

PUBLIC ACCOUNTS COMMITTEE

INQUIRY INTO THE USE OF VISITING MEDICAL PRACTITIONERS IN THE WA PUBLIC HOSPITAL SYSTEM

**TRANSCRIPT OF EVIDENCE TAKEN
AT GERALDTON HOSPITAL BOARD ROOM, GERALDTON
TUESDAY, 20 NOVEMBER 2001**

SIXTH SESSION

Members

Mr D'Orazio (Chairman)
Mr House (Deputy Chairman)
Mr Bradshaw
Mr Dean
Mr Whitely

REID, MS JAYNE SARAH

Union Official, Australian Liquor, Hospitality and Miscellaneous Workers Union, examined:

The CHAIRMAN: The committee hearing is a proceeding of the Parliament and warrants the same respect that proceedings in the House itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as contempt of Parliament. Have you completed the Details of Witness form, and do you understand the notes attached to it?

Ms Reid: Yes.

The CHAIRMAN: Did you receive and read an Information for Witnesses briefing sheet regarding giving evidence before a parliamentary committee?

Ms Reid: Yes. I am currently employed as a union official with the Australian Liquor, Hospitality and Miscellaneous Workers Union. I was employed as an enrolled nurse at Geraldton Health Service from about 1984 to 1997.

The CHAIRMAN: You have some experience of exactly what happened here. Do you want to tell us a bit about the problems you experienced?

Ms Reid: I worked here as an enrolled nurse, predominantly on the fourth floor. I was also a delegate for the union and was involved in a few cases that concerned the misbehaviour of doctors. We had a very difficult director of nursing here at that time, so we went to the Commissioner of Health - I cannot think of the name of the commissioner - and raised all our concerns with him.

Mr HOUSE: What year are we talking about?

Ms Reid: It would have been in the early 1990s.

Mr HOUSE: Ten years ago.

Ms Reid: It might have been later than that. I am not really sure of the date.

Mr HOUSE: What does this have to do with visiting medical practitioners?

Ms Reid: It relates to the doctors and the difficulties that the nursing staff have had with them. A big review of the hospital was carried out in the mid-1990s of the relationship between doctors, nursing staff and patients. That was concluded and a new director of nursing was appointed. That turned out to be unsuccessful. She left and Beth Anderson was appointed as the director of nursing.

The CHAIRMAN: In relation to visiting medical officers, the critical comment we have often heard is that the nurses were put under pressure because they had to decide whether patients were in categories 1, 2, 3, 4 or 5. Was that a problem?

Ms Reid: I do not understand the question.

The CHAIRMAN: I am talking about the so-called triage nurses -

Ms Reid: Triage nurses. Are we talking about doctors who are on roster here or who come from Perth?

The CHAIRMAN: No, doctors from the town who were VMOs at the emergency department. The nurses had to make a decision about whether a doctor needed to be called in. Did you consider that to be a problem or was there any difficulty in the operation of that system?

Ms Reid: When I worked here the accident and emergency department was not substantially triage nursed. If you were there, you examined the patient and made the decision about whether to call in the doctor on call.

Mr BRADSHAW: A registered nurse or an enrolled nurse?

Ms Reid: Yes, but predominantly a registered nurse.

Mr BRADSHAW: No, I want to know whether a registered nurse or an enrolled nurse made that decision.

Ms Reid: Either, but predominantly registered nurses.

The CHAIRMAN: Were there problems with that process? In other words, were there any cases in which the responsibility to make that decision was a problem for the registered or enrolled nurses?

Ms Reid: There were difficulties in getting doctors to come. That was evident during the time I worked on the surgical ward. There were difficulties contacting the doctors on call and in getting the doctors to come in, particularly if it was a case of a public patient versus a private patient.

The CHAIRMAN: Not many private patients are left in the system. About three per cent are private patients.

Mr BRADSHAW: You said that there was an inquiry. Did that resolve the problem?

Ms Reid: Some of the behaviour patterns changed in the doctor-nurse relationships.

The CHAIRMAN: How did they change?

Ms Reid: Some doctors had a tendency to use violence towards nurses. Some doctors would swear and carry on in front of patients and would abuse nurses. A whole range of things went on at that time. It was very ugly up here for nurses.

The CHAIRMAN: Was that because they were being called out? Why were they doing that? Was it that they thought they were not being treated well? Doctors are not going to just act like that; there had to be some sort of trigger.

