

STATEMENT OF STEPHEN MICHAEL BUCKLAND

1. I am the former Director-General of Queensland Health. I was Director-General from 29 April 2004 to 26 July 2005.
2. In this statement I shall outline:
 - (a) My professional qualifications and experience;
 - (b) The role of DG;
 - (c) The role of Chief Health Officer ('CHO').
3. Against that background I shall outline how I came to learn of concerns relating to the clinical practices of Dr Patel at the Bundaberg Base Hospital, and what I and the CHO, Dr FitzGerald did in response to these concerns.
4. This statement has been provided to the COI in circumstances in which I have not received notice from the COI of possible adverse findings against me, and this statement is given in the expectation that I will be afforded procedural fairness before I am required to respond to any such allegations.

A. BACKGROUND

My professional qualifications and experience

5. My qualifications are:
 - (a) Bachelor of Medicine and Bachelor of Surgery from the University of Queensland. I graduated in 1976.
 - (b) General registration as a medical practitioner in Queensland since 1977.
 - (c) Fellow of the Australian College of Occupational Medicine, now the Australasian Faculty of Occupational Medicine of the Royal Australasian College of Physicians, since 1985.
 - (d) Specialist registration in Queensland in the specialty of occupational medicine since 15 May 1991.
 - (e) Masters in Health Administration from the University of New South Wales. Graduated in 1990.
 - (f) Associate Fellow of the College of Health Service Executives since 1990.
 - (g) Member of the Royal Australian College of Medical Administrators since 1999.

6. My experience as a medical professional is:

- (a) I was a Resident Medical Officer at Mackay Hospital in 1977.
- (b) From 1978 until March 1987, I performed a number of clinical and teaching roles with the Royal Australian Air Force both in Australia and overseas. During this period I also worked at Hawkesbury Hospital and in a variety of general practices in a locum capacity.
- (c) I also was recognised as a specialist medical practitioner in Occupational Medicine in 1985.
- (d) From April 1987, I was Deputy Medical Superintendent at Ipswich Hospital and continued clinical practice as well as private surgical assisting.
- (e) I was appointed Medical Superintendent at Redcliffe Hospital from December 1989 upon completion of my Masters Degree in Health Administration from the University of New South Wales. Under the Regional Structure, while remaining Medical Superintendent, I was also the Executive Officer for the Southern Sector of the Sunshine Coast Regional Health Authority. I was District Manager and Medical Superintendent at Redcliffe-Caboolture Health Service District from July 1996 to August 1999.
- (f) From the end of August 1999 until July 2002, I was Southern Zone Manager.
- (g) From 29 July 2002 to 1 November 2003, I was General Manager of Health Services ("GMHS").
- (h) I was Acting Director-General from 1 November 2003 to 29 April 2004.
- (i) On 29 April 2004 I was appointed to the position of DG. I remained DG until 26 July 2005.
- (j) Since 1991, I have remained as a registered specialist in Queensland as well as being registered on the general medical register. I have current provider and prescriber numbers from the Health Insurance Commission.

The role of Director-General

- 7. Attached and marked "**SMB-1**" is a copy of the position description for the role of Director-General.
- 8. The role of the Director General set out in the position description does not involve the day-to-day management of patient care or complaints in each QH facility. This is because it is impractical for the Director-General to be

involved at the micro level of the organisation given the size of QH and the range of services and complexity of issues that QH responds to. As a result, the Director-General is reliant on local and zonal management to run the day-to-day operation of health services. I also relied on the specialist units within QH to give me advice and to implement policies relating to issues that fall within that unit's expertise. The structure depends on local and zonal management and specialist units coming to me when issues arise that have an impact at the macro level or are of sufficient seriousness that means I should be apprised of them.

9. The key responsibilities of the Director General are:
 - (a) Providing advice to the Minister for Health.
 - (b) Providing assistance to the Minister and the Minister's staff including meeting on a very regular basis;
 - (c) Setting strategic direction for QH and ensuring that direction is consistent with community needs and Government policy.
 - (d) Liaising with other public and private health provider organisations, Commonwealth and State government agencies and national bodies.
 - (e) Overseeing clinical and organisational governance. The Director-General is ultimately accountable for the management of the delivery of health services by QH.

The role of the Chief Health Officer ("CHO")

10. The position of CHO is primarily a statutory one. My belief is that the CHO should be kept separate from the decision-making processes of the Department so that the CHO is not compromised in performing that statutory role. As a result, the role of the CHO was separated from corporate governance to concentrate, amongst other things, on clinical governance, audit and performance and the promotion of research.
11. In order to give the CHO the power to conduct investigations as he saw fit independent of any requirement to obtain my authority for each investigation, in April 2004, I gave him an authority to conduct investigations under Part 6 of the *Health Services Act 1991*. See exhibit GF3 to Dr FitzGerald's statement. As he had this authority, it was not unusual for the CHO to commence an investigation without advising me about it.
12. I ordinarily met with the CHO once a month to discuss the progress of any issues or investigations he was conducting. Under the *Health Services Act* the CHO has a statutory responsibility, as investigator, to report to me. If he needed to see me about an issue between those meetings, he generally contacted me to arrange an appointment.
13. The CHO is also a member of the Medical Board of Queensland ("MBQ").

B. BUNDABERG HEALTH SERVICE DISTRICT AND DR PATEL

14. I visited the Bundaberg HSD once as Acting DG in April 2004 and on two occasions as DG in April and May 2005.

CHO's Clinical Audit

15. I was on leave between 31 January 2005 and 7 March 2005. Dr John Scott was acting Director-General during that period.
16. I have no recollection or record of having one of my regular meetings with the CHO between 7 March 2005 and 22 March 2005.
17. Between about 10.30am and 11.00am on 22 March 2005, I was advised by Paul Dall'Alba, Senior Department Liaison Officer of QH, that Stuart Copeland MLA had raised in Parliamentary Question Time that the CHO had been conducting a fact finding mission into post-operative complications in Bundaberg and asked whether the Minister was going to release a copy of the CHO's report. Mr Dall'Alba also said that Mr Copeland had named Dr Jayant Patel as being connected with the CHO's investigation. See the copy of the pages from Hansard that record Mr Copeland's question attached and marked "SMB-2".
18. I believe that this was the first that I became aware of the CHO's investigation in Bundaberg or Dr Patel.
19. Mr Dall'Alba and I agreed that he would contact Peter Leck. Some time later, Mr Dall'Alba spoke to me again and told me Peter Leck had advised him that Dr Patel was an OTD working under Area of Need who was performing operations outside his scope of practice and that he had approached Audit to investigate, who had then passed the investigation on to the CHO.
20. Paul Dall'Alba and I spoke to the CHO at 11:30am on 22 March 2005 in preparation for a specific briefing to the Minister at 2.00pm that day. The CHO advised me that it was highly likely Dr Patel had performed operations out of scope and had a high infection rate, although he was still waiting on infection data to conclusively determine this. However, the CHO also said Dr Patel was, on the whole, a fairly average quality surgeon. He said words to the effect "he's not as good as some, but he's not as bad as others". He said he was unsure whether or not he would refer Dr Patel to the Medical Board. He said that he was close to finishing the report.
21. On the advice given, I didn't think there was sufficient evidence on which to take any immediate action and I decided to await the CHO's report before determining any steps that needed to be taken in relation to Dr Patel or the Bundaberg Hospital.
22. I met with the Minister and some of the Minister's staff later that day. The consensus at the conclusion of the briefing was that we would wait until the CHO had finished his report and would have further discussion then. At that time the state of the CHO's advice was that Dr Patel had been acting outside

