use that way. Now, you just told Mr Perry that there were several occasions that you spoke over the five to six years regarding this issue of cancellations?-- Yes.

You spoke to the district manager over that period of time?-- I am sorry, I can't hear you again.

You spoke to the district manager over that period of time?-- Yes.

Do I take it that that period of time commences shortly after Dr Naidoo commenced?-- I can't remember when Mr Allsopp commenced.

Well, did you speak to the district manager who held the position prior to Mr Allsopp?-- Oh, I can't remember if I did or not.

Well, you have given us evidence, and we know that Dr Naidoo started in the Fraser Coast District in 1997?-- Yes. And the problems didn't occur until - they didn't occur initially, it was some time later and I can't recall when.

The statement you have given has just not been signed, is that the case?-- It was emailed to me.

Right. And you have got that in front of you, do you?-- I have, yes.

I take it you have had the chance to read it?-- Yes.

And are there any corrections to it, or is it accurate?-- It's accurate. As far as - as much as I can remember it is accurate.

You've been referred to paragraph 10. Could I just ask you to look at that for me. Do you have it in front of you?-- Yes, I do.

You say in that paragraph, "What I do recall is that I had a number of face-to-face discussions with him", referring to Mr Allsop, "about this during the period, not long after Dr Naidoo arrived in 1997 up until such time as I left in 2003"?-- No, that's not what mine says.

Well, that's what I've been given. Do you-----?-- My section 10 is, "I recall clearly that Mr Allsop would listen to the issues that I raised with him about the problems with Dr Naidoo."

How many statements have you done?-- I only e-mailed one back. I was sent a draft by Mr Weir. I amended it and sent him this one back.

How many paragraphs does it have?-- Nineteen.

I've got 20 in what I've been supplied with.

COMMISSIONER: I know. You're not going to ask her which one is missing, are you?

MR FARR: No, I'm just wondering if someone had the 19-paragraph one that I can work from so there is no confusion. All right. Now, you - Mr Allsop commenced duty, I'd suggest to you, in about April of 2001. Does that sound right to you?-- 2000 and when, sorry?

2001?-- Possibly, I don't know, I can't remember.

That would be about four years after Dr Naidoo commenced duty does that sound about right to you?-- That sounds about right, yes.

During that four-year period of time, did any of these issues arise with Dr Naidoo?-- In the four years prior?

Yes, from '97 to 2001?-- Yes, there would been.

And the issues that we're speaking of are the cancellations or your difficulties in locating Dr Naidoo when you thought he should have been on duty?-- Possibly. Not the issues of contacting him but the cancellation possibly would have been raised before then.

Do I understand your evidence to be that you have no recollection whether you raised those issues with the then District Manager or not?-- No, I can't remember.

But you do remember raising them with Mr Allsop?-- Yes, the issues became progressively worse.

Mmm?-- Over a period of time.

Did you put any of this into writing?-- It would have been my normal practice but I can't remember.

Well, think carefully?-- No, I can't remember.

See, if I suggest to you, and this might assist your memory, that there is no documentation on this topic from you to Mr Allsop that can be located?-- That's - I have no way of disagreeing with that because I don't know.

Right?-- It's two years since I left. I haven't had the benefit of being able to check my diaries or e-mails in or out. I'm doing this from my memory.

Right. Well, what you do remember is raising these issues at the monthly Surgical Services Committee meetings?-- Yes. And other people as well.

Right. And you have nominated at least some of the people who were present at the time of those meetings, Dr Hanelt, for instance?-- Yes.

Dr Griffith, who at the relevant time was the Director of Surgery?-- Yes.

And as I understand it there were occasions when Dr Naidoo would attend those meetings but you wouldn't raise these topics on those occasions?-- Sometimes they were raised but I can't recall when or if we did but they would have been raised.

Right?-- It's just my memory is very hazy of some of the meetings and I couldn't honestly say whether we did. I would have to check the minute.

Do you mean by that that you would need to check the minutes to see whether the topic was ever raised at all or-----?-- No, not whether it was ever raised but as to whether Dr Naidoo was present.

