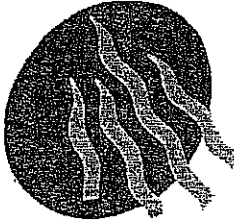


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Queensland Government

Queensland Health

Fraser Coast Health Service District.

SUBJECT:- *Summary of meeting of Friday 16th January 2004 held in the Administration Conference Room at Hervey Bay Hospital.*

Present at the Meeting were –

- Dr Terry Hanelt, Director of Medical Services, Fraser Coast Health Service District.
- Dr Morgan Naidoo, Director of Orthopaedics, Fraser Coast Health Service District.
- Dr Sean Mullen, Visiting Medical Officer in Orthopaedics, Fraser Coast Health Service District.

Agreed that there should be formal teaching sessions for the Senior Medical Officers in Orthopaedics and these sessions must be on a regular basis on a predetermined and published basis.

Agreed that formal Morbidity and Mortality Meetings are to commence and all Orthopaedic Medical Officers be invited to participate.

The review by the Australian Orthopaedic Association, which is to occur soon, is expected to provide some guidance as to what that association considers as appropriate training and Quality Assurance activities.

The AOA review report will provide guidance for supervision requirements and clinical privilege delineation for the Senior Medical Officers. These matters to be further considered after that report in an attempt to find a system that is acceptable to the District, the Orthopaedic Surgeons and the AOA.

Correspondence from the Hospital to Dr Mullen be directed through Ms Carita Sellers, the Executive Support Officer for Medical Services. This was due to the lack of receipt by Dr Mullen of communications from the Director of Orthopaedics.

Dr Mullen will recommence the provision of regular Clinical Sessions with the District in early February 2004. This will initially be a morning session and may be extended to a whole day after further consultation with Dr Mullen. Dr Mullen would do consultations during the month of February and commence Theatre sessions from March.

Dr Mullen is prepared to work at either of the public hospitals within the District for his elective and clinic sessions. If however, elective and clinical work are at Maryborough, Dr Mullen will be unable to do on-call. The reason being is that it is impractical to do ward rounds at two different facilities. If the elective work and on-call are both at Hervey Bay Hospital, there will be no issues with on-call.

All patients seen in the public hospital are the hospital's patients not a specific doctors however Dr Mullen is available to discuss patients that he has operated on. During business hours, the Director

Hervey Bay Office
Hervey Bay Hospital
Cnr Nissen St and Urraween Rd
HERVEY BAY Q 4655
Phone / Fax
E-mail:

Hervey Bay Postal
Hervey Bay Hospital
PO Box 592
HERVEY BAY Q 4655

Maryborough Office
Maryborough Hospital
185 Walker Street,
MARYBOROUGH. Q. 4650.
Phone / Fax
E-mail:

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of Orthopaedics will be the first person that is contacted and he can discuss the matter further with Dr Mullen. After hours, the consultant on-call will again be contacted first. If Dr Mullen is available that consultant would be able to again discuss the matter with Dr Mullen. When Dr Mullen is on-call, the process will work in a similar manner. Dr Mullen would be contacted first and if it was another doctor who had performed the surgery, the matter could be discussed with them if necessary. These are contemporary arrangements that occur in most other hospitals. Dr Mullen agreed to provide his rooms and home e-mail addresses to allow trial transmission of digitised radiological films to determine whether these were of adequate quality.

Whether the Senior Medical Officers should have ambulatory clinics seeing new patients when the Consultant was not available for advice or immediate clinical review was discussed. Agreement could not be reached on this matter. Advice from the AOA may assist in resolution of this matter.

The issue of availability of a consultant at all times was discussed. It was agreed that the ideal was to have a consultant available for advice and supervision as required at all times. It was accepted that due to the limited number of Specialist Orthopaedic Surgeons available within the District this would not always be possible. During these periods other hospital medical staff would perform treatments within the bounds of their Clinical Privileges. Protocols for obtaining advice from remote specialists would be developed and implemented in any case where consultation was required prior to implementing treatment. The process of assessment for granting of Clinical Privileges is to be developed in consultation with the Australian Orthopaedic Association and must also comply with Queensland Health policy.

Notes of the meeting were to be typed up and signed off by the participants.

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Dr Terry Hanelt

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Dr Morgan Naidoo

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Dr Sean Mullen