his scope and that had already been stopped. As a result, there was no sense of urgency or perceived need for immediate action to be taken.

23. I received a memorandum from the CHO and his report on his clinical audit into the general surgical services at Bundaberg Hospital on 24 March 2005 (attached and marked "SMB-3"). In it he identified concerns he had with management's response to various issues and with the lack of, or failure of, quality and safety systems, in addition to the specific concerns the CHO raised with me about Dr Patel on 22 March 2005.
24. I met with Dr FitzGerald on the morning of 24 March 2005 to discuss his report. He maintained that Dr Patel was not the worst of surgeons. The CHO did not advise, nor give any indication, that Dr Patel should be immediately suspended from clinical duties. He advised that he would refer Dr Patel to the MBQ for further investigation. As a result, I had no sense that there was a major issue with Dr Patel. I was satisfied that the matter was being adequately dealt with by referral to the MBQ based upon the information that the CHO had conveyed to me at that time.
25. I have been asked to address aspects in relation to Dr FitzGerald's report and the process by which it was to be implemented. As the report was a clinical audit report, it did not require my approval to be finalised nor did I require it to be approved by me to be finalised. The blanket approval that I established for the CHO (as discussed above) was designed to ensure that the CHO's clinical audits were completely independent of the department. Therefore, the CHO's report was final as at 24 March 2005 and not subject to any direction, alteration or input by myself or anyone else. The usual process for audit reports, however, is that the report in itself is not the end of the audit process conducted by the CHO. The CHO would ordinarily go back to the District with the report, confirm the accuracy of the facts upon which the report is based and provide any person that may be subject to adverse action as a result of the report with an opportunity to respond. After this, in conjunction with the District, the CHO would make recommendations to address any issues raised by the report and his investigations. It is not usual for the report or the recommendations of clinical audits to be publicly released. Public release can result in informants and patients being identified (even where carefully de-identified) by the context and the concern by the CHO is that it would make his job harder in future audits as patients and staff may be less willing to voluntarily provide information if there is risk of their identities being disclosed.
26. Most audit reviews instigated by the CHO would not be commissioned by the Director-General. The CHO may involve the Director-General and sometimes the Minister in the above process to let them know of his report findings and to seek their feedback as to the steps that might need to be taken before looking into recommendations coming out of the report.
27. I assume that it was in this sense that the CHO provided me with a copy of the report on 24 March 2005. I do not know why Dr FitzGerald spoke of, in his email to Mr Leck dated 29 March 2005, needing me to be "happy" with the

report before it could be sent to Mr Leck. It is not part of the usual process that I have to be happy with a report so I do not know what Dr FitzGerald meant. I do not recall saying anything to Dr FitzGerald which would have given him that impression. I certainly had no intention to delay Dr FitzGerald in progressing the audit process. My strong recollection is that neither of us had any sense of urgency in progressing the audit process because we didn't realise the extent of the issues with Dr Patel. I know I certainly would have acted differently had I had an indication that it was more serious than what the audit report suggested.

28. I spoke to Peter Leck on the phone late in the afternoon of 24 March 2005. He explained that Dr Patel was talking about leaving immediately unless his salary was raised. I was concerned as this may have left Bundaberg short-staffed over the Easter weekend. I stated that I believed that Dr Patel should work over the Easter weekend. Mr Leck said he would discuss the issue with Dr Patel.
29. I then received an email from Mr Leck at 5.32pm on 24 March 2005 saying that he had met with Dr Patel who had advised he would work over the Easter weekend if he was offered a contract \$1,500 to \$2,000 per day from 1 April 2005 to July 2005. I responded to Leck's email at 8.03pm that day and said that although I was concerned about the Bundaberg Hospital needing support over Easter and that Dr Patel should work over Easter, discussions about his contract from 1 April could take place the following week. I specifically stated that \$2,000 a day was unacceptable. Attached and marked "SMB-4" is a copy of the email I received from Mr Leck and my response.

Complaints about Dr Patel

30. No complaint or concern about Dr Patel was brought to my attention prior to 22 March 2005 so far as I can recall. I believe that I was unaware of his existence prior to 22 March 2005.
31. At a subsequent meeting with Ms Jillian Jeffery, Chief Nursing Advisor, she advised me that she was at Bundaberg Hospital in January 2005 and had held a forum with level 3 nurses. The Director of Nursing was not present at that forum. She told me she advised the forum that she had direct access to myself and the Minister, and asked whether there were any issues they wanted to raise. Apparently no concerns or complaints were raised by the level 3 nurses. I subsequently received a memorandum from Ms Jeffery dated 29 April 2005 confirming her advice (attached and marked "SMB-5").

Visit to Bundaberg on 7 April 2005

32. On Thursday, 7 April 2005, the Minister and I were in Springsure for the opening of a new Health Centre. Because of all the negative media coverage in the preceding weeks about Bundaberg Hospital, the Minister decided that we would divert the flight back from Springsure and meet with the executive and staff of Bundaberg to give them our support.