I see. All right. But in any event, the people that you do remember being at these meetings are those that you've referred to already?-- Yes.

Okay. And those are the minutes that you speak of that would be generated and distributed amongst the executive?-- Yes.

Now, the Surgical Services Committee, you were a member of that committee?-- I was.

Do you remember when it ceased to exist?-- No, I don't.

I suggested to you it ceased to exist in 2001. Does that assist your memory?-- There was another committee formed, a consultative committee formed.

Well-----?-- And perhaps ceased to be Surgical Services Committee but the intent and the structure was the same.

Let's talk about the one you've spoken of though which is the Surgical Services Committee?-- Mmm-hmm.

Do you agree with me it ceased in 2001?-- Again, I don't know. I continued to attend meetings for surgical services management. The name may have changed.

Well, whatever it was, we know that you were there, Dr Griffith, Dr Hanelt and perhaps others?-- Yes.

Do you agree with me that Dr Griffiths retired in 2001?-- I can't hear you.

Do you agree with me that Dr Griffiths retired in 2001?-- Yes.

So the meetings that you have spoken of had to be prior to his retirement?-- And as I've said, the continuing meetings that were renamed.

So are you suggesting now that the meetings that you're speaking of occurred when Dr Griffiths had-----?-- They-----

Let me finish my question?-- They had occurred and were still occurring when I left and I'm uncertain of the name of it now but as I said, the intent, the format and the structure was to manage surgical services.

Right. So - but in the statement that you've prepared, that you have in front of you, when you speak of Dr Griffith as you have done in your evidence today, should you in fact have said, "He was a member of the committee and attended these meetings whilst he was employed but they continued after his retirement"?-- Yes.

Just an oversight on your part?-- An oversight on my part and I couldn't recall the other individual members either but it was representatives from all discipline.

No. It would have been something that would have been minuted?-- Yes.

Now, could the Surgical Services Committee have been renamed the Surgical Services Management Advisory Committee?-- Yes.

Does that ring a bell with you?-- It does, yes.

And did that management advisory committee continue on with, on average, monthly meetings; sometimes it may have gone longer than monthly, perhaps two-monthly, but there would be on average a monthly meeting?-- I'd say on average, yes.

At those meetings, reference would be made to the business from the previous meeting and then one would discuss new business; that's correct?-- I would assume so.

You have no memory, have you?-- Yes, that is a normal way to run a meeting.

All right. And those meetings I take it were meetings that you would have attended by and large perhaps with some absences?-- Yeah, I had - attended when I was available.

During 2002 and 2003?-- Yes.

You've told us that you left the employ of Fraser Coast in October 2003?-- Yes.

I understand though that your resignation was effective from May 2004; is that right?-- Yes, I took leave.

Do I understand then that you took - from October 2003 you took leave entitlements that were due to you?-- Yes.

And tendered your resignation in the early months of 2004 to be effective from a day in May of 2004?-- Yes, yep.

That's correct?-- Yes.

Was the last time that you worked there in October 2004?-- Yes, the last time I worked there, that was - perhaps I should - an oversight.

All right?-- But I worked there until October 2003 but was employed until later.

All right. Commissioner, I've been provided with the minutes of the Management Advisory Committee meetings that have just been referred to.

COMMISSIONER: Mmm-hmm.

MR FARR: I can obtain - this has all been done rather rushed. I can obtain a short statement confirming that these are the entirety of the minutes-----

COMMISSIONER: Mmm.

MR FARR: -----for the period of time and my instructing solicitor has gone through the minutes to determine if the reference to previous business is consistent with the previous minutes to make sure it's a comprehensive group of documents. It would appear to be so. But if necessary, we can obtain a short statement to that effect but can I tender those documents.

COMMISSIONER: Yes, certainly. They'll be Exhibit 502.

MR FARR: Thank you.

ADMITTED AND MARKED "EXHIBIT 502"

MR FARR: Now, in paragraph 13 of your statement you speak of that incident regarding having to call in Dr Mullen?-- Yes.

When was it that you say you spoke to Mr Allsop after that incident?-- The next day.

