Ex 357

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR DINESH SHARMA

1. I, **DINESH SHARMA**, Senior Medical Officer ("SMO") – Orthopaedics c/- Hervey Bay Hospital, Cnr Nissen Street and Urraween Road, Pialba in the State of Queensland, acknowledge that this written statement is true to the best of my knowledge and belief.

2. This statement is made without prior knowledge of any evidence of information held by the Commission of Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

Response to section 1 of the Review – the inspection process

3. I am disappointed with the release of the *Review of Orthopaedic Health Care in the Fraser Coast Health Region* ("the Review") to the public. I consider the Review to be one sided, biased and without facts. There was no definite evidence produced to me of the allegations raised in the Review and I was not given any chance to respond. The report has also not quoted any adverse outcomes by me. I understand that the report was based on interviews and after the release of the report some of the people interviewed have openly told me that what they have said about me is not included and what they have not said is included. This makes me wonder whether there was any pre-planned agenda.

4. I was not asked to produce any documents prior to the interview. However, I was given a request form at the interview to be returned within two weeks. I had provided the information within the required time. Even though there were three consultants working here I was asked to document the complications of only Drs Naidoo and Khursandi. I do not know the reason for that.

5. This report has done irreparable damage to my professional career and personal integrity without giving me the opportunity to respond to personal allegations. As this report was released through the Royal Commission I do not know whether I can seek redress for the character defamation and professional crucifixion that this investigative report has done to me with no proper investigation. Hence, I would like to present my side of the story.

6. I would also like to comment here that since the release of the report a lot of my colleagues and patients have conveyed their shock and disbelief at the allegations made against me.

7. I would also like to state that the allegations and recommendations do not add up.

8. Before I comment on specifics I would like to state that I have 14 years of orthopaedic experience and have reached the level of a consultant in the largest teaching hospital in Fiji. During my years of training and work experience I have worked with prominent orthopaedic surgeons from Australia, New Zealand, Canada and the USA and I have performed a wide range of surgical procedures. Attached and marked **DS1** is a copy of my CV setting out my qualifications and experience.

Response to section 2 of the Review – training and experience

9. Although I provided a written explanation of my training to the investigators, the Review appears to disregard the information supplied and base the conclusions on an American Samoan assessment of a trainee who did not go through the same process as myself and the other two initial trainees.

10. Our training was conducted under the guidance of an Australian Orthopaedic Association ("AOA") committee in Sydney headed by Professor Bill Cumming and this was the committee that negotiated with the authorities in Fiji. Most of the trainers were members of the AOA. The training was held out as a specialist

qualification in Fiji and as such we were registered as specialists after completing two years of post graduate practice under supervision. We the initial trainees were involved with various meetings and our position was that we would only join the programme if it was recognised as a specialist qualification. This was agreed and then honoured by our medical board.

11. Our training programme was structured similar to the FRACS (ortho). We did similar Part 1 basic science exams followed by clinical training and clinical exams in Sydney. Our diploma from the AOA was only presented to us after extensive and thorough examination and not on the basis of participation in professional development as claimed in the AOA report. Attached and marked **DS2** is a copy of documents from our training with also a reference from a consultant from Royal Newcastle Hospital who was my supervisor.

12. Most of our clinical training was done under the supervision of the fellows of the AOA. Attached and marked **DS3** is a copy of a sample of what the roles of these supervisors were.

13. I am not asking to be recognised as a specialist here in Australia based on my specialist training in Fiji. However, I want to stress that Professor Cumming and his committee held out their training to be specialist training and it is concerning that his AOA colleagues, the investigators, do not recognise this.

14. My undergraduate training in medicine at the Fiji School of Medicine was from 1981 to 1987 and not 1991 to 1996 as stated in the Review. My postgraduate training in orthopaedics was from 1991 to 1996. Apart from the formal training, I have attended conferences and various workshops to advance my knowledge and skills in orthopaedics. These were mainly in Australia and New Zealand. Attached and marked **DS4** is a copy of the certificates presented to me.

15. I deny that I was told that my diploma from the AOA was not a qualification. This can also be seen from the assessment of my qualification from the Royal Australian College of Surgeons. Although I provided a copy of this assessment to the investigating team, they stated that I was asked to do full training. This is incorrect as I had been exempted from Part 1 and asked to apply for advanced training with the possibility of reduced training time. Attached and marked **DS5** is a copy of this letter.

16. Since the inspection I have completed the assessment of the Australian Medical Council and have been awarded the AMC Certificate. I note that I completed the exams successfully on the first attempt.

17. I agree that I am not a registered specialist in Australia and have never claimed to be one. My letter of registration clearly states this. Prior to coming here I had worked in Orthopaedics for 11 years where I progressed to the position of Consultant Orthopaedic Surgeon at CWM Hospital in Fiji. This was a teaching hospital with over 500 beds. I had undergraduate and postgraduate medical students attached to my unit. This hospital was far busier than Hervey Bay Hospital and I never had any problems coping with the workload. Attached and marked **DS6** is my certificate of service from the Fiji Government that shows my performance.

18. I also worked as a Visiting Medical Officer at the Suva Private Hospital. In that position I operated on many patients from other countries. Attached and marked **DS7** is a letter from one of my American patients.

19. When my family and I obtained our permanent residence for Australia I applied for jobs here. I was offered jobs in Tamworth and Hervey Bay and opted for Hervey Bay. Attached and marked **DS8** is a copy of my appointment letter.

Response to section 3 of the Review - medical staff

20. Attached and marked **DS9** is a copy of my duty roster that shows my clinical responsibilities. The Review has not reflected the fact that I had a busy schedule and significant workload which made it impossible for me to be available at different places at the same time. For example when I am in operating theatre I cannot take Accident and Emergency ("A&E") calls or attend to ward calls. Unfortunately our duty roster was such that the same SMO was assigned the above duties on respective days.

21. There were two SMOs at Hervey Bay and one at Maryborough. We were attached to different consultants as well as having divided responsibilities. We were also supposed to have an RMO but on many occasions we did not have one. During these times everybody expected the SMOs to do both the jobs with no reduction in our assigned responsibilities. On a few occasions we would be called to do a non urgent RMO job when we were doing our assigned jobs. Unfortunately we could not be in two places at the same time. It appears that nursing staff have interpreted this situation as that I was unwilling to work. I find this very offensive and do not know on what other basis claims could be made that I am unwilling to work. Attached and marked **DS10** is a copy of two audit report reports that show various figures for each staff member. This shows my contribution as compared to other staff members.

22. In another example, inpatients were allocated to different SMOs and on occasions the nurses would ring the SMO who was not looking after the management of a particular patient. The nurse would then be advised to contact the appropriate SMO. This was not passing off of work but was simply advising them to contact the right person. Nursing staff are also allocated different patients and on occasions when we advised a particular nurse about a patient they would inform us to contact the appropriate nurse. In my opinion this is not passing off of work or using a jurisdictional excuse to avoid responsibility. However, the investigators were influenced to think otherwise.

FRA.0002.0003.00005

23. It is to be noted that Ms Gail Plint, nominee of the surgical unit nurse manager, told one of the SMOs that she was very sorry about what had been written in the Review and that what she submitted was not her views but had been written by someone else. She also acknowledged the fact that she did not know much about us as she had not worked with us for long. As I was not asked to comment about any nursing issues I did not comment on any of my concerns about nursing in ward or theatre.

24. I would like to point out that the nurse unit manager would always complain about others and labelled every other person as hopeless. As nurse unit manager she would never attend our ward rounds or allocate any other nurse. They would try to extract information from RMOs and then blame us for having poor communication skills. However, from the beginning of this year a nurse did attend our ward rounds and hence knew first hand about patient plans. I do not know why this was not done before.

25. The Review also states that my clinical and surgical skills are poor. I do not know on what basis this was concluded. I have done in excess of 350 procedures here and any adverse outcomes were reviewed by or discussed with the consultants. None of these complications were outside the list of possible complications. Most were post operative infections and one involved an additional fracture of a bone noted after surgery. All of these were managed successfully.

26. I have worked with two consultants at Hervey Bay Hospital. One of them is the Director of Orthopaedics, Dr Naidoo, who does yearly assessments. Attached and marked **DS11** is a copy of my assessments.

27. In 2004 I worked with Dr Mullen. I assisted him on many occasions, and performed some surgical procedures in his presence. I also discussed many cases pre and post-operatively with him. He always told me that I was doing a good job and that I should get into the training programme to become a specialist here.

28. Ms Dale Erwin from the operating theatre has also told me that she did not have any concerns about my surgical skills. However she did comment that it may have come from another theatre nurse whose name does not appear on the list of interviewees. However, this particular nurse, Rod Stubbs, has subsequently denied that he had said that I had poor surgical skills. On the contrary he told me that he commented that he would have no hesitation in being operated by me. Attached and marked **DS12** is a letter from Rod Stubbs.

29. A general comment was recorded under my name that it was always very hard to find the Orthopaedic SMOs for consultation in the A&E department and that we were often not on the hospital campus. I totally disagree with this comment and would challenge anybody to provide an example of where I was not contactable. Up until now I have been told only on one occasion by an A&E medical officer that they did not get a response from me. This was when I was performing surgery and the person responsible for answering my pager did not respond. It is when we are performing surgery that we are not able to answer our pagers. It is to be noted that the SMO on call for A&E is also responsible for the emergency surgical procedures and there will be delays when one is scrubbed in theatre.

30. I also dispute the fact that I am not often on the hospital campus. On some occasions I do go out of the hospital for lunch but I am always contactable and can reach the hospital within ten minutes. If I am out of the campus I always acknowledge that to the caller and inform them when I will be in. It is also to be noted that the time we get for lunch is variable and on many occasions we do not even find any time. This is in contrast to nurses who have allocated meal breaks.

31. As for supervision I said to the investigators that I had no problems when the consultant was around and that during on call hours there was none available. I always discussed cases before surgery when needed and would get the consultant into theatre when needed. I did not have any problems with communication between the

leadership of the hospital. I would also like to comment that people at SMO level are not expected to be supervised all the time.

32. I agree that in my role I may need supervision but I do not agree with the level of it. There are procedures that I can perform with no consultant present in theatre and there will be occasions where I will need one. For example in straight forward trauma and some minor elective procedures I have not needed any supervision and there were no hospital rules to the contrary.

33. Even during my training at Royal Newcastle Hospital I was able to do surgical procedures with no specialist in theatre. I also note that Dr Krishna worked in a teaching hospital as a PHO and even then 60% of the procedures he performed did not have any specialist in theatre.

34. It is also noted that there are SMOs in other units and there were no differences in our clinical work. There are SMO's in Surgery, Obstetrics and Gynaecology and Paediatrics and they are also taking senior medical officer calls and perform independently during on call hours.

Response to section 4 of the Review – administration of orthopaedic services

35. We were not presented to the hospital staff as specialists and our ID cards carried the designation SMO. Any correspondence from us was always signed as SMO and not as consultant.

36. Initially all three SMOs were placed on the consultant on call roster. However, this was later changed when a concern was raised by a VMO. The Review only seems to be concerned about myself and Dr Krishna being placed under consultant on call roster and for some reason has decided to omit the third SMO who does not have any formal orthopaedic training and was required to fulfil the same on call responsibilities.

37. There is usually a PHO and an SMO or a consultant on call everyday and because of the number of consultants present the SMO and the consultant on call share the same responsibility. The SMOs in other units were also placed on consultant rosters, hence that was not peculiar to Orthopaedics.

38. Rockhampton Hospital has two SMOs whose names appear on the consultant roster. Attached and marked **DS13** are on call rosters for two months from Rockhampton. It is noted that Drs Rau and Hohmann are SMO's and not specialists. I am led to believe that this arrangement has been going on for years at Rockhampton but it seems that the AOA has not considered it to be an issue until now.

Response to section 5 – processes related to the provision of orthopaedic services

39. With regard to the issue of nurse initiated x-rays is an A&E matter, it has to be pointed out that any patient coming to A&E is assessed by an A&E medical officer and then referred to the appropriate departments with appropriate investigations where needed. Hence it is not an issue for the departmental doctors to see patients without being assessed by A&E medical officers. This comment is mischievous or has been made by somebody who just wanted to complain without having an understanding of the function of the A&E department.

40. I am not aware of any amputation that resulted from unsafe clinical decision making and I would gladly like to see the case being mentioned and where I was involved. None of the patients that I have operated on here have had an amputation.

41. I have not performed any regional anaesthesia in the A&E department and no complaints have ever been made to me by nursing staff regarding this. However I have used sedation to reduce dislocations. Again I am not sure what the real issue is here.

42. I would like to be shown the cases where I have missed a DVT or wound infection as I am not aware of that happening.

43. Attached and marked **DS14** are some additional documents which show my specialist registration from Fiji, an advertisement from the Fraser Coast Chronicle, a letter from the acting Nurse Unit Manager from the theatre, a page from the AOA December 2003 bulletin that talks about our diploma, a letter from Dr David Morgan whom I worked with recently and an article from Dr Ross Maxwell. These documents are self explanatory.

Conclusion

44. The Review does not give a true reflection of my performance at Hervey Bay Hospital. It does not provide any documentary evidence but appears to be based on a few biased opinions. The integrity of the authors needs to be questioned as it appears that they disregarded materials given to them or were selective in using information that may have suited their conclusions. I would demand an independent assessment of my work here and an open apology given if it does not confirm the findings of the Review.

Signed at Hervey Bay on 27th July 2005.

.....

Dr Dinesh Sharma
Senior Medical Officer – Orthopaedics
Hervey Bay Hospital

DS1

CURRICULUM VITAE

Name: *Dinesh Chandra Sharma*
Date of birth:
Marital Status:
Address: Hervey Bay Hospital
PO Box 592,
Hervey Bay,
Qld. 4655
Phone: (07) (home)
(07) (work)
(mobile)
E-mail:

EDUCATIONAL QUALIFICATION:

1. MBBS- 1987, Fiji School of Medicine
2. Diploma of Orthopaedics- 1996, Australian Orthopaedic Association
3. AMC Certificate - 2005

WORK EXPERIENCE:

1. March 2003 till now- Senior Medical Officer- Orthopaedics, Hervey Bay Hospital.
2. December 2001 to January 2003- Consultant Orthopaedic Surgeon& Head of Department, Colonial War Memorial Hospital, Suva, Fiji.
3. May 1998 to December 2001- Chief Orthopaedic Surgeon &Head of Department, Colonial War Memorial Hospital, Suva, Fiji
4. 1997 to April 1998- Principal Orthopaedic Registrar, Lautoka Hospital, Fiji.
5. June to December 1996- Senior Orthopaedic Registrar, Royal Newcastle Hospital, Australia.
6. 1991 to May 1996- Orthopaedic Registrar, Lautoka Hospital, Fiji.
7. 1990- General Surgical Registrar, Lautoka Hospital, Fiji
8. 1989- Area Medical Officer, Lodoni Health Centre, Fiji
9. 1988- Internship, Lautoka Hospital, Fiji

PAPERS AND PRESENTATIONS:

1. Statistical Review of Gastrointestinal Bleeding at Lautoka Hospital in 1990. This paper was presented during the Fiji Medical Association Seminar in 1991.
2. Classification of Sports Injury. This paper was presented during the Fiji Medical Association Seminar in 1995.
3. Morbidity and Mortality of Fracture of Neck of Femur. Co- presenter during the Fiji Medical Association Seminar in 1999.