33. Both the Minister and I spoke at a meeting that was attended by both the executive and staff of the Hospital. I said to the staff that we supported them and that they needed to connect with their community as it is my view that this is critical to the community feeling that they have some ownership of the Hospital. I also advised that as Dr Patel had left the country, the audit process being conducted by Dr FitzGerald in relation to Dr Patel would be difficult to finalise as natural justice had not been afforded to him. I did give an undertaking that Dr FitzGerald would return to Bundaberg to brief the staff on his findings and that any system or hospital recommendations would be followed up with the hospital by the CHO. Neither the Minister nor I said there would be no further action taken in relation to the CHO's report. It was clear from the mood of the meeting and the level of frustration and anger verbalised by some staff that there had been more significant issues with Dr Patel than we had been briefed with.
34. In hindsight, I can see that perhaps I caused confusion by the expressions I used at the meeting and by my failure to clearly articulate how the audit process works and the difference between the finalisation of the audit report and the finalisation of the audit process. In my mind, I stated that no action could be taken against Dr Patel without first according him an opportunity to respond to the CHO's report but the review process would continue, and recommendations could be implemented, in relation to the broader systemic issues that the report raised. In writing this statement, though, I can see that this was probably not clear to all of the staff because of the terminology I used and because I spoke from a perspective that assumed the staff understood the subtleties of the audit process.
35. After the meeting, the Minister went to a local private hospital to visit a relative. I was waiting in the hospital canteen talking to staff. Dr Darren Keating came up to me and asked to have a word with me in private. He said that he had done a Google search on Dr Patel which had shown there were problems with Dr Patel's registration in the United States. Dr Keating said that he did not want to be identified as the source of this information.
36. On the flight from Bundaberg to Brisbane, I relayed to the Minister the fact that Dr Patel may not be everything that we had heard. I said "There is more to this guy than we know – I'll have a look at it". When I arrived home that night, I used my home computer to search for details about Dr Patel's United States registration. It took me some time to find him, but I saw what had occurred in New York and Oregon. Attached and marked "SMB-6" is a printout of an order of the Oregon Board of Medical Examiners and New York Health Department that I found in relation to Dr Patel. The date is printed in the bottom right hand corner of the document.
37. I called the CHO on the night of 7 April 2005 and told him that Dr Patel had restricted registration in the US and that he should advise the MBQ as a matter of priority. Dr FitzGerald had already referred Dr Patel to the MBQ for investigation on 24 March 2005.

38. I spoke to the Minister on Friday, 8 April 2005, and advised him that Dr Patel had restricted registration in Oregon and New York, and that I had advised Dr FitzGerald.
39. From the moment Dr Keating passed on the fact of his restricted registration I began to believe that the problem was more extensive than was known. If I had known this before speaking to the staff at Bundaberg, I would have consulted with the CHO and had a very different approach to the staff meeting in Bundaberg.

Appointment of Review Team

40. I decided that the seriousness of the matter required a comprehensive review of Dr Patel and the Bundaberg Health Services.
41. On Saturday morning 9 April 2005 I called the Minister and advised him that I intended to form an investigative team comprising Dr Mattiussi, Dr Wakefield and Leonie Hobbs, and that I also wanted Professor Peter Woodruff as a representative of the College of Surgeons. The Minister agreed to the proposal and the membership of the team. Subsequently:
 - (a) I contacted Dr Mark Mattiussi, Dr John Wakefield and Adjunct Associate Professor Leonie Hobbs to enquire about their availability to take part in a review of the Bundaberg Hospital and issues relating to Dr Patel.
 - (b) I then contacted the CHO and asked him to speak to Associate Professor Woodruff. He later told me that Associate Professor Woodruff had agreed to participate in the review team.
42. On 9 April 2005, the Minister, Mr Nuttall, announced that a comprehensive review would be undertaken of safety and quality at the Bundaberg Hospital. The announcement of the review was co-ordinated by the Minister's office and while I did have a discussion with the Minister's senior media adviser I was not privy to decisions about what would or would not be included in the announcement.
43. The Health Minister and I asked the CHO to participate in the provision of advice to the public through the media on the findings of his report. I understand that the Minister and Dr FitzGerald held a press conference on the afternoon of 9 April 2005 in regards to the Review Team.
44. On 14 April 2005, I approved a submission from the CHO regarding the appointment of Dr Mattiussi, Associate Professor Woodruff, Dr Wakefield and Adjunct Associate Professor Hobbs as investigators under Part 6 of the *Health Services Act 1991*. Attached and marked "SMB-7" is a copy of the letters of appointment to all the members of the review team.
45. On or about 14 April 2005, I met with the review team and the CHO and discussed all of my concerns about the Bundaberg matter. I stated that I

wanted to understand how this could have happened so that we could ensure that it wouldn't happen again. I said I required a review of the credentialing and privileging of all staff as I wanted to make sure that there wasn't another Patel lurking. I had no knowledge that there was or would be any problems with the credentialing and privileging of other practitioners at the time I gave the direction. The purpose of my direction was as a result of my concern that if there was one practitioner acting outside his scope of expertise and whose credentials had not been properly verified (and this had gone on for some time), then there might be others. Credentialing and privileging is not a limitation placed only on overseas trained doctors but on all practitioners and therefore I expected the review to be of all staff regardless of where they trained. The team and I discussed numerous other matters that should be addressed in the review.

46. On 18 April 2005, I signed terms of reference for the review team (attached and marked "SMB-8"). The CHO had prepared the terms of reference after the meeting of 14 April 2005. I reviewed the terms of reference prior to signing and felt they were broad enough to encompass all of the issues raised by me, the CHO and the team at the meeting. In particular, a review of credentialing and privileging of all staff would be an integral part of the third, fourth and fifth terms of reference.
47. In or about mid May 2005, Dr Mattiussi spoke to me and said that he had discovered a doctor who had a problem with his registration and he wanted to know whether he should include it in the report. I asked Dr Mattiussi what was the implication of this registration problem and he said that while it was just an anomaly it was another example that there was a systemic issue in the way the credentialing and privileging of staff was being checked at Bundaberg. I replied that if it was a systemic error then it should definitely be included into the report. I don't recall whether Dr Mattiussi specifically mentioned the doctor's name during this discussion. If he did, it didn't mean anything to me as my strong belief is that I had not heard of Dr Miach at the time. I'm anxious to say that it is possible that I met Dr Miach at my meetings in Bundaberg but I unfortunately have no recollection of most of the names of the many people I met. I am confident that Dr Miach had not given any evidence before the Commission at the time of this conversation because my overriding recollection is that I had no idea who the doctor with the registration problem was at the time of this conversation with Dr Mattiussi. My direction to Dr Mattiussi to include the registration anomaly in the report was not motivated by any ill will towards Dr Miach, but rather a desire that the report be as candid as possible about the obvious systemic issues at Bundaberg Hospital.

Support for the Bundaberg Hospital and Patients

48. On 13 April 2005 the Minister and I requested the CHO to travel to Bundaberg to provide feedback to the staff on the outcome of his investigations.