Ms Reid: I suppose that they are a very powerful group. At that time they were very powerful within the hospital. What they said went. I have not worked at Geraldton Regional Hospital since 1997 so I am unable to tell you whether that has changed. In the time that I worked here there were episodes that were more than unprofessional; they were downright ugly.

The CHAIRMAN: Did the hospital fix that up?

Ms Reid: The hospital responded to a certain degree. A registered nurse and myself raised a lot of concerns about doctor behaviour with the Commissioner of Health. That followed on when we got the new director of nursing, Barbara Collis. That did not seem to relieve the situation. Kit Doran was the director of nursing at the time of the review. Everybody was given an opportunity to be interviewed. The doctors are private practitioners. The hospital relies on them to provide a service to the hospital, so it wanted to maintain a good relationship with the doctors. We had one doctor, Peter Terren, who was very good and supportive of the hospital at that time. He was pushed into a position and he eventually left. He was a support base for the nurses at that time.

Mr DEAN: It is four years since you left here and it is probably fair to say that with the turnover of doctors and so forth - I know Peter Terren is now in Bunbury - this situation probably does not now exist and possibly bears no relationship to what we are considering.

Mr BRADSHAW: Can you tell us why you came before us?

Ms Reid: I wanted to provide evidence from my perspective of having been a nurse here and from my position as a union official. My union position does not relate to how I feel about the hospital. I would like the control of the hospital to come back into the hospital, rather than stay with the doctors. I hope the committee can open that up and pursue it. That is what I wanted to say.

The CHAIRMAN: Are you saying that you prefer salaried doctors in the hospital rather than the doctors coming in from outside?

Ms Reid: Yes.

Mr BRADSHAW: Are you a union official for staff at the hospital?

Ms Reid: Yes.

Mr BRADSHAW: Which ones -

Ms Reid: The enrolled nurses.

Mr BRADSHAW: Are you getting complaints from them?

Ms Reid: I am friends with many of the nurses because I worked here for 10 years. It is a shame if they have not come to put their position to the committee. From what I have heard in my conversations with them, a lot of the problems have not gone away.

Mr HOUSE: Like what?

Ms Reid: The doctor-nurse relationship and how the doctors treat nurses.

Mr HOUSE: Give us some examples.

Ms Reid: It is hearsay because I have found out these things through my conversations with nurses.

Mr HOUSE: This committee is not about hearsay. This is an official committee of the Parliament. You have volunteered to give evidence to it. You cannot just sit there and say it is hearsay. You need to substantiate what you are saying.

Ms Reid: You have asked me to give you evidence, and the evidence I have is from conversations with nurses. That is what I am saying. My evidence was gained outside the hospital.

The CHAIRMAN: The nurses are able to provide formal submissions to us in writing to provide examples of what you are saying. We can take that as formal evidence. If they are worried about fronting up to us in a public forum, we can take their evidence in the form of a submission. That can be reviewed or further investigated. They can provide formal examples, if there are any.

Ms Reid: I am happy to do that.

The CHAIRMAN: That can be provided formally by you as a union official or from them individually.

Ms Reid: What you are saying is correct and for me to give hearsay is not -

The CHAIRMAN: We do not want it. We do not want people slagged off without evidence. We are not about that. The committee is covered by parliamentary privilege, so we need to make sure that what is said is accurate and factual.

Ms Reid: I respect that.

Mr HOUSE: Who conducted the previous inquiry? Is there a written report somewhere?

Ms Reid: There should be.

Mr DEAN: Is it the 1998 report?

Ms Reid: No, I was not here in 1998.

The CHAIRMAN: We should be able to track it down.

Ms Reid: It was commissioned by the Health Department.

The CHAIRMAN: We will try to track it down.

Ms Reid: A guy came over from the eastern States and ran the inquiry of the whole hospital.

The CHAIRMAN: Do you know whether that review included the VMPs? Did it have a look at them as well?

Ms Reid: From my understanding - I was the union delegate at the time - it examined the whole hospital and everything that went with it.

The CHAIRMAN: Did that formal report go to -

Ms Reid: My understanding is that it went to the Health Department. Not long after that we got a new director of nursing.

The CHAIRMAN: We will follow that through. Is there anything else you would like to tell us?

Ms Reid: No.

The CHAIRMAN: Thank you very much for your presentation. The invitation is open to provide formal written submissions.

Committee adjourned at 4.03 pm