Do you remember the name of the patient?-- No, I don't.

Do you remember what day of the week it occurred?-- No.

All right. But I take it you can remember that it was the next day because you were so concerned?-- Two years down or two and a half years down the track I think it was the next day, but it was soon after.

Right. If, for instance, that surgery took place on a Friday if that was the case, would you still be of the view that you spoke to Mr Allsop the next day?-- No, I would have spoken to him the next working day but I don't believe it was a Friday.

Right?-- I'm not certain but I don't believe it was.

Okay. You see, I suggest to you that the conversation that you speak of in your statement that you've given evidence of here today did not occur?-- And what's the question?

Well, I'm putting that to you. You can agree or disagree with it?-- No, I disagree strongly.

See, I also suggest to you that there were no face-to-face meetings with Mr Allsop during which the topic that you wished to speak to him about was Dr Naidoo's cancellations or absences, that type of thing?-- Mmm-hmm.

Again, you can agree or disagree with-----?-- Oh, I disagree.

You see, these cancellations would have been of some concern to you, being the Nurse Unit Manager of Surgery?-- Yes.

You would appreciate, given your long history in the profession, the line management system that would have been in place at that time?-- Yes.

I take it you would have understood that Dr Naidoo would have had a line manager and that person would have been Dr Hanelt?-- Yes.

I assume you also would have had a line manager and that person would be-----?-- Maryanne Pease.

The person who held the position of Director of Nursing?-- Yes.

Okay. Did you take these concerns to either of those people?-- Yes, I did as well.

And did you discuss it with them?-- Yes, I did.

So the concerns that you have spoken of are concerns that you have discussed with a number of people?-- Yes.

Why do you not refer to those in the report anywhere?-- At the time I was referring to Mr Allsop's statement, not to anything else.

Yes, but you're giving evidence here as I understood it because you were concerned about a situation that existed at that time relevant to patient safety?-- Mmm-hmm. Mr Weir didn't ask me if I'd spoken to anyone else and I didn't think to put it in.

Mr who, sorry?-- Mr Weir, who took my statement.

Right?-- Didn't ask me if I'd spoken to anyone else.

All right. So you weren't asked so you didn't volunteer it?-- No, I didn't volunteer it.

So you spoke to your line management, Mr - Dr Naidoo's line manager. Who did you speak to first on the issue, do you remember?-- Would have been the - I would think the waiting list co-ordinator.

And who was that person?-- That was Anne Spring.

Okay. So that's another person again?-- She would have been the first - the initial person.

Right?-- When the - my concerns were first raised.

Do you know when that was roughly speaking, which year for instance?-- No, I don't.

Do you know if Mr Allsop had even commenced at that stage?-- No, I don't.

Did you document your concerns to any of these people?-- I can't recall if I did or I didn't.

Do you remember what advice any of them gave you?-- No, I don't.

Were you ever advised to raise it at either the Surgical Services Committee meeting or the Surgical Services Management Advisory Committee meetings?-- Oh, that would be the obvious advice but I can't recall.

You see, my understanding is that that committee, under whatever name it might be called, was the committee which was set up to deal with problems that might arise in relation to surgical issues; is that right?-- Yes.

And I understand from your previous answer that that would be the logical place at which to raise concerns of this nature?-- Yes.

You did have, I suggest to you, a number of conversations with Mr Allsop whilst he was the District Manager in relation to-----?-- I can't hear you.

You did have a number of conversations with Mr Allsop in relation to - or regarding the relationship of operating theatres and their management between the two sites, Hervey Bay and Maryborough, and they were discussions regarding the strategies to better manage the situation for improved throughput and utilisation?-- Yes.

Do you remember having a number of conversations with him in that regard?-- Yes.

I take it you would have had similar conversations perhaps with the Nurse Unit Manager of Surgery at Maryborough?-- Some.

And there were concerns and difficulties regarding having the two campuses, if you like, so close together yet half an hour's drive apart?-- Yes.