49. On 21 April 2005, I requested the CHO travel to Bundaberg for a period of two weeks to provide personal supervision of the response to the growing concern amongst the community and the patients.
50. A large team of individuals from other locations within Queensland Health, and some from the Department of Emergency Services, were dispatched to Bundaberg to render assistance to patients of Dr Patel, the community and the hospital staff. This assistance has included the following:
- (a) QH has written to all of Dr Patel's former patients suggesting that they may wish to be reviewed, and where necessary treated, by their GP or a private surgeon engaged by QH at no cost to patients;
 - (b) QH set up a patient liaison team at Bundaberg Hospital and a telephone helpline by which patients could express their concerns and arrange for their medical records to be reviewed by medical staff;
 - (c) QH provided two senior counsellors from the Queensland Ambulance Service to provide counselling to former patients and families of Dr Patel and hospital staff; and
 - (d) QH provided an officer dedicated to community consultation to reconnect the hospital with the Bundaberg community.
51. I also have made a further visit to Bundaberg on or about 4 May 2005 where I met with the acting executive, had a BBQ lunch with staff where I addressed staff and had a tour of the ICU and met with ICU staff. Over this period, I also spoke with representatives of the patient support group on a couple of occasions to ensure that their needs were being met. I would receive nightly reports from the patient liaison team and if they needed any further resources, we would organise for that to occur. My number one concern was for patients and staff to be receiving as much support as possible.
52. On or about 15 July 2005, I signed off on an implementation plan for the review team's recommendations as proposed by the CHO.

Signed this 30th day of August 2005:



Stephen Michael Buckland



Queensland
Government

Role Description

Director-General Department of Health

VRN: PR 20/04

CLOSING: 5.00 pm Monday 29 March 2004

1. ROLE IDENTIFICATION

DESIGNATION: Director-General

CLASSIFICATION: Chief Executive Officer

SALARY: By negotiation -
total remuneration value to a maximum of ~~\$200,000~~
per annum

LOCATION: Brisbane

DATE OF REVIEW: March 2004

2. PURPOSE OF THE ROLE

The Director-General provides strong and effective leadership of the Department and is also responsible for the overall management of the organisation through the major functional areas to ensure the delivery of key government objectives in improving the economic and social well being of all Queenslanders.

The Director-General leads the Department in:

- *Taking a Wider perspective on Health:* to improve and strengthen whole-of-Government approaches to address social, economic and environmental factors impacting on health of all Queenslanders, and encourage and enable healthy lifestyles and preventative health care;
- *Reducing Health Inequalities:* by adopting measures to reduce the inequalities in health outcomes (morbidity, mortality and risk factors) between population groups in Queensland;
- *Involving Queensland Communities in Better Health and Health Care:* by building strong partnerships between individuals, communities, health services and a client-centred health system;
- *Providing Integrated, People Focused Services:* to improve access to appropriate and quality health services across the continuum of care, with prioritisation in particular areas, including cancer care and renal dialysis services.

3. REPORTING RELATIONSHIP

The Director-General reports to the Minister for Health.

4. PRIMARY DELEGATIONS & RESPONSIBILITIES

The Director-General, as chief executive of a department, is -

- the accountable officer in terms of the *Financial Administration and Audit Act*;
- vested with the powers and authorities of the *Public Service Act and Regulations* and other relevant legislation administered by the Department;
- accountable for the proper and sound management of the department in the implementation of Government policy and for the achievement of the required outcomes.

5. OTHER QUALIFICATIONS

Formal tertiary qualifications are not mandatory but relevant health and/or management tertiary qualifications may be an advantage.

6. PRINCIPAL RESPONSIBILITIES

The Director-General shall:

- Ensure that the Minister for Health is provided with sound policy advice on request and in response to emergent issues.
- Provide superior leadership to ensure efficient and effective delivery of health services which meet the government's required policy outcomes.
- Ensure that the Department's staff and other resources are managed so as to give effect to relevant legislation, government policy and contemporary best practice.
- Participate in the Community Cabinet meetings, various consultations and negotiations within Queensland, and with equivalent government departments interstate, on issues within the portfolio responsibilities of the Minister for Health.

7. SELECTION CRITERIA

1. Demonstrated impressive record of successful achievement in setting and achieving corporate goals through the leadership of a large and diverse organisation and the effective management of financial and human resources.
2. Highly developed interpersonal skills to advance collaborative working relationships with the ability to negotiate and communicate at all levels of government and with relevant outside bodies on complex and sensitive issues.
3. Demonstrated high calibre conceptual, analytical and problem-solving ability with sound decision-making skills.
4. Demonstrated innovative and effective strategic approaches to continually improve service delivery and organisational capabilities to meet future demands.
5. Demonstrated outstanding abilities in policy formulation and strategic planning.
6. Demonstrated ability to manage a diverse workforce, including the ability to implement equal opportunity in employment, to improve workforce morale and to develop further the effectiveness of a senior executive management team.

8. ADDITIONAL INFORMATION

The Queensland Government is an equal opportunity employer.

In accordance with section 53 of the *Public Service Act 1996* (the Act), appointments of Chief Executives are subject to their entering a written contract of employment for a term of up to three (3) years with an option for a further two (2) years subject to performance satisfactory to the Premier.

In accordance with section 55 of the Act and the Public Service Commissioner's Directive, the successful appointee will be required to give a statement of his/her pecuniary and non-pecuniary interests to the Ministers within one (1) month of taking up the appointment.

To apply for the position, it is recommended that you submit:

- A covering letter quoting the position's details, the vacancy reference number and other details deemed pertinent.
- A statement describing how you meet the selection criteria.
- A succinct Curriculum Vitae or resume of information.

Further information can be obtained by contacting Mr George O'Farrell, Acting Public Service Commissioner on telephone 3224 2415.

Only an original of your application needs to be supplied. Applications for this position should be marked "**Private and Confidential**" - **VRN 20/04 CEO Position** and be delivered or mailed to:

**Mr George O'Farrell
Acting Public Service Commissioner
Office of the Public Service Commissioner
PO Box 190
Brisbane Albert Street, Qld 4002.**

Applications should be received by 5.00pm Monday 29 March 2003

Minister for Health

- Ministerial Advisory Committees
 - Statutory Authorities
 - Health Rights Commission
 - Professional Registration Boards, etc.
- Executive Manager, Executive Services
- Executive Manager, Media and Communication
- Director, Audit and Operational Review Branch

Director-General

Chief Health Officer

General Manager (Health Services)