ERA 0002 0003 00011

4. *Various lunch hour presentations at Lautoka and Colonial War Memorial Hospitals.*
5. Major Amputations in Diabetics, presented at a workshop on Diabetes in 1999

WORKSHOPS AND CONFERENCES ATTENDED:

1. Most of the FMA annual conferences from 1989.
2. Diabetes Workshop- 1989.
3. Australian Orthopaedic Association Meetings in 1995, 1996, 1998 & 1999 in Melbourne, Perth, Cairns and Brisbane respectively.
4. Trauma Workshop in CWM Hospital, Fiji in December 1997
5. The Linvatec – AOA Arthroscopy Fellowship – 1999 in Brisbane and Sydney.
6. *AO ASIF Course on Principles of Operative Fracture Treatment – 1999 in Auckland, New Zealand.*
7. *AO ASIF Course on Advances in Fracture Management – 2001 in Melbourne.*
8. AO ASIF Course on Advances in Complex Fracture Management and Spine Trauma Management – 2002 in Queenstown, New Zealand.
9. 17th Smith & Nephew Annual Winter Meeting – 2004 in Cairns.

OTHER MATTERS OF INTEREST:

1. Conference Director of the Fiji Medical Association Seminar in 2001.
2. Executive Council Member of the Fiji Medical Association from 1999 to January 2003.
3. Member of the Theatre Utilization Committee at CWM Hospital from 1998 to January 2003.

DS 2

RONALD SEKEL
MBBS, FRCSE, FRACS (ORTH)
ORTHOPAEDIC SURGEON
SENIOR LECTURER
University of New South Wales

[illegible]
ORTHOPAEDIC SURGEON

RONALD SEKEL PTY. LTD.
42 MONTGOMERY STREET
KOGARAH NSW 2217
TELEPHONE: 588-2121
FAX: (612) 587-1014
DX 11101 KOGARAH

RS/KR

2nd May, 1991

A.C.N. 001713051

Dr. E. McCaig,
Consultant Orthopaedic Surgeon,
Lautoka Hospital,
LAUTOKA FIJI.

Dear Eddie,

Several years ago I made up a list of topics which really cover the Orthopaedic Fellowship curriculum.

The idea was to prevent several consultants giving the same lecture while in Fiji e.g. everybody wanted to talk on osteomyelitis.

Please find enclosed the list of topics which, in a way follows Campbell's Orthopaedics.

Yours sincerely,

per. FP

RONALD SEKEL.

FRA.0002.0003.00013

THE FIJIAN ORTHOPAEDIC ORTHOPAEDIC TRAINING PROGRAMME

SURGICAL CURRICULUM

Surgical Techniques:

a) Operating rooms and cleaning of theatres - aseptic technique, draping.

b) Bone graft materials - autograft, homograft, xenograft, bone graft substitutes (e.g hydroxy apatites, kiel bone.

c) Suction drainage & continuous irrigation technique.

d) Management of nerve injuries.

e) Management of arterial injury.

Surgical Approaches to:

- the os calcis, tarsus and ankle.
- the tibia and fibula.
- the knee joint.
- the femur.
- the hip joint.
- the pelvis, sacrum and sacro-iliac joints.
- the acromian, sternum and clavicle.
- the shoulder.
- the humerus and elbow.
- the radius, ulnar and wrist.
- the cervical spine.
- the thoracic spine.
- the lumbar spine.

FRA.0002.0003.00014

The Hand:

- Basic skins incisions.
- Extensor tendon repair.
- Flexor tendon repair.
- Post-operative management of the compound crush hand.
- Splinting in the hand.
- Consideration of repair of deep structures - fractures, tendons, nerves, arteries and veins.
- Carpometacarpal dislocations - fingers and thumb.
- Dislocation metacarpophalangeal joint of fingers and thumb.
- Flexor and extensor tendon ruptures - Mallet deformity, buttonhole deformity, boutonniere & swan neck deformity.

Fractures in the Hand:
- Metacarpus & phalanges.
- Carpal bones.

- Arthrodesis in the hand and wrist.
- Primary and secondary nerve repair.
- Surgery on the median nerve.
- Surgery on the ulnar and radial nerves.
- Secondary repair of tendons or reconstruction.
- Principles of amputations in the hand and forearm, skin grafting and vy plasty, cross finger flaps - neurovascular island grafts etc.
- Microsurgery in the arm and hand.
- Handling nerve palsies in the hand - tendon transfers.
- The cerebral palsy in the hand.
- The surgery of the rheumatoid hand and wrist.
- Tenosynovitis.
- Volkmann's ischaemic contracture.
- Congenital anomalies in the hand - trigger thumb, polydactyly, syndactyly, macrodactyly, camptodactyly.
- Dupuytren's contracture.
- Carpal and ulnar tunnel syndromes and stenosing tenosynovitis.
- Tumours in the hand.
- Infections of the hand.
- Trigger finger & thumb.

FRA.0002.0003.00015

Dislocations:

- Dislocations in the foot, hand and ankle.
- The dislocating/subluxing patella - patella malalignments.
- Proximal tibiofibular joint dislocation.
- Hip dislocation and fracture dislocation - types.
  + ectopic ossification
  + secondary avascular necrosis
- Dislocations of pubic symphysis and sacro-iliac joints.
- The acromioclavicular and sternoclavicular joint dislocations.
- Elbow dislocations including radial head - acute and chronic.
- Management of post-traumatic stiff elbow.
- Shoulder - anterior/posterior/inferior dislocations (acute and chronic)

FRA.0002.0003.00016

Fractures:

- Principles of treatment of fracture by open technique versus closed.
- Timing of fracture surgery.
- Technique of fracture fixation.
- Fractures in children.
- Basic management overall principle.
- Surgical management of fractures of the foot.
- Surgical management of the Pott's fracture/Cotton fracture
- Surgical management of tibial fracture - two lectures to include fracture types, fixation technique, leg length discrepancy after.
- Osgood-Schlatter's disease.
- Sever's disease.
- The osteochondrities.
- Fracture of the tibial condyles.
- Fracture of the patella.
- Fractures of the proximal third of femur.
- Fractures of the middle third of the shaft of femur.
- Fractures of the distal third of femur.
- Fractures of femoral shaft with dislocation of the hip or knee injury.
- Management of fractures after radiotherapy.
- Stress fractures around the body - and their management.
- Fractures of the pelvis.
- Fractures of sternum, clavicle and scapula.
- Fractures around the shoulder and upper humerus - when to operate.
- The Neer prosthesis.
- Fractures of shaft of humerus.
- Fractures of distal end of humerus in the adult.
- Fractures of distal end of humerus in the child.
- Fractures of the radius and ulna.
- Fractures of radial head.
- Management of the Monteggia and Galleazzi fractures.
- When to open or fix a Colles' or Smith's fracture.
- Mal-united fractures including phalanges, metatarsus and tarsus.
- Correction of diastasis of tibia and fibula, and osteotomies for mal-union of ankle fractures.
- Corrective surgery for mal-union of the upper tibia.
- Corrective surgery for mal-union of the shaft and distal femur.
- Osteotomy for coxa vara, rotation deformities, slipped epiphysis, etc.
- Surgery of the mal-united clavicle.
- Surgery of the mal-united humerus shaft and supra-condylar region.
- Surgery for mal-union of forearm fractures.
- Delayed union and non union of fractures.

FRA.0002.0003.00017

- General principles of treatment of non union (vitamin deficiencies, status of bones - soft tissue status - non union with infection).
- Techniques of bone grafting - onlay, dual onlay, cancellous, massive sliding graft, medullary graft, microvascular techniques, etc.
- Non union of the tibia shaft fractures.
- Non union of the fractured neck of femur.
- Non union of the clavicle and humerus.
- Non union of the forearm bones.
- Electrical stimulation of bone and cartilage.
- Types of non union - atrophic/hypertrophic, etc.

FRA.0002.0003.00018

Amputations:

- Surgical principles of amputation, after treatment and complications.
- Amputations in children.
- Specific amputations below the knee.
- Specific amputations through and above the knee including hindquarter.
- Surgical principles to include immediate and delayed prosthetic fittings.
- Specific amputations through elbow and distally.
- Specific amputations above the elbow including forequarter amputation.

Traumatic Afflictions of Joints:

- The ankle - acute ligamentous injuries - chronic recurrent dislocations.
- Internal derangements of the ankle including osteochondritis of the talus, etc.
- The knee - anatomy of the ligaments, menisci and capsular structures.
- Meniscal dysfunction and surgery.
- Acute traumatic ligament injury of the knee - diagnosis and management.
- Anterior cruciate ligament / posterior cruciate ligament.
- Patella - maltracking, malposition and chondromalacia patellae - retropatellar chondritis.
- Osteochondritis dissecans, plicae and synovial folds, the fat pad and Hoffa's disease.
- The hip - internal derangements and osteochondritis dissecans.
- The shoulder - rotator cuff lesions of the shoulder in athletes.
- Shoulder prosthetic surgery.
- Tennis elbow.
- Rheumatic afflictions of the wrist - scaphoidunate dislocations, etc.

FRA.0002.0003.00019

Infection:

- Acute osteomyelitis + chronic osteomyelitis (+ histo-pathology).
- Pathogenesis, diagnosis, treatment, the organism and the host.
- T.B., fungus and odd infections (+ histopathology).
- Management of T.B. of the spine.
- Management of T.B. of the hip, knee and sacro-iliac joints.
- Chronic osteomyelitis, aetiology, diagnosis, sequestra, cloaca, etc. (+ histopathology) - Diagnosis of sequestra, management with specific reference to sequestra under the plates.
- Vegetable synovitis.
- Aseptic arthritis - acute and chronic, and the use of the C.P.M. machine.
- Arthroscopic washout and synovectomy.
- Osteomyelitis of special regions - the os calcis, distal third of femur and ilium.
- Differential diagnosis of osteomyelitis - Ewing's sarcoma, vegetable synovitis, gout, etc.

FRA.0002.0003.00020

Arthrodesis:

- Metatarsophalangeal joint, interphalangeal joint, tarsal bones.
- Triple arthrodesis, ankle arthrodesis, pantalar arthrodesis.
- Knee arthrodesis including the Huckstep nail usage.
- Hip arthrodesis.
- Arthrodesis of the shoulder and elbow.

FRA.0002.0003.00021

Miscellaneous Afflictions of Bone & Joints:

- Synovitis - gout, pseudogout, rheumatoid, etc. (Diagnosis, aetiology, synovectomy techniques).
- The reason for bunions and clawing of toes, and management.
- Osteotomies around the knee for varus and valgus deformity
- Knee joint replacement.
- The hip - debridement procedures.
- Osteotomies - forage procedures - all alternatives to joint replacement or arthrodesis.
- The ideal joint replacement - cemented or uncemented.
- Recurrent dislocation of the shoulder.
- Chronic instability of the elbow.
- Crystal synovitis of the joints - gout, pseudogout, hydroxy appetite, ochronosis, etc.

FRA.0002.0003.00022

The Spine:

- Investigation and conservative measures for back pain.
- Laminectomy - spinal fusion.
- Spinal canal stenosis - decompression +/- fusion.
- Internal fixation techniques of the thoracic and lumbar spine.
- Management of the paraplegic and quadraplegic.
- The chance, slice and crush fractures in the lumbar and thoracic spines - stable and unstable fractures of the spine.
- Blood supply to the spinal cord and anatomy of segmental nerve - referred pain - nerve pressure pain - functional pain.
- Blood supply to the spinal cord and segmental neural anatomy.
- Surgical approaches to the spine - anterior and posterior (cervical and thoracic).
- Surgical approaches to the spine - anterior and posterior (lumbar and sacral).
- Fractures, dislocations and fracture/dislocations - conservative management (cervical and thoracic spines).
- Fractures, dislocations and fracture/dislocations - conservative management (lumbar spine).
- Atlanto-axial fractures and dislocations including the occipital region to include radiology, diagnosis and measurements.
- Management of neurological deficit in trauma to the spine.
- Anterior and posterior cervical fusion.
- Unstable fractures and fracture/dislocations of the dorsal and lumbar spines.
- Anterior and posterior lumbar spinal fusion - investigations and techniques.
- Scoliosis - causes for scoliosis, diagnosis, radiological and clinical classification.

FRA.0002.0003.00023

- Management of scoliosis - conservative and surgical.
- Management of pseudoarthrosis of the spine after fusion (for instability and for scoliosis).
- Scheuermann's disease and kyphosis.
- Spondylolisthesis - types, cause of pain, conservative and operative management, precise anatomy.
- Infections of the spine.
- Low back pain - causes, diagnosis and investigations.
- Management of lumbar intervertebral disc prolapse.
- Spinal canal stenosis including cervical, thoracic and lumbar.
- Cervical and thoracic ruptured intervertebral discs.
- Tumours of the spine and effects of radiotherapy and wide posterior resections on the spine in children.

FRA.0002.0003.00024

The Osteochondridities:

- Perthes' disease.
- Slipped femoral epiphysis.
- The surgery of haemophilia of joints.
- Metabolic bone disease - ricketts, osteomalacia, renal osteodystrophy, etc.
- Osteogenesis imperfecta.
- Epiphyseal arrest surgery.
- Hallux rigidus, hallux varus, hallux adductus.
- The Charcot's joint.

FRA 0002 0003 00025

Tumours of Bone & Soft Tissue (Histopathology to be included with each lecture):

- Overall evaluation, biopsy techniques, local resection techniques, excision/amputation techniques.
- The cystic lesions of bone.
- Benign tumours of bone.
- The osteoid osteoma / osteoblastoma story.
- Multiple osteochondromatosis and enchrondromatosis.
- The giant cell tumour - chondroblastoma - chondromixoid fibroma - osteoblastoma.
- Histiocytosis X.
- Malignant tumours of bone - Ewing's sarcoma.
- Myeloma.
- Osteogenic sarcoma.
- Chondrosarcoma.
- Fibrosarcoma, etc.
- Metastatic tumours of bone - management, particularly secondaries to the spine, entrapping nerves.
- Amputation versus massive bone replacement for prosthetic replacement.

FRA.0002.0003.00026

Miscellaneous:

- Myositis ossificans + histopathology.
- Quadriceps contracture of infancy and childhood (injections etc.)
- Quadriceps contracture after trauma in the adult - quadriceps plasty.
- Ruptures of muscles and tendons - tendo achilles - patellar tendon - rupture of muscles - peroneal tendons - biceps brachial muscle - quadriceps mechanism.
- Tendo achilles.
- Tumour of nerves and vessels.
- Plasmacytoma.
- Villonodular synovitis + histopathology, giant cell tumour of tendon sheath, synovial chondromatosis.