Could it be the case that in the context of that topic you may have raised then the issue of difficulties with Dr Naidoo or finding Dr Naidoo at any given time?-- Contacting Dr Naidoo was really only an issue with - an urgent issue with that one incident and I can't recall in what meetings I would have discussed things with Mr Allsop.

Right?-- Whether we discussed other issues as well, I don't know.

You see, what I'm suggesting to you, is that the only time that you might have raised anything like the topic that you've spoken of in your evidence was as an aside in the context of the conversations regarding the two sites?-- No.

You disagree with that?-- I disagree.

Now, after the conversation that you said that you had with Mr Allsop regarding the particular operation that resulted in Dr Mullen's involvement?-- Yes.

Did you put anything into writing on that occasion. This is after you-----?-- I don't recall.

This is after your conversation with Mr Allsop that you speak of?-- No, I don't recall.

Well, do you recall making a letter of complaint or anything of that nature?-- No, I don't.

Did you, for instance, put in an incident report form regarding-----?-- I don't recall.

-----the incident itself, the surgical incident itself?-- No, I don't recall.

Or an adverse report form?-- No, I don't recall.

Excuse me for just a moment if you would. When you say that you did speak to Mr Allsop on any of the occasions that you have spoken of in the evidence?-- Yes.

Where did they take place, these conversations?-- Sometimes in his office, sometimes in my office, sometimes in the corridor.

Was anyone else ever present for them?-- I don't think so. Again, I don't - don't remember.

Was your concern in so far as the-----?-- I beg your pardon? I can't hear.

Was your concern in so far as the surgery that involved Dr Mullen principally in relation to the issue of patient safety?-- Yes, and also for Drs Krishna and Sharma as well, I felt they were in an untenable position.

Yes. And I assume from the evidence you've given that you felt that there was some compromising of patient safety?-- Yes.

Potentially?-- Potentially, yes, I don't know, I'm not a surgeon.

Would that not be ordinarily a reason to put in an incident report form?-- Or report it.

It would be the type of thing that one would expect to be documented, I'd suggest to you?-- Yes.

You have spoken or you were asked questions by Mr Andrews regarding the reason for your resignation?-- Yes.

It's the case, is it not, that there was in process at that time a reclassification or a reorganisation of the nursing system at the hospital?-- Yes, that was being discussed.

And it was also the case, was it not, that you, under the proposed new system, were no longer going to be the person in charge of the area that you had been in charge of?-- I believe that was discussed, yes.

You had - and I don't wish to go into any details of this, and I won't be - but there were some personal issues in your life at the time?-- Oh yes, quite significant personal issues, yes.

And just for purposes of clarity and to assist in understanding minutes of meetings and perhaps any further searches that might wish to be undertaken, whilst you were working at that hospital, was your surname Campbell?-- Yes.

And Wyatt is the name that you've - Wyatt's your name after you've divorced?-- Yes.

Okay. But the documentation or any documentation at the hospital relevant to the periods that we're concerned with would be under the name of Kristine Campbell?-- Yes, it would.

Okay. When you resigned your position, you - did you indicate to anybody the reasons for your resignation?-- I had spoken to my supervisor about it.

Mmm?-- But I didn't put it in my letter of resignation.

All right. So what you've spoken of today is not, again,

anything that would be documented?-- No.

Did you - who did you understand was the person that was responsible for the reclassification of your position?-- Mr Allsop.

Yes, thank you, that's all I have.

COMMISSIONER: Thank you. Mr Andrews?

MR ANDREWS: I have no re-examination. May Ms Wyatt be excused?

COMMISSIONER: Yes, you're excused from further attendance, Ms Wyatt, we'll turn the phone off now?-- Thank you.

WITNESS EXCUSED

COMMISSIONER: Anything else?

MR ANDREWS: Not this afternoon, Commissioner, no.

COMMISSIONER: Well, I hoped, perhaps a little optimistically, that this would be the last day of oral evidence and I'd like to express my gratitude of the very high standard of questioning by all counsel involved. I'm sure that I'll get the same very high standard in the submissions, so thank you very much everyone. We'll now adjourn.

THE COMMISSION ADJOURNED AT 2.44 P.M.