Health Services Division

- Zone Manager (Northern Zone)**
 - Health Service Districts: Bowen, Cairns, Cape York, Charters Towers, Ingham, Mackay, Moranbah, Mt Isa, Tully, Torres Shire and Northern Area, Palmview, Townsville
- Zone Manager (Southern Zone)**
 - Health Service Districts: Brisbane, Gold Coast, Logan-Bassenden, Northern Downs, Pineapples, Alexandra Hospital, QELH Hospital, Roma, Southern Downs, Toowoomba, West Moreton, Townsville
- Zone Manager (Central Zone)**
 - Health Service Districts: Brisbane, Burdekin, Central Highlands, Fraser Coast, Gladstone, Gympie, North Burnett, Redcliffe, Rockhampton, Southern Downs, Toowoomba, West Moreton, Townsville
- Manager, Statewide and Non-government Health Services**
 - Office of the State Manager
 - Northern Zone
 - Southern Zone
 - Central Zone
 - Statewide Services
 - Business Support Unit
 - Quality Improvement and Enhancement Program
- Manager, Organisational Development**
 - Organisational Improvement
 - Health Advisory
 - Health Workforce Planning and Analysis
 - Employment Relations Strategies
- State Manager, Public Health Services**
 - Office of the State Manager
 - Central Public Health Unit Network
 - Southern Public Health Unit Network
 - Tropical Public Health Unit Network
 - Alcohol, Tobacco and Other Drug Services
 - Communicable Diseases Unit
 - Environmental Health Unit
- State Manager, Government Medical Officer Services**
 - Government Medical Officer Services
 - Oral Health Unit
 - Pharmaceutical Advisory Services
 - Public Health Planning and Research Unit
 - Statewide Health Promotion Unit
 - Specialised Health Services
 - Women's Cancer Screening Services
- State Manager, Information Services**
 - Office of the State Manager
 - Customer Services
 - Business Applications Services
 - Development Services
 - Infrastructure Services
- State Manager, Queensland Health Pathology and Scientific Services**
 - Queensland Health Pathology Service
 - Queensland Health Scientific Services
 - Biomedical Technology Services

Deputy Director-General (Policy and Outcomes)

Policy and Outcomes Division

- Director, Information and Business Management Branch**
 - Planning
 - Health Services Purchasing and Logistics
 - Queensland Health Resource Management Information Systems Project
 - Statewide Asset Management Services
 - Corporate Support Services
 - Health Information Centre
 - Information Strategy
 - Shared Service Initiative Coordination
- Director, Capital Works Branch**
 - Project Coordination
 - Project Development
 - Business Services
 - Technology Policy
- Director, Health Strategy and Planning Branch**
 - Health Funding and Systems Development
 - Health Outcomes
 - Aged and Community Care Reform
 - Aboriginal and Torres Strait Islander Health
 - Mental Health
 - Veteran's Affairs
 - Office of Rural Health

improperly used his position as minister to try to influence officers of the Maroochy Shire Council to have his parking fines waived?

Mr CUMMINS: I thank the member for the question. The answer to the first question is, no, I did not mislead the House. I said that I was unaware of the correspondence that he was referring to. Until I see the correspondence, I cannot clearly state the position but I think it was on my electorate letterhead as, from memory, I was attending a Chancellor Park school function. But, as far as resigning because of the inference that I used my ministerial position to influence Maroochy Shire Council, that is totally wrong.

Smart State Exports

Mr REEVES: My question without notice is directed to the Premier. Queensland used to be known mainly for its minerals and primary industries when it came to exports, but since 1998 this government has encouraged Smart State exports of specialised services. I refer to the success of HOK Sport+Venue+Events overseas and ask the Premier to give the House details of its latest achievement.

Mr BEATTIE: I thank the member for Mansfield for his question because I know he has a particular interest in this and I know that he has a very close relationship with the Queensland Chinese community. A global company with a Queensland base and a tremendous record in exporting Smart State brilliance has clinched another international coup and I am happy to announce it today. HOK Sport+Venue+Event has won a contract to design a sports stadium as part of a \$630 million mixed use complex in Taiwan's capital, Taipei. Design work is already under way and all HOK Sport work for the new superdome will be done from Brisbane, creating several new jobs. The experienced team at HOK Sport in Brisbane believes the style of this stadium, placing sport and entertainment alongside residential, commercial and retail spaces, is the way of the future for Asia. There are likely to be many similar projects in the tiger economies over the next decade, and HOK Sport's latest success lifts the prospects for it and other Queensland firms to secure major businesses in the region.

The Taipei superdome will include a 40,000 seat covered baseball arena, 150,000 square metres devoted to shopping, two hotels—one 4-star and one 6-star—as well as offices and apartments. It will be on the historic site of the old Songshan Tobacco Factory.

This win for HOK Sport and for Queensland follows three and a half years of feasibility work and negotiations with the Taipei government and the development contractor, the Far Glory Consortium, one of Taiwan's biggest developers. The government was delighted to assist in this process because jobs and exports are centre stage for the Smart State. Commissioner Ronald Huang of our Trade and Investment Office at Taiwan gave whatever help he could, and I thank him for doing so.

HOK Sport directs all its Asian work from Brisbane, and its growing stature as the designer of choice for giant Asian developments is a recipe for spiralling export income and jobs in Queensland. The company also designed the Taipei Arena and is an adviser to the firm behind Beijing National Stadium for the 2008 Olympics. It is now putting finishing touches on Nanjing Sports Park in time for the National China Games this year. The Queensland government had a role supporting them in that as well. In the UK, HOK Sport has lent its expertise to Wembley Stadium, Arsenal Stadium, Wimbledon and the Royal Ascot racecourse redevelopment. In the USA the Pacific Bell Park in San Francisco and Reliant Stadium in Houston are HOK Sport creations. The company was part of the design team for Suncorp Stadium, Telstra Stadium in Sydney and the MCG redevelopment.

I congratulate HOK Sport on this success. I encourage other Queensland companies to see HOK + Sport + Venue + Event as an example of what we can do if we go to the world because that is where the jobs are and that is the future for Queensland.

Bundaberg Base Hospital; Dr Patel

Mr COPELAND: My question is to the Minister for Health. I refer to the fact finding process conducted by Dr Fitzgerald, the Chief Health Officer, into serious allegations made about the clinical and surgical competence of Dr Patel, a surgeon operating at Bundaberg Base Hospital. The allegations involve approximately 14 patients who have suffered serious postoperative complications, including death, following surgery performed by Dr Patel. As the findings of this process have not been released publicly to date and to ensure that first-class patient care is provided at Bundaberg Base Hospital, will the minister now release these findings? Will the minister have the allegations independently investigated? Will Dr Patel be stood aside while he is under such investigation?

Mr NUTTALL: In relation to the issues raised by the honourable member, they are matters for the Medical Board. I am not aware of the issues raised by the honourable member. I am more than happy, as the minister responsible, to investigate those matters. I will meet with the CEO of the Medical Board today and speak with him about those issues. I am more than happy to give the member the details of what I find out from the CEO of the Medical Board. In relation to the honourable member asking for—

Mr Horan: You should have known about this—there were deaths! A 100 per cent strike rate.