FRA.0002.0003.00027

Afflictions of Muscle, Tendons & Other Structures:

- Gas gangrene and tetanus.
- Anterior tibial compartment syndrome - stress fracture - periostitis of sport.
- Tendo achilles - acute and chronic ruptures.
- Ruptures of patellar and quadriceps tendons - acute and chronic.
- Rupture of biceps muscles and tendons - proximal and distal.
- Ruptures of adductor longus - pectoralis major - triceps tendons.
- Muscle herniae, peroneal tendon + biceps tendon dislocation to include snapping syndrome or hip, shoulder, scapular and triceps tendons.
- Bursae of the greater trochanter, gluteus maximus, prepatella, tibia & fibula, collateral ligaments, patella.
- Shoulder rotator cuff problems including sub-deltoid and sub-acromial bursitis, supscapularis and rotator cuff tears, tendinitis, etc.
- Elbow olecranon bursitis.
- Bursae and cysts around the knee.

FRA.0002.0003.00028

Poliomyelitis and Spasticity:

- Principles of muscle balancing - prevention and correction of deformities - closed and open techniques.
- Tendon and muscle transfers and stabilization of flail joints in:-

  a) Lower Limb - Below knee / above knee.
  b) Upper Limb - Below elbow / above elbow.

- Pes cavus.
- Pes planovalgus.
- Talipes equinovarus and valgus, fusions around the ankle and foot - pan talar, subtaloid and lambranudies.
- The tibialis anterior and posterior muscles.
- Talipes calcaneovalgus.
- Os calcis ostectomies.
- Flexion contractures about the knee and quadriceps paralysis in genu recurvatum and the flail knee.
- Torsional deformities of the lower limb - children and adults.
- Management of paralysed gluteal musculature.
- Deltoid wasting and polio around the shoulder.
- Paralysis around the elbow - Stindler flexorplasty.
- Triceps transfer pectoralis muscle, pectoralis major transfer, etc.
- Gross adduction contracture of the shoulder - pectoralis minor division, etc.
- Leg length discrepancy to include limb equalization - epiphysodesis, epiphysolysis, leg lengthening procedures, etc.
- Cerebral palsy - aetiology, typing and general principles of surgery - muscle.

- Balancing, neurotomy, neurectomies, etc.

  a) Corrections below the knee / above the knee.
  b) Corrections below the elbow / above the elbow.

- The Splat operation.

- Balancing procedures around the knee and the hip, e.g. The Egger's operation, obturator neurectomy and adductor tenotomy.

- Surgery of the stroke patient.

- Obstetric paralysis - Erb's and Webb's palsy, brachial plexus palsy, Klumpke palsy.

- Nerve entrapment syndromes to include: tarsal tunnel, carpal tunnel, canal stenosis, strange nerve obstruction such as median nerve below a humeral spur etc.

Peripheral Nerve Injuries:

- Basic anatomy of the mixed spinal nerve - segmental anatomy and neuronal degeneration and regeneration - classification of nerve injuries.
- Causalgia/autonomic dysfunction, sympathetic dystrophy.
- R.S.I. - E.M.G. & nerve conduction study, Tinel's sign, sweat test, electrical stimulation, faradism.
- Principles of nerve repair including correction of gaps - primary and delayed surgery.
- Timing of surgery, techniques in nerve repair, neurolysis, nerve grafting.
- Brachial plexus injury - traction and laceration.
- Brachial plexus palsy - compression syndrome from abnormal anatomy.
- Median nerve exposure.
- Ulnar nerve exposure.
- Protecting the radial nerve.
- Femoral and sacral plexus injuries.

FRA.0002.0003.00031

Afflictions of the Foot:

- Pes planus - flexible type and peroneal muscle spasm type.
- Hallux valgus and hallux rigidus.
- Hallux varus and metatarsus adductus.
- Hard and soft corn, interdigital neuroma, Mallet toe/ Hammer toe, pain in the sole of the foot to include interdigital neuroma, metatarsalgia, Freiberg's and Kohler's disease.
- Calcaneal spur, Dupuytren's contracture and plantar fibromatosis, ingrown toenail management.

Congenital Anomalies:

- Constriction bands + duplication and partial amputations of limbs + toe anomalies.
- Club foot.
- The cavus foot.
- The Rockerbottom flat foot.
- Congenital absence of parts of long bones of the lower limb and upper limb.
- Congenital pseudarthrosis - tibia, fibula, clavicle, all arm bones.
- Congenital dislocations of the patella.
- Congenital dysplasia of the hip (less than 5 years old).
- Congenital dysplasia of the hip (over 5 years old).
- Coxa vara and coxa valga.
- Thoracic outlet syndromes.
- Torticollis and Sprengel's deformity.
- Congenital abnormalities of the upper end of the radius - radio-ulnar synostosis - congenital dislocation of the radial head.
- Arthrogryposis.

Arthroplasty:

- Ankle - techniques of arthrodesis.
- Knee - techniques of arthrodesis and total knee replacement.
- Hip arthroplasty - hemi and total replacement, various biomaterials, the advantages and disadvantages of cement - complications of the total hip replacement.
- Hip suitability for developing countries - a double-edged sword.
- The temporomandibular joint.
- Operation for recurrent dislocation of the shoulder - anterior and posterior + osteotomies around the shoulder.
- Arthroplasty of the elbow.
- Osteotomies of the femur for osteoarthritis of the hip.

FRA.0002.0003.00033

DS 2

THE ROYAL NEWCASTLE HOSPITAL
PO Box 664J, Newcastle NSW 2300.
Phone (049) 23 6000. Fax (049) 23 6204.

YAEG.ah

8 October 1997

TO WHOM IT MAY CONCERN

Dr Dinesh Sharma has been my Senior Registrar for a period of 6 months in 1996. He has completed his training programme and passed the Diploma of Orthopaedics offered by the Australian Orthopaedic Association.

I believe that Dr Sharma's training is of a high standard and recommend him strongly for Specialist Registration in Fiji. Dr Sharma has worked in my Senior Registrar position which is usually offered to one of the Australian trainees and I have no doubt that his standard of Orthopaedics is quite high and that should able him to be registered as a Specialist in Orthopaedics.

Kind regards,

Yours sincerely,

Y.A.E. GHABRIAL
M.B., B.Ch., D.S., M.Ch.Orth, F.R.C.S., F.R.A.C.S., F.A.Orth.A,
Director, Department of Orthopaedics
Federal Secretary, Australian Orthopaedic Association
Senior Member, Court of Examiners and Final F.R.A.C.S Orthopaedics, Royal Australasian College of Surgeons

MEDICAL SUPERINTENDENT
LAUTOKA HOSPITAL

FRA.0002.0003.00034

HUNTER HEALTH
Improving Health in the Hunter

DS 3

THE FIJIAN ORTHOPAEDIC PROGRAMME

VENOR/SECRETARY – Dr. J. J. Vote
ECTOR – Dr. W. J. Cumming
RONS –
y International – (Kogarah)
orge Hospital
ijian Orthopaedic Association
Orthopaedic Concern

ADDRESS ALL CORRESPONDENCE TO
Dr. James J. Vote,
6-8 South Street,
KOGARAH 2217 AUSTRALIA

RS:JG

17th December, 1991.

r. William Parker,
orris Towers"
49 Wickham Terrace,
BRISBANE Q'land 4000

Dear Dr. Parker,

Thank you for your offer to work in Fiji in February 1992.

The Orthopaedic Registrars have passed their Primary Fellowship and are now commencing their first real term of formal lectures towards the second part exam.

Each week the programme should include:

a. At least one but preferably two Grand Rounds

b. A one hour case presensation session, preferably showing two or three cases of clinical interest. The registrars should present these formally. May I suggest Tuesday morning, 7.00 am til 8.00 am.

c An afternoon per week set aside for formal lectures and journal club.

In February your formal lectures have been scheduled with two hours put aside to include the following topics:

1. Blood supply of the upper end of the femur and upper femoral fractures in the infant, child, adolescent and adult.

2. Osteoarthritis of the knee to include primary meniscal pathology causing secondary damage, mal-alignment problems, trauma, debridement, osteotomy - varus and valgus, total knee replacement etc..

3. Fractures around the knee to include supra-condylar, inter-condylar, distal shaft fractures.

4. Fractures around the ankle.

FRA.0002.0003.00035

Cont'd.../2

- A Journal Club should follow the formal lecture and as discussed the August and September 1990, Journals should be discussed, taking half the journal at each session for four sessions, starting with the August journal.

Our other duties include supervising surgery in theatre, and upervising Outpatient Clinics, but I trust Jim Vote has forwarded ou information in this regard.

have forwarded your lecture programme to Fiji, and wish you n excellent month away.

hank you again for your assistance.

ours sincerely,

NALD SEKEL

: When making up slides, could two copies be developed, one be left in Fiji.

19/12/91 fax copy to WJC to show Roy Whitton.

19/12/91 Dr E McCaig. Lautoka Hospital.

FRA.0002.0003.00036

DS 4

AO INTERNATIONAL

Association for the Study of Internal Fixation (AO ASIF)

This is to certify that

DINESH SHARMA

attended the

AO ASIF Course

on

Principles of Operative Fracture Treatment

from

25th - 27th June 1999

in

Auckland, New Zealand

The Course Organizers:

Mr. Garnet D. Tregonning, FRACS, FRCS(S)
Course Chairman

Mr. Bruce C. Twaddle, FRACS
Course Chairman

Prof. Joseph Schatzker, MD, B.Sc. FRCS
President of AO ASIF Foundation

Prof. Dr. med. Peter Matter
President of AO International

FRA.0002.0003.00037

This certificate is issued by AO International and indicates eligibility for continuing AO education.

THE AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Awarded to

Dinesh Sharma

The Linvatec - AOA Arthroscopy Fellowship
in General Orthopaedic Surgery
2000

President

Secretary

FRA.0002.0003.00038

AO International

Association for the Study of Internal Fixation (AO ASIF)

This is to certify that

Dr Dinesh Sharma

attended the

AO Course
on
Advances in Fracture Management

from

29 - 31 March 2001

in

Melbourne, Australia

The Course Organizers:

Dr. John Croser
Course Chairman

Prof. Dr. med. Peter Matter
President of AO ASIF Foundation

Prof. Dr. med. Thomas Rüedi, FACS
President of AO International

FRA.0002.0003.00039

This certificate is issued by AO International and indicates eligibility [illegible]

AO international

Association for the Study of Internal Fixation (AO ASIF)

This is to certify that

Dinesh Sharma

attended the

AO Course

on

Advances in Fracture Management

from

21 - 26 July 2002

in

Queenstown, New Zealand

The Organizer:

Dr. Bruce Twaddle
Course Chairman

Prof. Dr. med. René Marti
President of AO/ASIF-Foundation

Prof. Dr. med. Thomas Rüedi, FACS
President of AO International

FRA.0002.0003.00040

DS 5

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

25 June 2004
tp/ssta

Dr Dinesh C P Sharma

Hervey Bay QLD 4655

Dear Dr Sharma

Re: Specialist Assessment
AMC # 2030697

The Royal Australasian College of Surgeons (RACS) has undertaken a specialist assessment involving a review of a range of documentation and an interview with Mr Gordon Morrison, RACS Chairman of the Board of Orthopaedic Surgery, Mr Robert Ivers, RACS Chairman of the Regional Training Committee of Orthopaedic Surgery in Queensland, Mr William Lynch, RACS Chairman of the Board of Urology and Mr Michael Jay, RACS Chairman of the Board of Otolaryngology, Head & Neck Surgery.

It is the recommendation of the College that your training, qualification and subsequent specialist surgical experience in the field of Orthopaedic Surgery are not substantially comparable to that of an Australasian trained Orthopaedic Surgeon.

In order to obtain substantially comparable specialist standards, the College recommends that you apply, to enter the Advanced Surgical Training (AST) Programme in the specialty of Orthopaedic Surgery with the possibility of a reduction in overall advanced training time.

Upon successful completion of the specified term in the Orthopaedic AST programme, you are required to present for and successfully complete the OPBS and Part II Examination of the College in the specialty of Orthopaedic Surgery.

On successful completion of all the above requirements including successful completion of the Part II Examination in the specialty of Orthopaedic Surgery, you would be awarded a Fellowship of the College, a specialist registrable qualification in Australia and New Zealand in the specialty of Orthopaedic Surgery.

To assist you in planning your application for Advanced Surgical Training I suggest you refer to the College's Surgical Education Training Handbook on www.surgeons.org/edu Alternatively, you may wish to contact the Executive Officer, Australian Orthopaedic Association on 02 9233 3018.

FRA.0002.0003.00041

If you require any further clarification with regard to the above recommendation, please do not hesitate to contact the Administrative Officer, Overseas Trained Doctors and Assessment on *03 9249 1242*.

Yours sincerely

Professor Patricia Davidson
Censor in Chief

cc: Mr Gordon Morrison, RACS Chairman, Board of Orthopaedic Surgery
Mr Ian Frank, Executive Officer, Australian Medical Council.

DS 6

GP Form 94

REPUBLIC OF FIJI

CERTIFICATE OF SERVICE

Name of Officer DR. DINESH C. SHARMA

Date of Birth .....

Position Held CONSULTANT ORTHOPAEDIC SURGEON

Ministry/Department MINISTRY OF HEALTH

Period of service: from 04.01.1988 to 13.01.2003

Reason for leaving the Service RESIGNATION

.....

Efficiency VERY GOOD

General conduct VERY GOOD

.....
Permanent Secretary/Head of Department

Date .....

.....
Secretary for the Public Service

Date .....

Efficiency and general conduct are assessed as "very good", "good", "fair" or "poor".

GP 94

FRA.0002.0003.00043

DS 7

Mr Douglas
1517 E 56th
Spokane WA 99205

13 DEC
200_

Letter-Post Airmail

US POSTAL SERVICE

Dr Dinish Sharma
C/o Suva Private Hospital
120 Amy St Toorak
Suva, Fiji Islands

WORLDPOST
UNITED STATES POSTAL SERVICE

PAR AVION
AIR MAIL

LABEL 19-B, JUNE 1990

00196/4000

thank-you so much!
the Dr's in the US
were very impressed
with your Surgery.

FRA.0002.0003.00044

DS 8

Queensland Government
Queensland Health

Fraser Coast Health Service District.

Enquiries to: Dr Terry Hanelt
Executive Medical Administration
Telephone: (07) 41206859
Facsimile: (07) 41206799
Email: Terry_Hanelt@health.qld.gov.au
File Number:
Our Ref.:
Your Ref.:

7/01/2003.

Dr Dinesh Chandra Sharma

Dear Dr Sharma,

I am please to advise that approval has been given for your appointment to the position of Senior Medical Officer in the Department of Orthopaedics with the Fraser Coast Health Service District. The position is primarily based at the Hervey Bay Hospital for on-call purposes but routine duties will be required at both Hervey Bay and Maryborough Hospitals. The commencement date is negotiable and is desired as soon as possible. The position must have been commenced by 07/04/2003 or the offer will lapse. Your appointment will be in accordance with the terms and conditions of the Senior Medical Officers and Resident Medical Officers Awards – State. The salary rate will be dependent upon registration status with the Medical Board of Queensland and years experience. The level of appointment is in the range of –

- C1-1 C1-2 ($3,573.00 to $3,684.80 per fortnight) if not vocationally registered and not a holder of FRACGP
- C1-1 to C1-5 ($3,573.00 to $4,020.20 per fortnight) if a FRACGP or Vocational Registration is held.
- MO1-1 to MO1-7 ($3,684.80 to $4,649.80 per fortnight) if Specialist registration with the Medical Board of Queensland is obtained, and maintained.