Mr NUTTALL: These are matters for the Medical Board. They are not matters that I should interfere with. That is why there is a Medical Board; so it can investigate those issues as an independent body. That is exactly what it is doing.

Mr Horan interjected.

Mr SPEAKER: Order! The member for Toowoomba South will now cease interjecting.

Mr Messenger interjected.

Mr SPEAKER: Order! The member for Burnett will also cease interjecting.

Mr NUTTALL: As I said, I will meet with the CEO of the Medical Board and I will report back.

Coal Infrastructure, Federal Contribution

Mr MULHERIN: My question without notice is to the Minister for Transport and Main Roads. I refer to the Prime Minister's appointment of an exports and infrastructure task force, and I ask: what does the Howard government contribute to Queensland Rail infrastructure, in particular coal infrastructure?

Mr LUCAS: I thank the honourable member for his question. The honourable member is an outstanding regional member of parliament. He not only cares about the social infrastructure of his electorate but also the economic infrastructure of his electorate. There is not a time when he is not at my door looking to advance the interests of the wonderful city of Mackay and the wonderful role that it performs not only for that city but also in servicing the dynamic coal industry in that part of the world.

I welcome the announcement from the Prime Minister and invite the task force to make Queensland its first port of call. Let us put politics aside, because we are willing to work in a spirit of cooperation. As with all projects that benefit Queensland, the voters are not interested in politicians sniping; they are interested in results. This question gives me the opportunity to set the record straight about the level of rail infrastructure investment in this state.

Here are the facts. Fact one, the Howard government's contribution from AusLink for rail infrastructure in Queensland is \$7 million for the Queensland section of the signalling system from Casino to Acacia Ridge. That is \$7 million out of a \$1.467 billion five-year rail package. That is just ahead of the \$6 million the Howard government gave to the bankrupt Beaudesert historical railway.

Fact two, the Howard Government contribution from AusLink for coal infrastructure is a total of \$109 million. That is being spent to duplicate 63 kilometres of track in the Hunter Valley, New South Wales, 'to ease congestion of freight and coal train movements.' The Howard government's contribution to coal rail infrastructure in Queensland is zero. I repeat that for the benefit of members opposite—zero!

Let us look at our record. In Queensland we have invested more than \$1.4 billion for major rail infrastructure over the past six years, including \$1 billion for the regional network Coal and Mainline Freight, with the remainder for the metropolitan network. We received zero dollars in AusLink funding for rail infrastructure for coal, despite Queensland having a much larger geographic spread of our coal industry, much greater distances to the coast and a commensurately larger rail network. If the Commonwealth government is serious about improving coal transport infrastructure it should review Queensland's total 0.5 per cent of AusLink rail funding.

Let us see what Laura Tingle in the *Australian Financial Review* said on 8 February. Laura Tingle is not known for being a raving mad socialist, I might add. She stated—

What particularly got up the Treasurer's nose was a statement by the Queensland Minister for Ports, Paul Lucas, who told ABC's *AM* this week that 'not one red cent has been devoted by the federal government to coal or rail or port. On the other hand, the Queensland government is spending a fortune when it comes to ports and rail.'

She also stated—

Of course, as far as the federal government's record is concerned, the statement is utterly true.

She goes on to say that the federal government—

... has found billions for election handouts, which have overheated consumption and are now spilling into an unmanageable current account deficit, and porkbarrelled itself stupid through regional grants.

That included dredging rivers that do not need to be dredged in New South Wales. It is about time the federal government spent some money in Queensland. We are happy to cooperate with that government and to extract the money from it.

Palm Island Aboriginal Council; CMC Investigation

Mr QUINN: My question is directed to the Premier. I refer to the Premier's unprecedented action of releasing Crown Law advice clearing him of any impropriety regarding bribery allegations referred to the CMC, and I ask: why has the Premier deliberately indicated to the CMC that he has no case to answer when, for all other CMC investigations, the Premier has allowed the CMC to reach its findings without his personal guidance?



**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr Steve Buckland, Director-General

Copies to:

From: Dr Gerry FitzGerald
Chief Health Officer

Contact (07) 323 41137
No:
Fax No: (07) 322 17535

Subject: Clinical Audit – General Surgical Services at Bundaberg Hospital

File Ref: 0181-0345-005

In February this year I was asked to undertake a clinical audit of general surgical services at Bundaberg Hospital. As you are aware, the events which triggered this audit have now been the subject of questions in Parliament.

The report of the clinical audit is now complete and I have attached a copy to this memorandum. There are issues which I need to bring to your attention.

There is evidence that the Director of Surgery at Bundaberg Hospital has a significantly higher surgical complication rate than the peer group rate (Appendix 1). In addition, he appears to have undertaken types of surgery which, in my view, are beyond the capability of Bundaberg Hospital and possibly beyond his own skills and experience, although his surgical competence has not been examined in detail. I believe his judgement, both in undertaking these procedures and also delaying the transfer of patients to a higher level facility, is below that which is expected by Queensland Health. I would recommend that these matters should be examined by the Medical Board and have written to the Executive Officer – Mr Jim O'Dempsey, bringing the matter to his attention.

The audit report also identifies that there has been a failure of systems at the hospital which has led to a delay in the resolution of these matters. The credentials and clinical privileges committee has not appropriately considered or credentialed the doctor concerned. The executive management team at the hospital does not appear to have responded in a timely or effective manner to the concerns raised by staff, some of which were raised over 12-months ago. While the report makes a number of recommendations for system improvements, I would recommend that some discussion should occur with the hospital management, reminding them of their responsibilities to put such systems in place and ensure they respond appropriately to reasonable clinical quality concerns.

Dr Gerry FitzGerald
Chief Health Officer
24/03/2005

"SMB-4"

From: Steve Buckland
To: Peter Leck
Date: 24/03/2005 20 03 57
Subject: Re Dr Jay Patel

Peter

Thanks for the update. I think the service at Bundaberg needs to be supported over the Easter break and given that you are a tourist destination I have just watched A Current Affair and they announced that Dr Patel had indicated he would be resigning. I think he should work over Easter and we would look at his contract from 01 April during next week. The offer of \$2000/day is unacceptable and would never be supported.

Steve

>>> Peter Leck 24/03/05 17 32 47 >>>

Steve,

I have spoken to Dr Patel as we discussed.

Dr Patel's current contract finishes on 31 March 2005. He had been offered another contract from 1 April 2005 to 31 July 2005 (at locum rates).

Dr Patel indicated that he had further considered his position following our meeting and he felt he may be legally exposed in not completing his current contract and intended to take sick leave until 31 March.