Your commencement salary rate will be C1-1 ($3,573.00 per fortnight) subject to confirmation of registration status with the Medical Board of Queensland.

A copy of the award is available from the Human Resource Department or on http://qhin.health.qld.gov.au/ersu/resource/smormo95.pdf

FRA.0002.0003.00045

The following conditions apply:-

- Employment is conditional upon maintaining registration with the Medical Board of Queensland as a Medical Practitioner.
- Remuneration at the rate applicable to a specialist is conditional upon gaining and maintaining registration with the Medical Board of Queensland as a Specialist.
- Limited Right of Private Practice is available for Registered Specialists who obtain a Medicare Provider Number enabling billing of patients for private services. Details of these arrangements are available by contacting the Director of Medical Services or the Human Resources Department.
- Study leave entitlement is thirteen (13) weeks on full salary for each five (5) years of continuous service, and may be taken on a pro-rata basis after an initial (1) year of continuous service.
- Conference leave of one (1) week on full salary for each year of continuous service up to a maximum accrual of 2 weeks.
- Long service leave entitlement of 13 weeks after 10 years of service.
- Detailed conditions for the above leave and provisions for other categories of leave such as sick, examination, bereavement, etc. are included in the Award and the contents of the Industrial Relations Manual.
- As an employee of Queensland Health you are required to contribute to the Queensland Health Superannuation scheme, Q Super – Accumulation Account.
- Your contribution will commence at the standard level of 5% and therefore receive the higher level of 12.75% employer contribution and automatically receive insurance.
- If you do not wish to contribute at this rate, you can elect to reduce your contribution down as low as 2%. Contributions of at least 2% must be maintained and insurance cannot be cancelled. Q Super will forward a package giving you more information, after your first pay period.
- A fully maintained motor vehicle will be provided for official and private usage within reason.
- A residence will be provided or a rental subsidy to a maximum of $170 per week will be paid. The choice depends upon availability of a suitable residence owned by the Health Service. Telephone rental will be paid. An allowance is paid towards the cost of calls. An allowance is paid towards the cost of electricity. These allowances are detailed in the Queensland Health Industrial Relations Manual.
- As a District Health employee you may be required to work at any facility within the Fraser Coast Health Service District.
- Performance of duties in private facilities within the District may be required.
- Performance of duties within other Public Hospitals within other Queensland Health Districts may be required.
- An Identification badge is to be worn at all times whilst on duty with the Health Service.
- The Fraser Coast Health Service District has a NO SMOKING policy and smoking is only permitted in designated area outside the Health Service Building.
- You will be required to read the "Code of Conduct" and sign the acknowledgement page together with the other forms that make up the commencement package prior to commencement. These are available from the Medical Executive Support Officer at Hervey Bay Hospital.
- The Health Service will reimburse the cost of a one way economy airfare for you, your partner and any dependent children upon production of the receipt for your plane ticket. Reimbursements cannot be made on the ticket alone as the amount shown is often different to the actual amount paid
- Citizens of the Republic of Fiji are not entitled to treatment under the Medicare system in Australia. You should purchase some form of medical insurance to cover the cost of any medical treatment whilst in Australia. Everyone should subscribe to the Ambulance service as

any Ambulance transport attracts a significant fee people who are not subscribers. This can be organised upon arrival.

- Queensland Health indemnifies employees as long as the staff member was involved in performing duties for Queensland Health and the action was not wilfully negligent or a criminal act. Some form of private indemnity is advisable as every medical practitioner offers advice or writes a prescription from time to time outside the work environment and Queensland Health would not indemnify any legal action arising from these acts.
- The Health Service will not accept liability for damages sustained to private motor vehicles while being driven or parked on Health Service property and will not accept liability for loss of damages including theft or fire, to private property or personal effects which are used or stored in premises or accommodation owned or used by the Health Service. Employees are themselves responsible for arranging the appropriate insurance cover and premium payment for private property or personal effects in such circumstances.

Your attention is drawn to the confidentiality clause 63.(1) in the Health Services Act 1991 – "An officer, employee or agent of the department must not give to any other person, whether directly or indirectly, any information acquired by reason of being such an officer, employee or agent if a person who is receiving or has received a public sector health service could be identified from that information." Maximum penalty – 50 penalty units.

Please advise your acceptance or rejection of the offer within two weeks. Thank you for your assistance, I trust it will be a mutually rewarding association.

Yours sincerely,

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

I accept / do not accept the above terms and conditions of this appointment.

Signed.....Dated.....

Please sign both copies of this letter and return one copy to the Dr Hanelt at the Hervey Bay Hospital.

EDIC – DUTY ROSTER – DR SHARMA

DS 9

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
– 0900 D ROUND – 1230 URE CLINIC 1700 PAEDIC NEW CLINIC	AM 0800 – 0900 WARD ROUND 0900 – 1000 WARD ROUND – DR NAIDOO 1000 – 1200 EDUCATION CENTRE INPATIENT FILE, XRAY REVIEW ORTHOPAEDIC AUDIT REVIEW PATIENTS FOR ELECTIVE SURGERY PM 0800 – 1800 DAILY DUTY ON-CALL AND ADMITTING SMO FOR ORTHOPAEDIC EMERGENCIES AND EMERGENCY OT - HBH (MBH WHEN DR PADAYACHEY ON LEAVE)	AM 0800 – 0900 WARD ROUND 0830 – 0900 WARD ROUND – DR MULLEN 0900 – 1230 ORTHOPAEDIC REVIEW CLINIC PM 1300 – 1700 THEATRE – DR MULLEN / DR SHARMA (2 IN 4) 1300 – 1700 THEATRE – DR SHARMA (1 IN 4) 1400 – 1700 NEW PATIENT & REVIEW CLINIC MARYBOROUGH HOSPITAL (1 IN 4)	AM 0800 – 0900 WARD ROUND 0900 – 1230 ORTHOPAEDIC REVIEW CLINIC – DR NAIDOO UNLESS INVOLVED WITH EMERGENCY ORTHOPAEDICS PM 0800 – 1800 DAILY DUTY ON-CALL AND ADMITTING SMO FOR ORTHOPAEDIC EMERGENCIES AND EMERGENCY OT - HBH (MBH WHEN DR PADAYACHEY ON LEAVE)	AM 0800 - 0900 WARD ROUND – DR NAIDOO 0900 – 1230 FRACTURE CLINIC ALTERNATE WITH DR KRISHNA IF NOT DAILY DUTY SMO AS PER ORTHOPAEDIC SMO ON-CALL ROSTER OR DAILY DUTY ON-CALL AND ADMITTING SMO FOR ORTHOPAEDIC EMERGENCIES AND EMERGENCY OT – HBH ALTERNATE WITH DR KRISHNA 0900 – 1230 HAND CLINIC – DR NAIDOO UNLESS INVOLVED WITH EMERGENCY ORTHOPAEDICS PM 1330 – 1600 FRACTURE CLINIC ALTERNATE WITH DR KRISHNA OR 0800 – 1800 ON-CALL AND ADMITTING SMO FOR ORTHOPAEDIC EMERGENCIES AND EMERGENCY OT – HBH ALTERNATE WITH DR KRISHNA AS PER ORTHOPAEDIC SMO ON-CALL ROSTER

DR MORGAN NAIDOO
DIRECTOR OF ORTHOPAEDICS
FRASER COAST HEALTH SERVICE DISTRICT

01 JULY 2004

G:\MED ADMIN\DOCTOR SNAIDOO\Templates\naidoo - duty roster SMO2 01 07 04 Dr Sharma.doc

WEEKLY CLINICAL MEETINGS
EDUCATION CENTRE

SENIOR MEDICAL STAFF MEETING

THREE MONTHLY ORTHOPAEDIC M&M AND CLINICAL MEETING

FRA.0002.0003.00048

WED 1230 - 1330
THURS 1230 – 1330

FIRST TUESDAY OF EACH MONTH

WED 0830 0930
DATE TBA

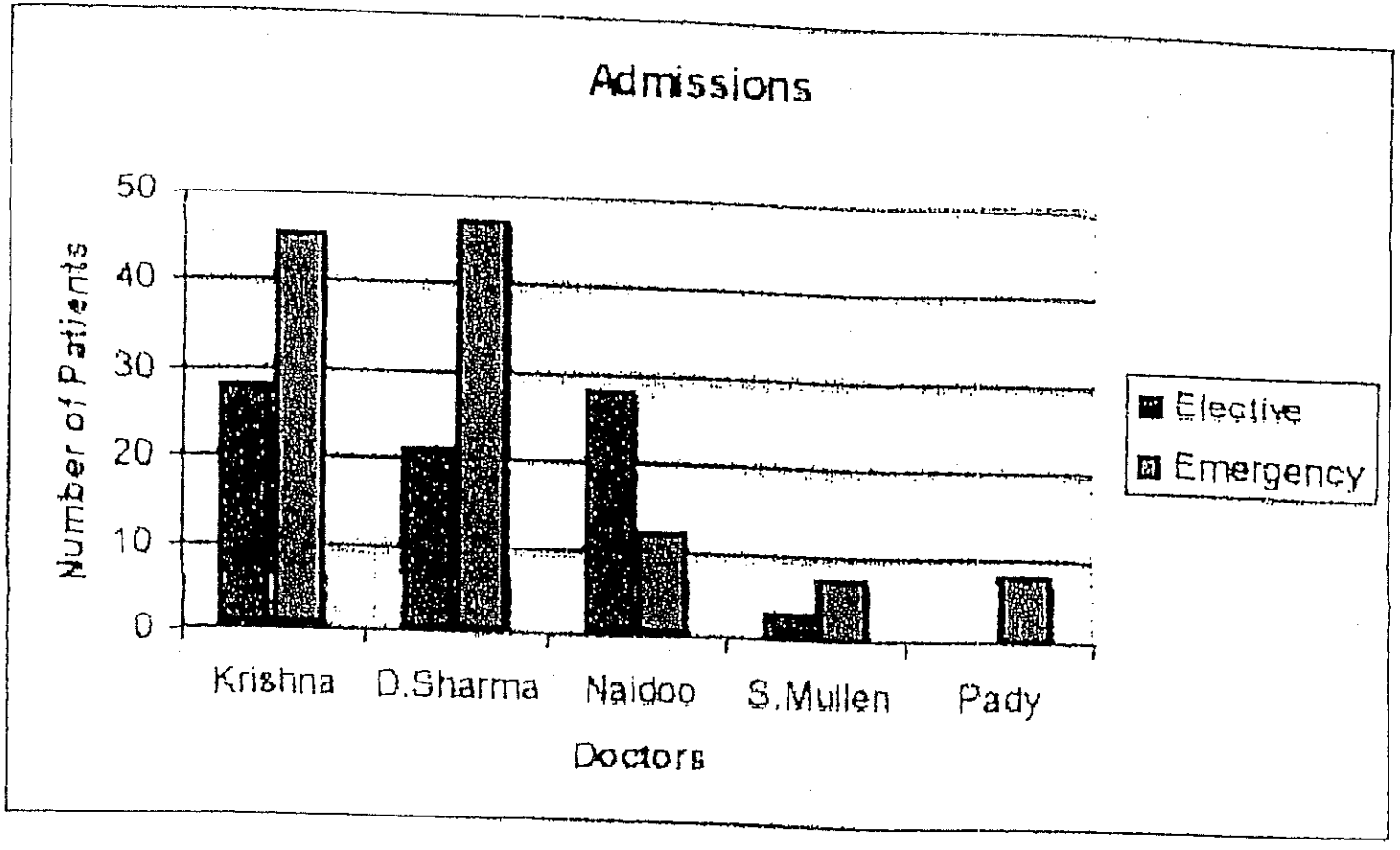
DS 10

ORTHOPAEDIC AUDIT

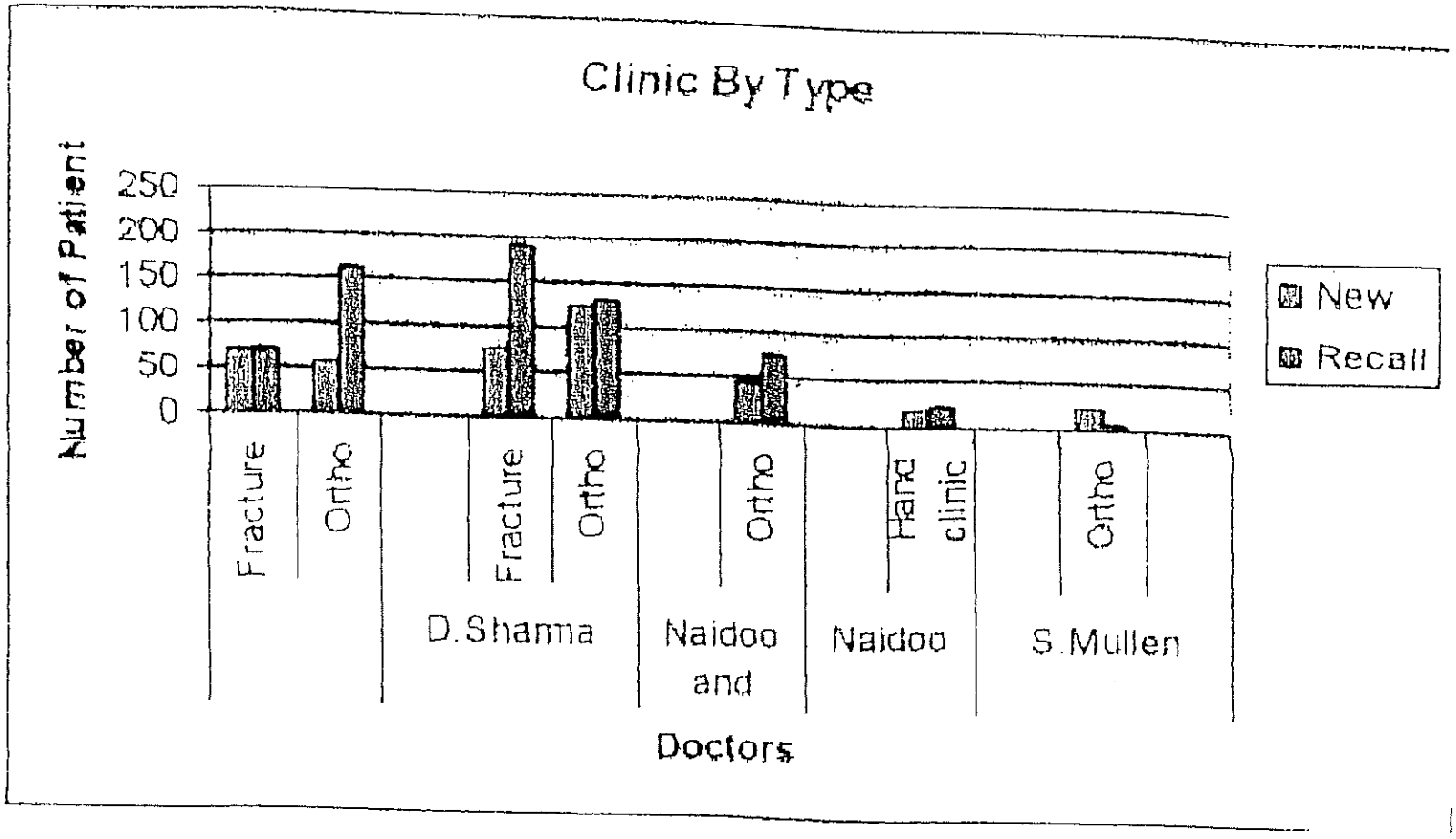
JANUARY 1st TO 31st MARCH 2004

DR D. KRISHNA

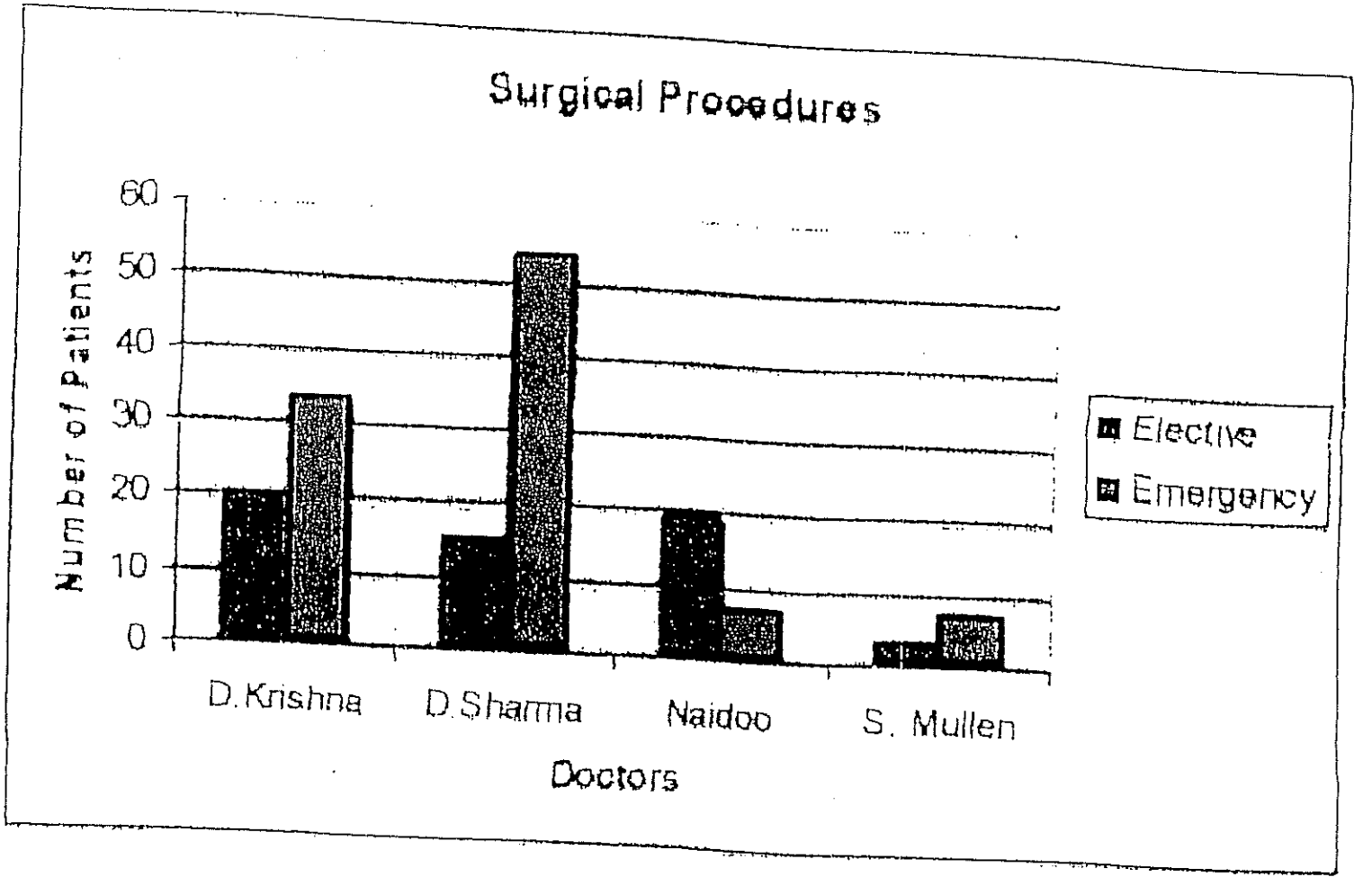
FRA.0002.0003.00049



FRA.0002.0003.00050



FRA.0002.0003.00051



FRA.0002.0003.00052

FRA.0002.0003.00053

Complications

Early

- Haemorrhage{1}
  -THR{ABG}
  -Transfusion 5U Packed cell
- Superficial Wound Infection{1}
  -TKR
  -No Growth
  -Rx Oral Keflex
- Post Op MI
  -Subtrochanteric fracture
  -Medical Management
  -Postop PE

FRA.0002.0003.00054

Late Complications

- Infection
  - 10wks post orif bimalleolar ankle fracture
- Dislocation
  - THR 6 months Postop
  - 7 times

FRA.0002.0003.00055

Mortality

- 77 year old male
  - -Metastatic bone disease
  - -Primary Unknown
- 68 year old female
  - -Multi-organ failure
  - -Died awaiting hemiarthroplasty- RT NOF#

FRA.0002.0003.00056

Repeat Procedures

- Shortening of LAG Screw
  - -Post DCS
- Missed Intertrochantric fracture
  - -History of fall, Olecranon fracture, TBW
  - -2 day Postop NOF Diagnosed