I offered support by suggesting he take a few days leave to consider his position and the future. Dr Patel indicated that he had been doing that and was prepared to return to work tomorrow if he was offered a contract at \$1500 - \$2000 a day (he wants something close to \$2000) from 1 April through to July.

He also wants the organisation to fully support him but was no longer explicit in his demand that we back him in relation to all the procedures he has undertaken in Bundaberg.

This weekend it is planned for our PHO's to obtain consultant telephone support from Hervey Bay. The Coordination Centre is aware of potential for increased numbers of retrievals.

Our Acting DMS feels that we may be legally/publicly exposed if we don't take up Dr Patel's offer - given that PHO's would not be able to manage locally for any major haemorrhagic event.

I would welcome your thoughts.

Peter

From: Peter Leck
To: Buckland, Steve
Date: 24/03/05 17:32:58
Subject: Dr Jay Patel

Steve,

I have spoken to Dr Patel as we discussed.

Dr Patel's current contract finishes on 31 March 2005. He had been offered another contract from 1 April 2005 to 31 July 2005 (at locum rates)

Dr Patel indicated that he had further considered his position following our meeting and he felt he may be legally exposed in not completing his current contract and intended to take sick leave until 31 March.

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Our Acting DMS feels that we may be legally/publicly exposed if we don't take up Dr Patel's offer - given that PHO's would not be able to manage locally for any major haemorrhagic event.

I would welcome your thoughts.

Peter

CC: Bergin, Dan

QHB.0001.0025.00024



**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr Steve Buckland, Director-General

Copies to:

From: Jillian Jeffery, Chief Nursing Advisor (A) **Contact No:** 323 40128
Fax No:

Subject: Visit to Bundaberg Hospital, 5 January 2005

File Ref: CNA05110

Further to our telephone conversation, I confirm that I visited the Bundaberg Hospital on Wednesday 5th January, 2005.

I was there for about half of the day and met with the Director of Nursing, the Level 3 group and other groups of nursing staff including all classifications of nurses.

During my visit I explained the 'new' role of Chief Nursing Adviser to the nursing staff and in particular the special reporting relationship of this position. I indicated to them that they could raise issues with me which would be referred immediately to the Director-General. I also let them know that I was very accessible to them and my phone number and e-mail was available to them on GroupWise.

There were approximately 20 or so nurses present for the Level 3 group forum. Naturally, some nurses had to come and go during the course of the discussion. Whilst we had a discussion about the scope of the position of the Chief Nursing Advisor, and strong approval was indicated for the role, no concerns or complaints were raised neither directly with me that day nor since that time.

Jillian Jeffery
Chief Nursing Advisor (A)
29 / 04 / 2005

"SMB-6"

Physician Search
By Physician
By License Number
By License Type
By Effective Date

Professional Misconduct and Physician Discipline

Physician Information

Physician Name: Jayant M Patel, MD
Address: 3739 Northwest Bluegrass Place
Portland, Oregon 97220
License Number: 142170
License Type: MD
Year of Birth: 1950
Effective Date: 05/10/2001
Action: License surrender
Misconduct Description: The physician did not contest the charge of having been disciplined by the Oregon State Board of Medical Examiners for negligence involving surgical patients.
Board Order:



lc142170.pdf

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AIM

Association of State Medical Board Executive Directors

Oregon Board of Medical Examiners Search Results

License Number	MD15991
License Type	MEDICAL PHYSICIAN AND/OR SURGEON
License Status	ACTIVE
License Expiration Date	12/31/2005
Name	JAYANT MUKUNDRAY PATEL MD
Gender	Male
County	WASHINGTON
State	UNKNOWN
Issue Date	04/14/1989
Reported Specialty	GENERAL SURGERY
Year of Birth	1950
School	M P SHAH MED COL GUJARAT UNIV
School Location	JAMNAGAR, GUJARAT, INDIA
School Graduation Date	03/11/1973
Standing	PUBLIC ORDER ON FILE
Limitations	NONE
Basis of Licensure	FLEX EXAM

This data effective 03/15/2005

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Oregon Board of Medical Examiners Homepage

Practice address shown if licensee has so requested.

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E-Mail or you may call us at 503-229-5770 503-229-5027 from 1:00 p.m. to 4:30p.m. Pacific Time

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RECEIVED

13 APR 2005

SB022584

SUBMISSION TO THE DIRECTOR-GENERAL

DATE: 12 April 2005

PREPARED BY: Ruth Reinhard, A/Principal Policy Officer

Contact No: 3234 0579

CLEARED BY: Dr Gerry FitzGerald, Chief Health Officer

Contact No: 3234 1137

**SUBMITTED
THROUGH:** Click, enter Name and Position

Contact No: Click, enter Contact
No.

DEADLINE: 13 April 2005

File Ref: Click, enter File
Ref.

SUBJECT: Appointment of staff members as Investigators (Health Services Act 1991, Part 6-Administration, Sections 52-57) for a term of appointment from 18 April 2005 – 30 June 2005 for the purpose of the Bundaberg Hospital Services Review

APPROVED/ NOT APPROVED

COMMENTS


DR STEVE BUCKLAND
Director-General

14/04/05

PURPOSE:

To seek the Director-General's approval for the appointment of the following officers as investigators pursuant to the Part 6 Sections 52 – 57, *Health Services Act 1991*, for the purpose of the Bundaberg Hospital Services Review—

- Dr Mark Mattiussi, District Manager & District Director of Medical Services, Logan and Beaudesert Health Services
- Dr Peter Woodruff, Consultant Vascular Surgeon, Surgical Expert, Royal College of Surgeons
- Dr John Wakefield, A/Executive Director, Patient Safety Centre
- Ms Leonie Hobbs, Executive Director, Women & Newborn Services, Royal Brisbane and Women's Hospital

BACKGROUND:

The Minister for Health announced on 9 April 2005, a comprehensive review of safety and quality at the Bundaberg Base Hospital as a result of recent allegations regarding a doctor from the Hospital. The Minister also announced that a review panel would be given investigative powers under the *Health Act* by the Director-General.

ISSUES:

Terms of Reference for the review are—

- Examine surgical cases identified by staff to determine if the clinical care is appropriate and if anything further needs to be done and make recommendations in relation to these cases.
- Examine Clinical Risk Management at Bundaberg Base Hospital to determine what systems are in place to ensure safety and quality of services and make recommendations in relation to these.
- Examine the application of the service capability framework to ensure clarity on the scope of services at Bundaberg Base Hospital.
- Examine the clinical outcomes and quality of care at Bundaberg base Hospital and identify any areas requiring further review.
- Produce a report for consideration by the Minister.