FRA.0002.0003.00057

DS-10

Orthopaedic Audit
Jan 1 - June 30, 2003

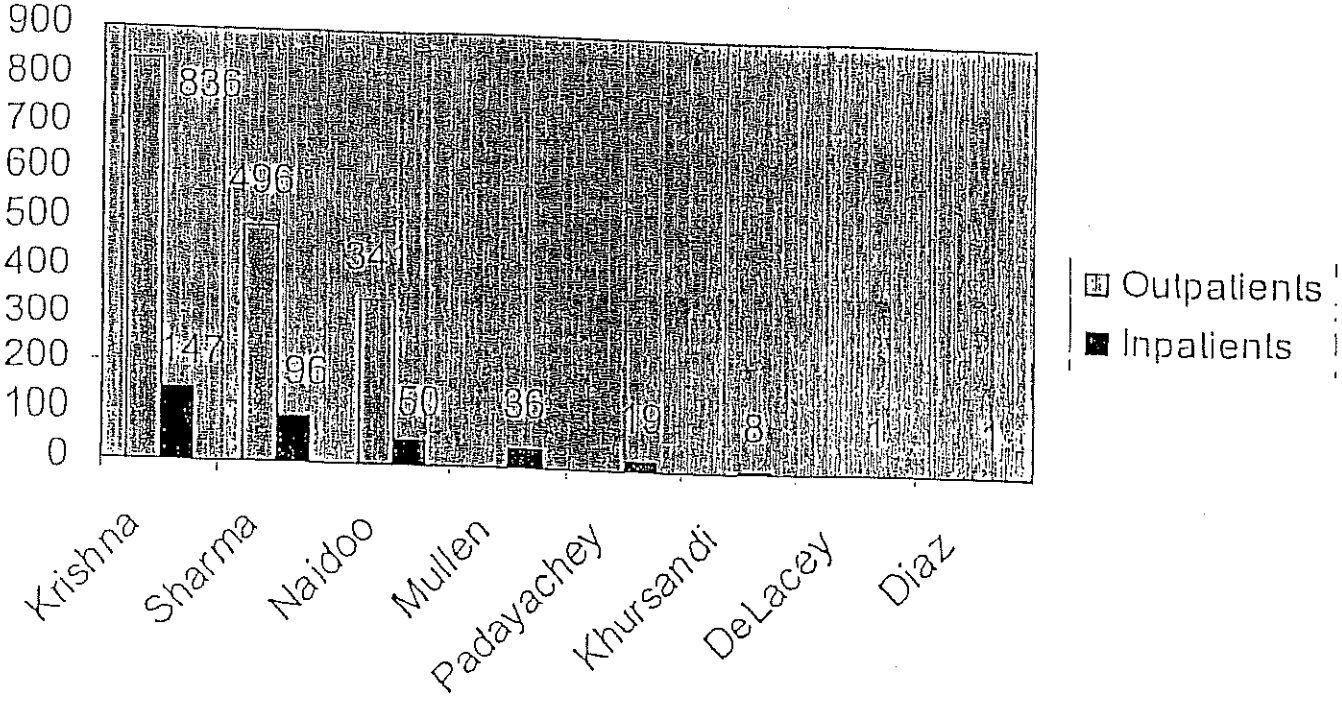
Dr Serena Keating

FRA.0002.0003.00058

N.B. - I started my 1st here in March, 03

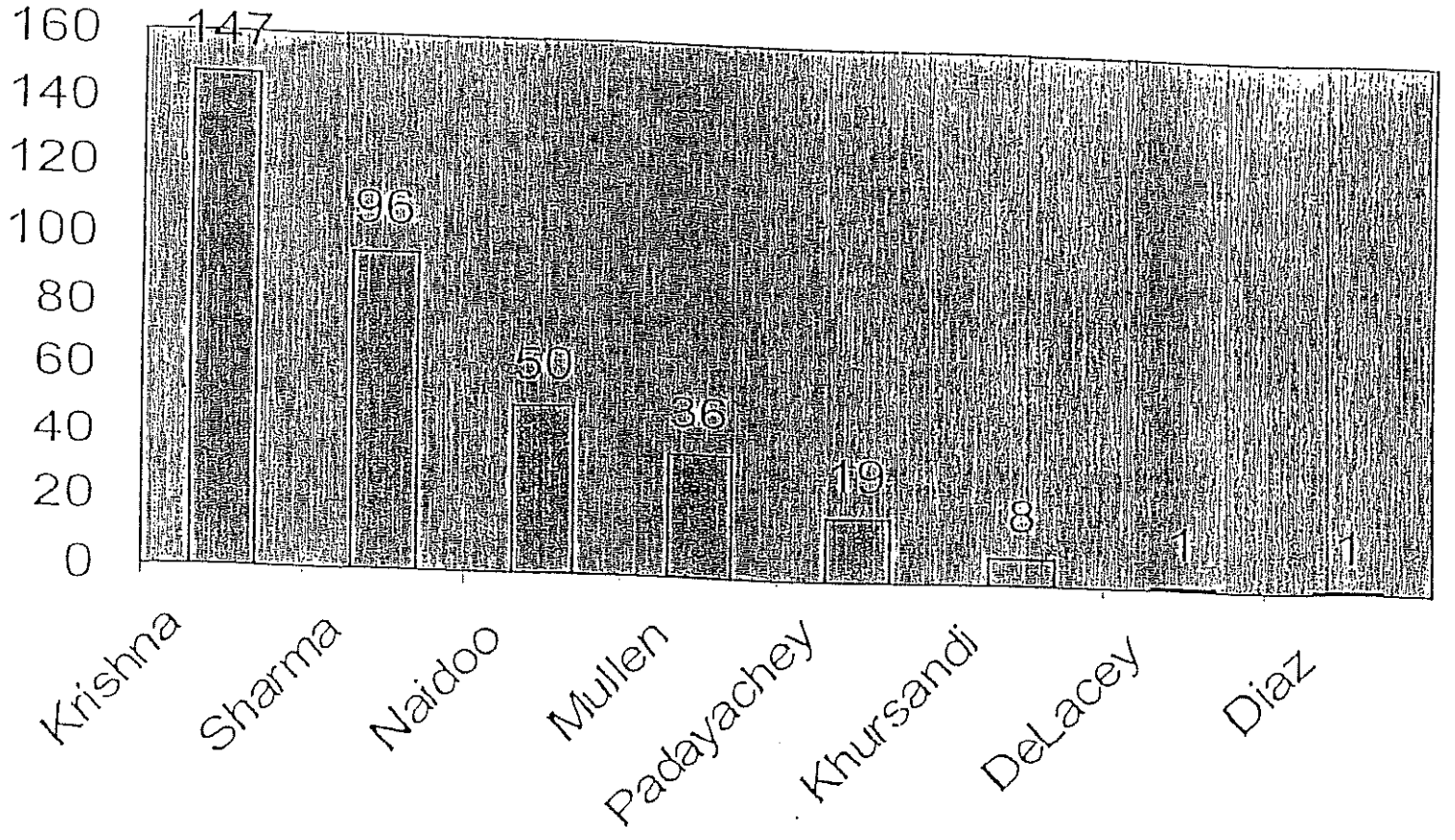
Total Number of Patients

Outpatient appointments and inpatient admissions = 2031



FRA.0002.0003.00059

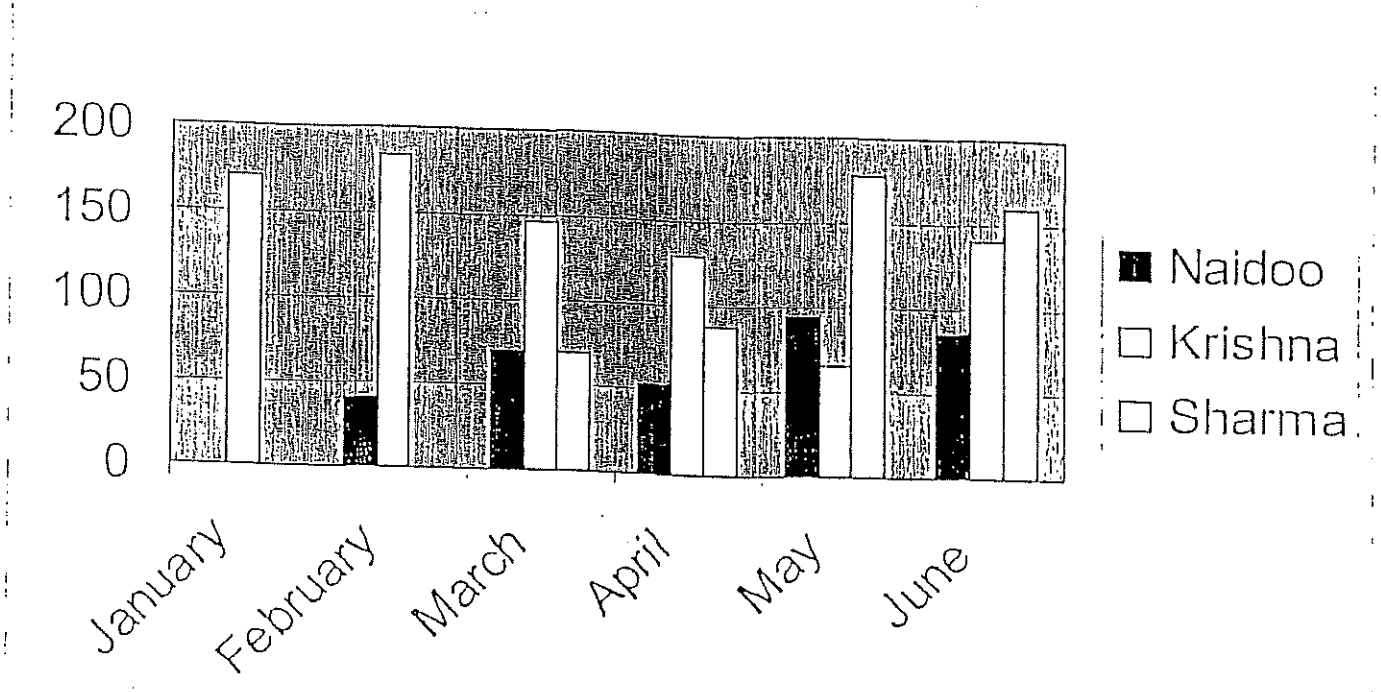
Admissions by Doctor



FRA.0002.0003.00060

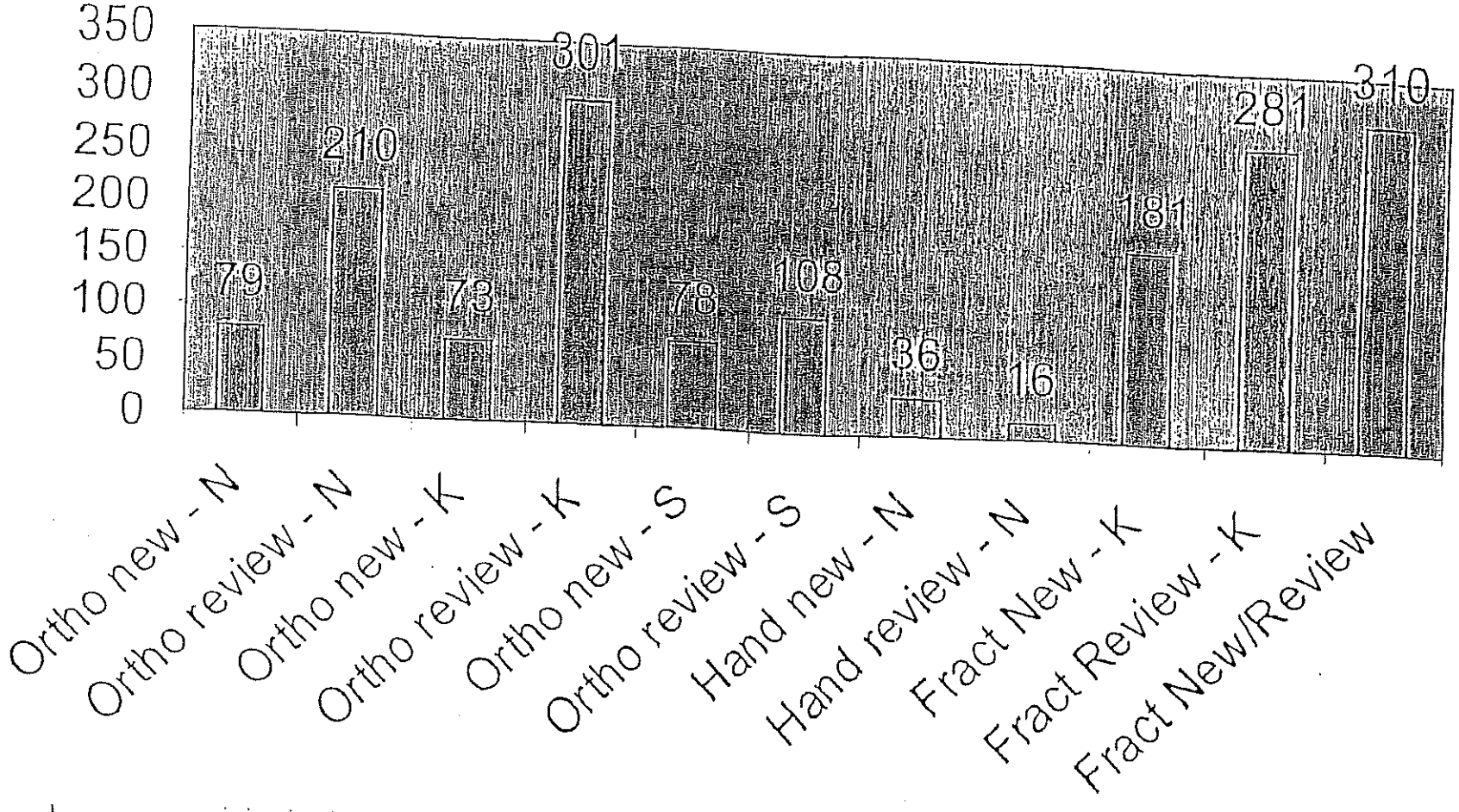
Outpatient Clinics

Naidoo - 341, Krishna - 836, Sharma - 496



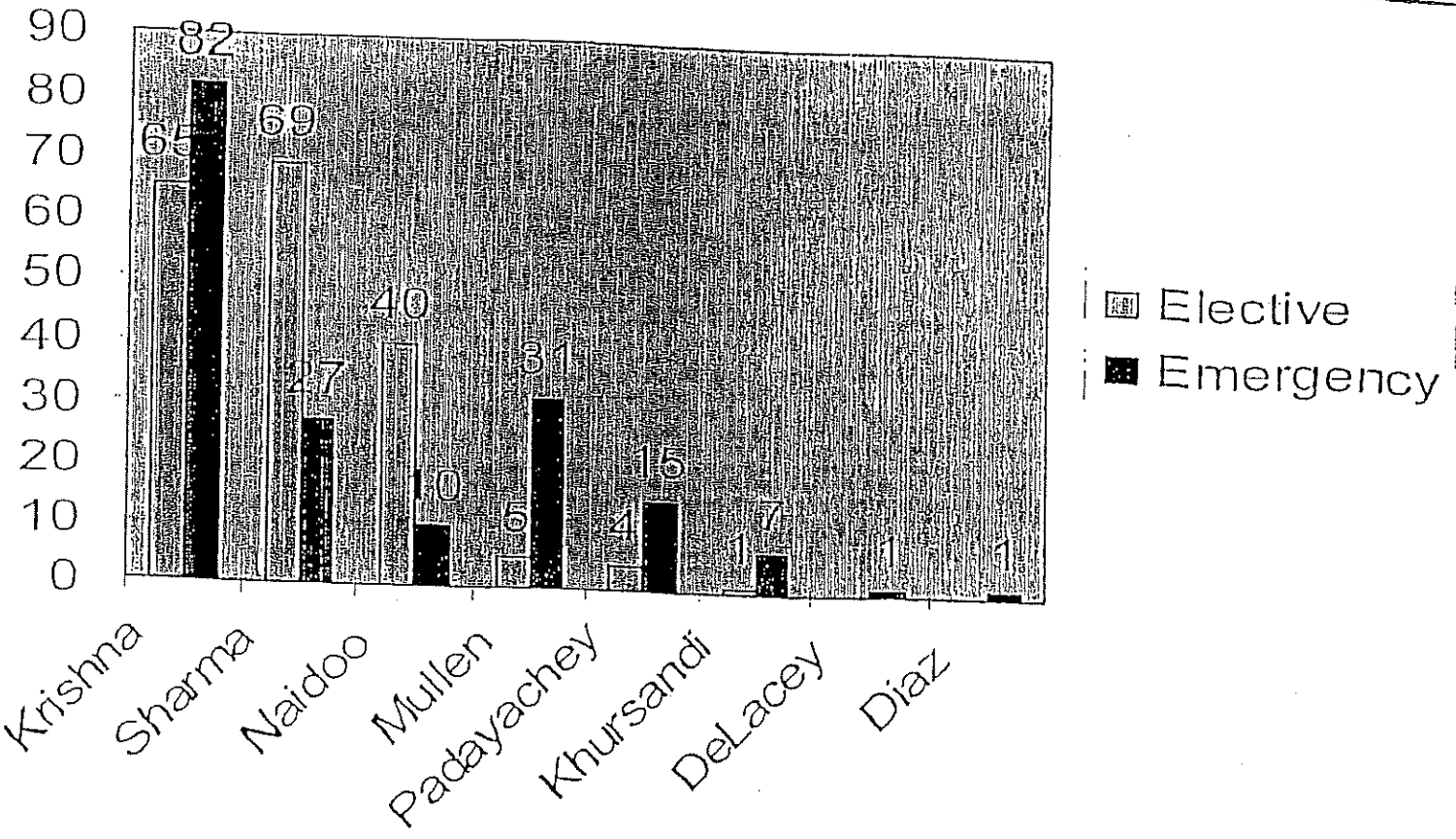
FRA.0002.0003.00061

Clinics by Type



FRA.0002.0003.00062

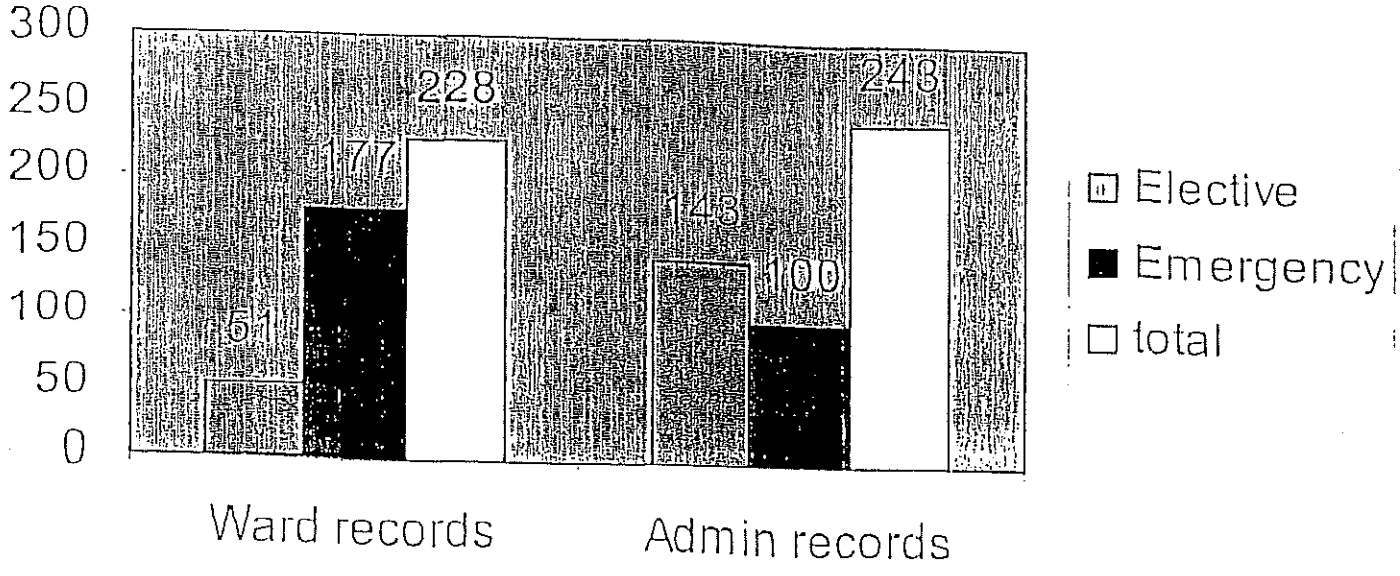
Admissions
Elective v's Emerg



FRA.0002.0003.00063

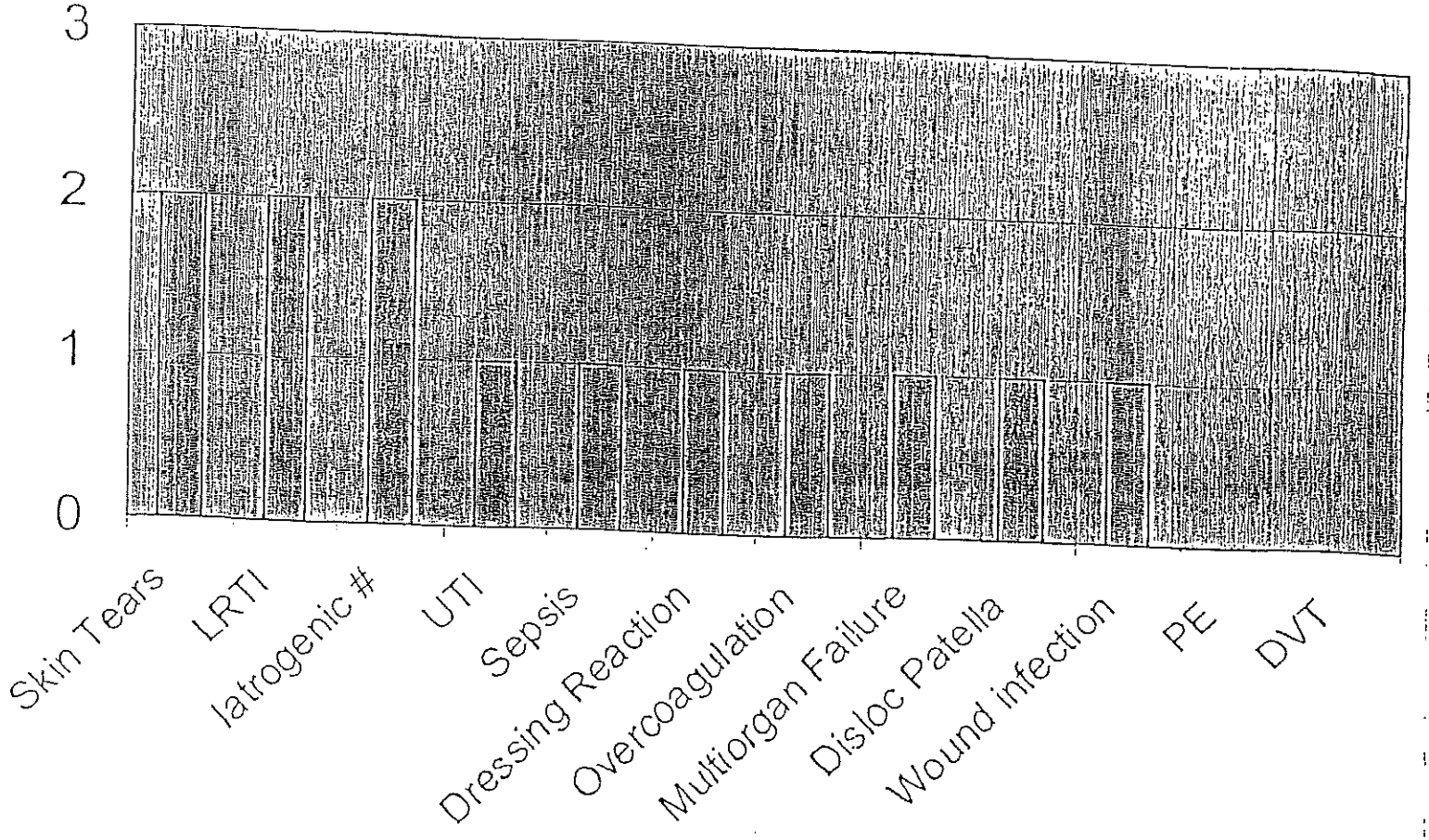
Procedures
Elective v's Emergency

- Total 243 procedures
  - difference of 15 - not admitted to surg ward



FRA.0002.0003.00064

Early Complications



FRA.0002.0003.00065

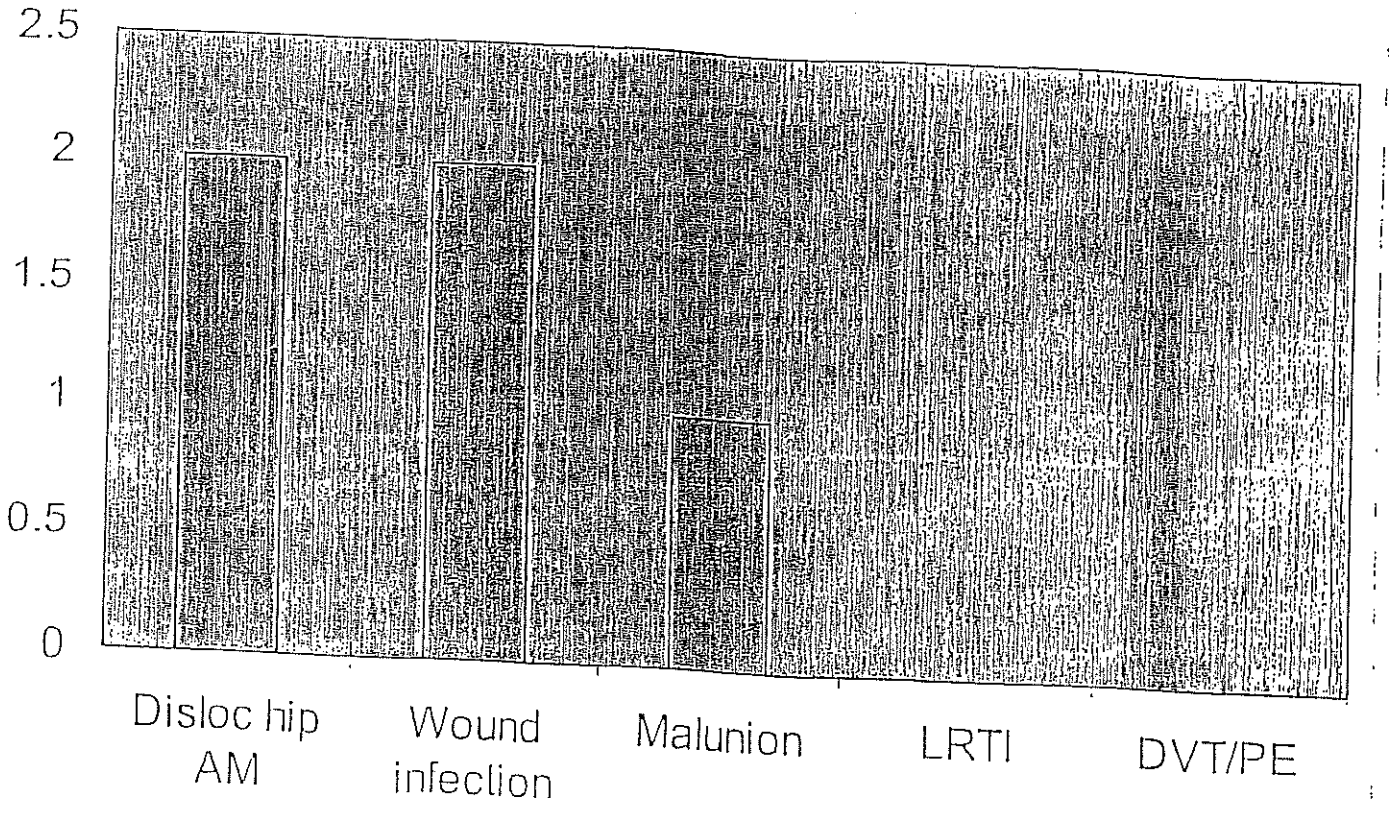
Repeat Procedures

- Left TKR - fell in ward
  - Patellar dislocation
- Right intramedullary femoral nail
  - # R NOF
  - cannulated screws

FRA.0002.0003.00066

Late Complications

- ? Under reporting



FRA.0002.0003.00067

Mortality

- 88 yo Female - Left LL pneumonia
  - Awaiting DHS
- 78 yo Female - Multiorgan failure
  - Left DHS
- 59 yo Female - Sepsis/End stage Renal cell ca
  - Left and right intramedullay Femoral Nail
- 77 yo Male - Overcoagulated/CCF
  - Left DHS

FRA.0002.0003.00068

DS 10

ASSESSMENT FORM
SPECIAL PURPOSE REGISTRANTS – SECTION 135 AREA OF NEED - QLD

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

Instructions

- Clinical Supervisor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the clinical supervisor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the supervisor must complete the Improving Performance Action Plan at the end of this form.

Name DR DINESH SHARMA

Position SMO - ORTHOPAEDICS

Period of Assessment 6/3/03 → PRESENT

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
CLINICAL *Knowledge base* Demonstrates adequate knowledge of basic and clinical sciences.			✓			
Clinical skills Elicits and records accurate, complete history and clinical examination findings.			✓			
Clinical judgement/decision making skills Organises, synthesises and acts on information and applies knowledge base.			✓			
Emergency skills Acts effectively and when appropriate acknowledges own limitations and seeks help			✓			
Procedural skills Performs procedures competently			✓			
COMMUNICATION *Patient and Family* Interacts effectively and sensitively with patients and families/care givers.					✓	
Medical Records/Clinical Documentation Provides clear, comprehensive and accurate records.					✓	
PERSONAL AND PROFESSIONAL *Professional Responsibility*. Demonstrates punctuality, reliability, honesty, self-care.					✓	
Teaching Participates in teaching other healthcare professionals, patients and/or care providers.			✓			
Time management skills Organises and prioritises tasks to be undertaken.			✓			
Teamwork and colleagues Works and communicates effectively within a team.					✓	

Supervisors must comment on the following:

List strengths: Diligent and reliable
Demonstrates sound clinical judgement and skill in main orthopaedic trauma
Surgery and orthopaedic trauma
Good team member

List areas for improvement:
Attend continuing orthopaedic education
/ Seminars particularly trauma to keep up with recent developments

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

NOT APPLICABLE

Improving Performance Action Plan (to be completed by Registrant with Supervisor)

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment? (Yes) No

Signatures:

Registrant	DR DINESH JAGANATH *Name (please print)*	*Signature*	*Date*
Clinical Supervisor	DR. MORGAN KAISER *Name (please print)*	*Signature*	18.11.03 *Date*
Designation	DIRECTOR ORTHOPAEDIC SURGERY		

FRA.0002.0003.00070

DS 11

ASSESSMENT FORM
SPECIAL PURPOSE REGISTRANTS – SECTION 135 AREA OF NEED - QLD

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

Instructions

- Clinical Supervisor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the clinical supervisor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the supervisor must complete the Improving Performance Action Plan at the end of this form.

Name DINESH SHARMA

Position SMO – ORTHOPEDICS

Period of Assessment 20/11/08 → PRESENT

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
CLINICAL *Knowledge base* Demonstrates adequate knowledge of basic and clinical sciences.					✓	
Clinical skills Elicits and records accurate, complete history and clinical examination findings.					✓	
Clinical judgement/decision making skills Organises, synthesises and acts on information and applies knowledge base.					✓	
Emergency skills Acts effectively and when appropriate acknowledges own limitations and seeks help					✓	
Procedural skills Performs procedures competently					✓	
COMMUNICATION *Patient and Family* Interacts effectively and sensitively with patients and families/care givers.					✓	
Medical Records/Clinical Documentation Provides clear, comprehensive and accurate records.					✓	
PERSONAL AND PROFESSIONAL *Professional Responsibility*: Demonstrates punctuality, reliability, honesty, self-care.					✓	
Teaching Participates in teaching other healthcare professionals, patients and/or care providers.					✓	
Time management skills Organises and prioritises tasks to be undertaken.					✓	
Teamwork and colleagues Works and communicates effectively within a team.					✓	

Supervisors must comment on the following:

List strengths: Pleasant, diligent and eager colleague and good team member

List areas for improvement: He is the process of doing part II DOC and has been formally assessed by DACS to continue with orthopaedic training

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

Improving Performance Action Plan (to be completed by Registrant with Supervisor)