ATTACHMENTS:

Instruments of appointment

RECOMMENDATION(S):

That the Director-General approve the appointment of the following officers as Investigators under Part 6, sections 52-57 of the *Health Services Act 1991*—

- Dr Mark Mattiussi
- Dr Peter Woodruff
- Dr John Wakefield
- Ms Leonie Hobbs



I, Dr Steve Buckland, Director-General, Queensland Health, hereby appoint:

Dr Mark Mattiussi

as an Investigator, pursuant to Part 6, of the *Health Services Act 1991*
for the period 18 April 2005 until 30 June 2005

Dr Steve Buckland

Director-General

14 /04/ 2005

ATTACHMENT 1



I, Dr Steve Buckland, Director-General, Queensland Health, hereby appoint:

Dr John Wakefield

as an Investigator, pursuant to Part 6, of the *Health Services Act 1991*
for the period 18 April 2005 until 30 June 2005

Dr Steve Buckland
Director-General

14/04/2005

ATTACHMENT 1



I, Dr Steve Buckland, Director-General, Queensland Health, hereby appoint:
Dr Peter Woodruff
as an Investigator, pursuant to Part 6, of the *Health Services Act 1991*
for the period 18 April 2005 until 30 June 2005

Dr Steve Buckland
Director-General

16/4/2005

ATTACHMENT 1



I, Dr Steve Buckland, Director-General, Queensland Health, hereby appoint:
Adjunct Associate Professor Leonie Hobbs
as an Investigator, pursuant to Part 6, of the *Health Services Act 1991*
for the period 18 April 2005 until 30 June 2005

Dr Steve Buckland
Director-General,
18/4/2005

ATTACHMENT 1



**Queensland
Government**
Queensland Health

COPY

MEMORANDUM

To: Dr Steve Buckland, Director-General

Copies to:

From: Dr Gerry FitzGerald
Chief Health Officer

Contact No: (07) 323 41137
Fax No: (07) 322 17535

Subject: Review of Clinical Services, Bundaberg Hospital

File Ref:

Please find attached the terms of reference for the Review of Clinical Services at Bundaberg Hospital for your consideration and endorsement.

Your authorisation is also sought under section 57 (4) (a)(ii) of the *Health Services Act 1991* for the Chief Health Officer to receive information from the appointed Investigators of the Review of the Clinical Services at Bundaberg Hospital.

My report of the Clinical Audit into the Care of Surgical Patients at Bundaberg Hospital has been reviewed by the Director, LALU, who has advised that there are no FOI exemptions in the report, and as such may be released (attached email). I have no objections to the report being released.

Dr Gerry FitzGerald
Chief Health Officer
16/4/05

REVIEW OF CLINICAL SERVICES BUNDABERG BASE HOSPITAL

Background:

Following concerns raised by staff of the Bundaberg Base Hospital the Chief Health Officer Dr Gerry FitzGerald with the assistance of Mrs Susan Jenkins of the Office of the CHO conducted a clinical audit of surgical services at Bundaberg Hospital. Before this audit could be completed, the matter was raised in parliament and the Director of Surgery named as a cause of significant mortality and morbidity. The matter has subsequently been the subject of extensive public attention.

The clinical audit revealed four broad issues of concern.

1. That Dr Patel appeared to practice outside the scope of practice of Bundaberg Hospital. Specifically he undertook operations which the hospital was not in a position to support. Some of these patients did not survive. In addition he appeared to retain patients whose condition deteriorated when they would best be transferred to a hospital with higher capacity.
2. That Dr Patel appeared to have a higher complication rate than other hospitals of similar standing.
3. That there appeared to be a lack or failure of systems and structures that would support the quality and safety of health care.
4. That as a result of these issues, there is considerable disharmony at the Bundaberg Hospital.

The Minister and Director-General upon receipt of that advice determined that a further review should occur into the issues raised in the clinical audit so as to ensure that the standard of clinical care at the hospital was consistent with accepted standards.

Purpose:

To ensure that the clinical outcomes at Bundaberg Hospital are in accordance with accepted professional standards.

Authority:

The review has been authorised by the Minister and the Director-General. The Members of the review panel are appointed as Investigators in accordance with Part 6 of the Health Services Act.

Membership:

The review panel shall comprise:

Dr Mark Mattiussi, District Manager and District Director of Medical Services at the Logan-Beaudesert Health Service District.

Dr Peter Woodruff, Vascular Surgeon at the Princess Alexandra Hospital

Dr John Wakefield, A/Executive Director of the Queensland Health Patient Safety Centre.

Adjunct Associate Professor Leonie Hobbs, A/Executive Director for Women's and Newborn Services RBWH.

(Dr Mattiussi will lead the team).

Terms of Reference

1. Examine the circumstances surrounding the appointment, credentialing and management of Dr Patel.
2. Review the clinical cases of Dr Patel where there has been an identified adverse outcome or where issues related to his clinical practice have been raised.
3. Analyse the clinical outcomes and quality of care across all services at Bundaberg Hospital. Compare with benchmarks from other states or other like hospitals and identify any areas requiring further review or improvement.
4. Review the Risk Management framework as it relates to the provision of direct services at Bundaberg Hospital to determine its effectiveness. Make recommendations in relation to improvements to these systems.
5. Examine the way in which the Service Capability Framework has been applied at Bundaberg Hospital to determine that the scope of practice is appropriately supported by clinical services.
6. Consider any other matters concerning clinical services at Bundaberg that may be referred to the review by the Director-General.
7. Should the review team identify other areas of concern outside the scope of these Terms of Reference, the Director-General is to be consulted to extend the Terms of Reference if considered appropriate.

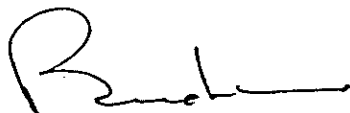
Process:

The panel will commence its considerations by the 18th April 2005 and will provide a report through the Director-General to the Minister by the end of June 2005.

The Panel will work closely with the management and staff of the Bundaberg Hospital.

The Panel will consult with key stakeholders, community representatives and staff in undertaking its consideration and preparing its findings and report.

~~APPROVED / NOT APPROVED~~



Dr Steve Buckland
Director-General

18 04 / 2005

I, Dr Steve Buckland, Director-General, Queensland Health, hereby authorise:

Dr Gerry FitzGerald, Chief Health Officer

Pursuant to section 57(4)(a)(ii) of the *Health Services Act, 1991*, to receive information from the appointed Investigators of the Review of the Clinical Services at Bundaberg Hospital.

A handwritten signature in black ink, appearing to read 'Steve Buckland', with a large, stylized initial 'S'.

Dr Steve Buckland

Director-General

18 04 /2005