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment? ☑ Yes ☐ No

Signatures:

Registrant	DINESH SHARMA *Name (please print)*	*Signature*	19/10/04. *Date*
Clinical Supervisor	DR. M N. MADAN *Name (please print)*	*Signature*	18.10.04 *Date*
Designation	DIRECTOR OF ORTHOPAEDICS		

FRA.0002.0003.00072

DS 12

Roderick Stubbs
A.C.N Hervey Bay
Operating Theatres
Nissen St Hervey Bay.

My Name is Rod Stubbs and I am employed at Hervey Bay Hospital as a Reg Nurse in the Operating Theatres. I have 20 years experience in Operating Theatres; I was Clinical Co-Coordinator at the Royal Hobart Hospital Tasmania, we had 10 orthopaedic lists a week and 24 hour trauma coverage for the whole the southern state of Tasmania approximately 185000 people.
Prior to this I was Unit Manger of the Repatriation Hospital Operating Theatres in Hobart, this Hospital was at that stage a totally Orthopaedic Hospital with 5 Orthopaedic Consultants, performing 30-35 cases a week.

As you are aware there was an investigation into Orthopaedic Services at this Hospital, at the time of this investigation I was in charge of all Orthopaedic equipment and participated in many cases as a Scrub Nurse.
I was interviewed for this review and at no time was Dr Sharma, s or Dr Kriahna, s ability as a surgeon questioned, as many Drs will say (your only a nurse) this is true but I have 20 years experience in Orthopaedics and I have worked with many excellent Surgeons thought my years in Nursing, and I feel confident and have a great deal of resect for Dr Krishna and Dr Sharma as they to are excellent surgeons.
As to the question of there willingness to work, I feel is a totally misleading statement and the people making such false statements should be held accountable.
From simple closed reductions to Tibial or Femoral Nailing, tendon repairs or plating at no time during any operation did I feel or had any reason to feel the patient's safety or the level of treatment was compromised by either Surgeon.
I would choose either of these Surgeons as my surgeon without hesitation.
I hope this injustice being levelled at these two surgeons is withdrawn and they are allowed to resume work in there rightful place the Operating Theatre.

Rod Stubbs.

RN Operating Cert.

DS 包 13

Queensland Government
Queensland Health

Rockhampton Hospital – Division of Surgery

ORTHOPAEDIC TEAM – ON-CALL ROSTER

MAY 2005

Version 3
Dated 09/05/05

		DAY: 08.00 - 16.00		NIGHT: 16.00 – 08.00	
		Consultant	Registrar	Consultant	Registrar
Sunday	1	Telsworth	Kaushal	Telsworth	Kaushal
Monday PH	2	Hohmann	Kaushal	Hohmann	Kaushal
Tuesday	3	Hohmann	Coughlan	RBH	Coughlan
Wednesday	4	Hohmann	Coughlan	Hohmann	Coughlan
Thursday	5	Hohmann	Kaushal	RBH	SMO/ED
Friday	6	Hohmann	Kaushal	Hohmann	Kulkarni
Saturday	7	Hohmann	Kulkarni	Hohmann	Kulkarni
Sunday	8	Hohmann	Kulkarni	Hohmann	Kulkarni
Monday	9	Hohmann	Kaushal	RBH	Kaushal
Tuesday	10	Hohmann	Kulkarni	Hohmann	Kulkarni
Wednesday	11	Hohmann	Kaushal	RBH	Kaushal
Thursday	12	Hohmann	Kulkarni	Hohmann	SMO/ED
Friday	13	Hohmann	Kaushal	Bulwinkel	Kaushal
Saturday	14	Bulwinkel	Kaushal	Bulwinkel	Kaushal
Sunday	15	Bulwinkel	Kaushal	Bulwinkel	Kaushal
Monday	16	Hohmann	Kulkarni	RBH	Kulkarni
Tuesday	17	Hohmann	Kaushal	Hohmann	Kaushal
Wednesday	18	Hohmann	Kulkarni	RBH	Kulkarni
Thursday	19	Hohmann	Kaushal	Bulwinkel	SMO/ED
Friday	20	Hohmann	Kulkarni	Hohmann	Kulkarni
Saturday	21	Hohmann	Kulkarni	Hohmann	Kulkarni
Sunday	22	Hohmann	Kulkarni	Hohmann	Kulkarni
Monday	23	Hohmann	Kaushal	RBH	Kaushal
Tuesday	24	Hohmann	Kulkarni	Hohmann	Kulkarni
Wednesday	25	Hohmann	Kaushal	RBH	Kaushal
Thursday	26	Hohmann	Kulkarni	Hohmann	SMO/ED
Friday	27	Hohmann	Kaushal	Bulwinkel	Kaushal
Saturday	28	Bulwinkel	Kaushal	Bulwinkel	Kaushal
Sunday	29	Bulwinkel	Kaushal	Bulwinkel	Kaushal
Monday	30	Hohmann	Kulkarni	Hohmann	Kulkarni
Tuesday	31	Hohmann	Kaushal	RBH	Kaushal
Wednesday	Jun 1		Kulkarni		Kulkarni
Thursday	2		Kaushal	Bulwinkel	SMO/ED

Dr Damian Coughlan – Locum PHO 27/4-4/5; Dr Suyog Kulkarni PHO commences 6/5

FRA.0002.0003.00074

Queensland

Rockhampton Hospital – Division of Surgery

ORTHOPAEDIC TEAM – ON-CALL ROSTER

JUNE 2005

		DAY: 08.00 - 16.00		NIGHT: 16.00 - 08.00	
		Consultant	Registrar	Consultant	Registrar
[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	2	[illegible]	Kaushal	Bulwinkel	[illegible]
	3	[illegible]	[illegible]	[illegible]	[illegible]
Saturday	4	[illegible]	Kaushal	Hohmann	[illegible]
Sunday	5	Royal Brisbane	**Kulkarni	Royal Brisbane	**[illegible]
[illegible]	6	[illegible]	Kaushal	Royal Brisbane	[illegible]
[illegible]	7	[illegible]	[illegible]	Bulwinkel	[illegible]
Wednesday	8	Rau	Kaushal	Bulwinkel	[illegible]
[illegible]	9	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	10	[illegible]	[illegible]	[illegible]	[illegible]
Saturday	11	[illegible]	Kulkarni	Hohmann	[illegible]
Sunday	12	[illegible]	**Kaushal		**[illegible]
Monday PH	13		Kaushal		Kaushal
[illegible]	14	Rau	Kulkarni	Rau	[illegible]
[illegible]	15	[illegible]	[illegible]	[illegible]	[illegible]
Thursday PH	16		Kulkarni	Rau	Kulkarni
Friday	17	Rau	Kulkarni	Rau	[illegible]
Saturday	18		Kulkarni	Rau	Kulkarni
Sunday	19		Kulkarni		Kulkarni
Monday	20	Rau	Kaushal	Rau	[illegible]
Tuesday	21	Rau	Kaushal		[illegible]
Wednesday	22	Rau	Kaushal	Rau	[illegible]
[illegible]	23	[illegible]	Kaushal		[illegible]
Friday	24	Rau	Kaushal	Tetsworth	[illegible]
Saturday	25	Tetsworth	Kaushal	Tetsworth	Kaushal
Sunday	26	Tetsworth	Kaushal	Tetsworth	Kaushal
Monday	27	Rau	Kulkarni		[illegible]
Tuesday	28	Rau	Kaushal	Rau	[illegible]
Wednesday	29	Rau	[illegible]	Rau	[illegible]
Thursday	30	Rau	Kaushal		[illegible]
[illegible]	July 1	[illegible]	Kulkarni	Rau	[illegible]
Saturday	2	Rau	Kulkarni	Rau	Kulkarni
Sunday	3	Rau	Kulkarni	Rau	Kulkarni

Dr Hohmann Leave 05/06-07/06, 13/6-06/07; Dr Kulkarni Leave 21/06-24/06
Dr Bulwinkel away from 20/6

FRA.0002.0003.00075

DS 14

GOVERNMENT OF FIJI

MEDICAL AND DENTAL PRACTITIONERS ACT

Certificate of Registration

(Section 21)

Certificate No. 29/98.

I certify that DR DINESH CHANDRA SHARMA

was on the 15 TH day of OCTOBER 19 98 registered

as a SPECIALIST IN ORTHOPAEDIC under Part SPECIALIST ROLL of the Act

Qualification: MBBS (1987) FIJI

DIP (ORTHOPAEDICS) 1996 (AUST.)

Date of Registration: 16/10/98

Registration No: LEDGER FOLIO 128

Date of issue of this Certificate: 16/10/98.

Secretary, Fiji Medical and Dental Council

FRA.0002.0003.00076

DS 14

ADVERTISEMENT

IMPORTANT MESSAGE

to the People of the Fraser Coast!

19/04/2005

This open letter is a direct result of the irresponsible, uninformed reporting and incitement of racial discrimination and hysteria by all local media. The nursing staff of the Operating Theatres at Hervey Bay and Maryborough Hospitals as a unified and committed team wish to appeal to the general community.

We are appalled and dismayed at many recent portrayals in this newspaper and the reactions of the community of which we are also a part.

The vilification of Mike Allsopp in the Fraser Coast Chronicle editorial is reprehensible. To compare him with the Manager of the Bundaberg Hospital is irresponsible journalism. To date he has acted and reacted in a responsible manner to situations in this district. He is not a clinician, he relies on reports given to him by his medical staff. He was regarded with doubt when he commenced this role, but has proven himself more than up for the task. If we as a district lose this man's management skills we are the losers.

All nurses are bound in their practice by a Professional Code of Conduct, laid down by the Queensland Nursing Council and State and Federal governments. In short this Code of Conduct requires without exception that at all times nurses' act and practice as advocates in the patient's best interests, while providing the highest level of professionalism and care to EVERY member of the community without exception.

The Fraser Coast District leads the state in safe practice initiatives. We have a reporting structure and a Risk Analysis system which is exceptional. This system along with the dedication, commitment and expertise of all health care professionals ensures that every individual patient, relative or carer receives the highest possible quality of care and the best outcome achievable. This is evidenced by the two hospitals being ranked 1 and 2 in Queensland in the last Patient Satisfaction Survey.

Recent events, unjustified and uninformed speculation and intimation by the media, along with the hostile response by many members of the community toward members of the Health Care team are totally unacceptable and have seriously compromised staff morale and well being.

The nursing staff within the Peri-operative Units at Hervey Bay and Maryborough Hospitals have in excess of 1000 years of experience combined. Many of us have come from major cities nationally and internationally and bring to the district a knowledge and skill base second to none outside of Brisbane. We have managed some of the largest hospitals in Australia, worked with trauma teams in Cardiac, Orthopaedic and Transplant Units nationally and internationally. Many have very specific surgical skills and knowledge in fields such as Joint replacement, General Surgery, Ophthalmology, Obstetrics and Plastic Surgery to name a few.

We know our jobs and have the skills and expertise to perform them on a level the vast majority of the community could not comprehend. We don't accept second best or compromise on any level and would be the first to jump and be outspoken if we believed that the safety of any individual or the quality of the care being delivered was less than the best.

Based on all of this, we as a unified team of professional carers, without reservation have the highest respect and admiration for all of our doctors. This relationship has not been freely given but been earned through our observation of their tireless dedication, hard work and the quality of care they provided. We find the response of the press and many community members toward these professionals has significantly impacted and damaged them not only personally and professionally, but also impacted on their families including their children who are even being bullied in playgrounds.

How quick this community is to forget how these individual have improved someone's quality of life, relieved their pain, allowed them to live a better and fuller life or even saved the life of you or someone you love. Where are those letters tendering your support! We know it's out there, because we were here and we saw and assisted.

Nurses don't just work because the hours or the pay is good, we do our jobs because we inherently care about every member of our community and want only the very best in health care for you and your family. We are sisters, brothers, mothers, fathers, wives, husbands and even grandparents. If we didn't truly believe in our Doctors performance or the care our Health Facility provided, we wouldn't have them here and we wouldn't work here.

Remember, every profession has its individuals who choose to work outside the boundaries set by those who govern, don't crucify the majority for the mistakes that those in the minority make.

Regards.

Maryborough and Hervey Bay Peri-Operative Nurses.

Serving our Community.

This real look at the truth has been funded by the dedicated Peri-operative staff from Maryborough and Hervey Bay Hospitals.

FRA.0002.0003.00077

DS

To whom it may concern,

I am currently employed as a Clinical Nursing Officer Level 2 in the perioperative unit at Hervey Bay Hospital in the Fraser Coast District.

As a dedicated and professional Registered nurse with several years of clinical and managerial experience within perioperative units in Australia and Internationally. I feel compelled to write this in a effort to help rectify what I perceive to be a terrible injustice committed against two of the surgeons that I have worked closely with over the previous three years.

I have known Dr Damodaran Krishna and Dr Dinesh Sharma, since my arrival in Hervey Bay in 2003. I have found both of these gentlemen to be highly skilled professionals and dedicated and caring individuals.

I am aware of issue regarding their overseas training and Australian qualifications and also the lack of in house support training and supervision for both gentlemen. I would surmise that circumstances beyond the control of both of these men, have been used as "cannon fodder" by the districts two current Orthopaedic consultants in their own personal vendetta's against each other and the District Executive management.

The personal and professional reputations of Dr Krishna and Dr Sharma have quite simply been viewed as acceptable casualties in this conflict and I personally find these actions to be morally reprehensible and quite repugnant.

My sincere hope is that both Dr Krishna and Dr Sharma are afforded the opportunity of continuing their practice, furthering their personal and professional development and regaining the respect and admiration that they had both earnt through their tireless work and dedication.

Regards Michael Warren.

Acting Nursing Unit Manager
Operating Theatres, Hervey Bay Hospital.

FRA.0002.0003.00078

The Workforce and Orthopaedic Services Committee is a Committee of the Association and its purpose is to advise the Board and the Association and relevant health authorities of the optimum numbers and distribution of orthopaedic services and trainees in Australia, having regard to changing demographics and patterns of disease, the age distribution of surgeons and migration, to provide advice to the Board on matters relating to orthopaedic services throughout Australia. The aim is to provide the best possible orthopaedic care to the Australian community.

BUSINESS OF THE COMMITTEE:

The Committee met on the 20 February 2003 and 24 July 2003. The Chairman, G E Gillett, attended the RACS Workforce Summit in Melbourne on behalf of the Association on 25 June 2003.

WORKFORCE MATTERS:

Three major reports have been published on workforce matters this year. They are:

AMWAC
http://amwac.health.nsw.gov.au
AMWAC Specialist Workforce Planning in Australia, May 2003.1

RACS
http://www.racs.edu.au
Outlook for Surgical Services in Australia - The Birrell Report)

ACCC
http://www.accc.gov.au
RACS Authorisation

These documents have been assessed by the Committee and the recommendation by the Committee for workforce numbers for Year 2004 is to increase the training intake numbers to 44. The Committee supported the Director of Training's view on this issue. This will achieve AMWAC manpower requirements for Years 2002 through 2005. The Committee cautions future increase in training numbers as there may be too many trainees for orthopaedic surgeons if the numbers continue to be increased beyond the 44 per annum.

The ACCC has flagged that it will look closely at any closure of an accredited training position. The Committee will monitor closely increasing numbers so that we do not increase the training positions as a response to political or other workforce data. The Committee recognizes that there will be shortfall of orthopaedic surgeons in the next five years but then the numbers will catch up. The Committee recognizes that the workforce is changing and there may be a requirement for an increase in numbers in the future due to factors of early retirement, indemnity issues, lifestyle issues and feminization of the workforce.

AOA MANPOWER SURVEY:

The Committee has supported the AOA Board's recommendation for a Manpower Survey. The AMA and AOA have requested Access Economics to provide a demographic survey of AOA Members. In the near future all members of the Association will receive a questionnaire regarding workforce issues. I would encourage all members of the Orthopaedic Association to fill in this document, as it will provide good information for the future from our orthopaedic members.

At present we are relying on information from non AOA sources, that being AMWAC and the Birrell Report (RACS).

AOA DIPLOMA (FIJI/NEW GUINEA):

This issue has been discussed by this Committee because two persons holding this qualification have obtained work in Queensland, in essence practicing as Staff Orthopaedic Surgeons. This qualification was set up by the Association to improve the standard of orthopaedic care in Pacific Island nations. The qualification is only to be used in those Pacific Island Nations.

It has become apparent that a number of these surgeons who have received this Diploma over time do not practice in their "mother country". They practice in other countries or in Australia. The Committee recommended to the Board that the title of AOA Diploma be removed. The Committee, however, was supportive of continuing training of overseas surgeons to aid third world requirements.

Gregory E Gillett
Chairman, Workforce and Orthopaedic Services Committee

NATIONAL SELECTION PROCESS:

It has come to the Chairman's attention that the National Selection Process may produce manpower maldistribution in the future and this needs to be watched carefully. Queensland in 2004 will have a majority of new trainees who come from out of Queensland. This raises the potential problem in the future of these surgeons not staying in Queensland and moving back to their home state creating a manpower maldistribution. There has been concern expressed in Queensland that Government may not fund trainees from out of state if they are not going to stay in the state that is paying for their training. This is an issue that needs to be watched closely.

Other Issues: The Committee is setting up dialogue with other orthopaedic associations in the world to ascertain manpower issues in other countries and whether there is common ground regarding the manpower issues that we have in Australia.

G E Gillett MBBS FRACS FAOrthA
Chairman, Workforce and
Orthopaedic Services Committee

DS 14

David A.F. Morgan

B.Sc.(Med), M.B., B.S.(Hons)., F.R.A.C.S., F.R.C.S.Ed.(Orth.), F.A.Orth A.
ASSOCIATE PROFESSOR
(University of Queensland)
ORTHOPAEDIC SURGEON
Special Interest in Disorders of the Hip and Knee
ABN: 64910096159

Suite1 Level 8
Arnold Janssen Centre
Holy Spirit Hospital
259 Wickham Terrace
Brisbane Q 4000

ALL APPOINTMENTS
TELEPHONE. (07) 3832 1652
FACSIMILE. (07) 3832 1039
After Hours: 1300 555 555
- Pager No.. 832

DM:CAB

5th July, 2005

Dr Dinesh Sharma
Senior Medical Officer
Fraser District Health Service
PO Box 592
HERVEY BAY QLD 4655

Dear Dinesh

It was a great pleasure to work with you during the four days last week at the Hervey Bay Hospital.

I was greatly impressed with your institution, your dedication to your duties and your ability to relate to individuals at all levels.

I was especially appreciative of the advice you offered on some of those difficult cases we treated. I have great sympathy for your plight, and I have written to the Chief Executive Officer of the Australian Orthopaedic Association in an effort to garner support for your cause in Hervey Bay.

Good luck with your future academic progress. I look forward to meeting up with you at some time in the future.

Kind regards.

Yours sincerely.

DAVID MORGAN

FRA.0002.0003.00080

Cadogan House
1382 Sandgate Road
Nundah

Village Medical Centre
1000 Waterworks Road
The Gap

Pardon us, our bias is showing

DR ROSS MAXWELL
PRESIDENT - RDAQ

In the feeding frenzy surrounding the Dr Patel case we have all been treated to a plethora of stories about surgical services in Bundaberg, near misses, and cases of practitioners who have bogus qualifications or have lost certificates of good standing in other jurisdictions.

We have all been able to self-righteously pronounce that 'they', ...ng state and federal governments ...nd the Medical Board have been lazy, ...nattentive, and negligent in allowing 'them' under-trained foreign graduates to practice in Queensland. We can tut-tut and proclaim that the way forward is to stop the immoral practice of bringing in International Medical Graduates and to train more good Australian Doctors.

We are all too willing to ignore the facts.

Fact 1. International Medical Graduates are highly intelligent, motivated doctors who come to this country with considerable skills and experience. When you speak to these doctors and ...derstand their experience, they have ...n performed at a high level in their ...wn country. When we employ them in ...eensland we inadequately match their employment with their skills and we value poorly their unique experiences.

Fact 2. Our system will not, in the medium term, have enough locally trained doctors to fill all available posts. In 2005 we will graduate a meager 58 extra students from the James Cook University. With other schools opening up in Queensland the number of graduates will double by 2010. Unfortunately the current Australian shortage of doctors is so great it will take years to match the current shortfall. We must remember that junior doctors take years of training (up to eight after medical school) before they become specialists and up to six years before becoming general practitioners. In the meantime, we have no other option but to employ doctors from the international market.

Fact 3. International Medical Graduates are no more likely than any other doctor to act dishonestly by hiding previous professional difficulties. We all know of Australian trained doctors who have not done the right thing. Why do they not make the news?

Fact 4. International Medical Graduates are filling posts that have not been filled by any Australian graduate and are providing life-saving services to much of rural and remote Queensland. Around 40 per cent of doctors in RRMA 4-7 are IMGs. One has only to look at Queensland to see how the less attractive jobs are filled by IMGs. In my neck of the woods the two most onerous jobs are filled by IMGs. In small isolated and remote parts of Queensland, look who is doing the hard yards - IMGs.

Even before the recent round of allegations, International Medical Graduates were doing it tough. IMGs are usually recruited by an agency and then put to work for another party. They may be put to work in a hospital or in the bush, under the 'Area of Need' provision.

Many work in extremely isolated situations, being solo doctors in small towns with usually scant induction and mentoring. Imagine trying to understand the Byzantine complexities of the Medicare System and Pharmaceutical Benefits System without a guide, let alone negotiate the minefield of Queensland Health.

Families of IMGs face enormous cultural and linguistic barriers, often settling into small isolated communities where even Victorians are regarded with suspicion.

Fortunately many citizens of the bush take people as they find them and cherish their doctor of whatever persuasion.

These doctors are often subject to bullying within the system. We are actually quite intolerant of difference, wanting IMGs to speak perfect English (if only Australians could do the same) and to rapidly acclimatise to our laissez faire social mores. Many, many IMGs report that they have been the subject of internal Queensland Health investigation, often with the basis of the complaint relating to communication difficulties and contrasting cultural expectations.

Anecdotes suggest that District Managers are happy use the work visa as a stick when dealing with IMGs.

We must all remember that International Medical Graduates are here because we need them and we could not manage without them. They are doing their best, often under very difficult conditions, and with little help from anyone. We must applaud them for the work they do and work with them to make their lot easier.

International Medical Graduates are our colleagues. Let's all give them a fair go

FRA.0002.0003.00081