

Review of the appointment, management and termination of Dr Graeme Reeves as a visiting medical officer in the NSW public health system

by Deirdre O'Connor

Report

2 May 2008

I have been engaged by the NSW Health Department to conduct a review of certain matters arising out of the case of the de-registered medical practitioner, Dr Graeme Reeves.

On 28 March 2008, I provided my report in respect of part (1) of the terms of reference.

Part (2) of the terms of reference requires me to:

Review the material provided relating to the appointment, management and termination of Dr Reeves as a visiting medical officer in the NSW public health system to:

- (a) identify whether the processes followed in each case complied with relevant NSW Health policies in place at the time;*
- (b) identify gaps, if any, in the relevant NSW Health policies in place at the time;*
- (c) review current NSW Health policies to ascertain whether they address any gaps arising out of paragraph b);*
- (d) identify improvements, if any which could be made to current NSW Health policies relating to the appointment, management and termination of visiting medical officers at NSW public hospitals;*
- (e) make any recommendations for changes to the legal and policy framework relating to these matters.*

I have based my review on the documentary material that has been provided to me, which comprises NSW Health policies, regulations and by-laws relating to visiting medical officers and other medical practitioners in force during the period 1995 to date, and information on the appointment, management and termination of Dr Reeves by the former Northern Sydney Area Health Service and the former Southern Area Health Service.

I should also add that the terms of reference for this review do not include reviewing the actions taken by the NSW Medical Board and the Health Care Complaints Commission in relation to Dr Reeves.

Executive summary

All systems evolve and respond to issues over time. It is clear the systems and policies in the NSW Health system relating to the appointment, management and

termination of medical practitioners have improved considerably over the roughly 23 year period covered by this review. In particular, a number of significant changes were made in 2001 (relating to managing a complaint or concern about a clinician) and 2005 (relating to the appointment, delineation of clinical privileges, and performance review of medical practitioners). The 2005 policies clarified that health services must contact the Medical Board directly to make registration checks on medical practitioners. NSW Health also proposes to introduce a Service Check Register to enable greater sharing of information between hospitals.

These changes, together with the provisions of the Medical Practice Amendment Bill 2008, will result in a system that is more transparent, and in which information about performance and conduct issues with doctors is more readily available to those who have an obligation to ensure the safe delivery of health services to the public. I am confident the policy changes that have been made since Dr Reeves worked at Hornsby and Southern Area Health Service, and those proposed to be made in the Bill and the Service Check Register, will if properly implemented result in a system in which doctors like Dr Reeves will be dealt with at an early stage and not be allowed to continue to practise.

It is convenient to consider separately the appointment, management and termination of Dr Reeves at each area health service.

Northern Sydney Area Health Service (Hornsby Ku-ring-gai Hospital)

A preliminary observation to make in respect of the material relating to Dr Reeves' appointment as a visiting medical officer at Hornsby Ku-ring-gai Hospital (**HKH**) is that Dr Reeves was first appointed in 1985, over twenty years ago. Given the age of the files, it is perhaps not surprising that the records do not always appear to be complete. Accordingly, where I have made comments about steps that do not appear to have been carried out, particularly in relation to the period in the 1980s, I accept this may be due in part to the age of the files.

Whether the processes followed in each case complied with relevant NSW Health policies

Appointment

Dr Reeves was appointed to the position of visiting medical officer in obstetrics and gynaecology at HKH on 20 December 1985. The appointment was for a period of three years. There is no information available on HKH's files to enable an assessment of compliance with the then applicable by-law requirements and regulations in relation to the appointment process. At this time, NSW Health policy required the hospital to "*thoroughly check*" Dr Reeves' qualifications and registration prior to his commencement as a visiting medical officer.¹ There is no record in HKH's files that these checks were carried out.

¹ *Credentials – Checking of Trained and Professional Staff* (NSW Health Circular No. 80/135) and *Registration of Professional Personnel* (NSW Health Circular No. 81/130).

Management

The information provided shows a series of complaints about Dr Reeves' behaviour and clinical practice. The first complaint is dated June 1986. Over the approximately fifteen years that Dr Reeves was appointed to HKH, a total of approximately 35 complaints were made about him relating to around 20 separate incidents. The complaints were made by nursing staff, medical staff and patients. The complaints related to various matters, including:

- a) bullying, aggressive and inappropriate behaviour to staff and patients;
- b) inappropriately humiliating and condescending behaviour towards junior medical staff and nursing staff in front of patients, including making allegations of incompetence;
- c) failing to adequately communicate with staff about treatment and transfer plans for patients; and
- d) failing to offer patients adequate anaesthetic or analgesia during procedures.

Issues arising in relation to the management of Dr Reeves during the period of his appointment at HKH may be usefully categorised as follows:

Probationary period

An internal HKH memorandum from July 1986 refers to a proposed meeting with Dr Reeves at which he would be told that if his behaviour did not improve, and given Dr Reeves was a new appointee, he may not be recommended for a full term of three years in December 1986. This suggests that Dr Reeves was serving some sort of probationary period during the first twelve months of his appointment. A letter sent to Dr Reeves in November 1986 refers to previous complaints and incidents and invites Dr Reeves to respond to these matters "*as they may reflect on your ongoing appointment and service*" to HKH. The records indicate that Dr Reeves did not respond to this letter, and it appears there was no formal consideration given to the issue of whether Dr Reeves' appointment should continue beyond his one year "probationary" period.²

Whilst this does not appear to have breached any relevant NSW Health policies at the time, as a matter of good practice there should have been a formal review at the conclusion of Dr Reeves' first year and this is a matter I discuss below in considering gaps in those policies at the time.

Reappointment

Dr Reeves' initial appointment was for a period of three years. Given he was appointed in December 1985, presumably he was reappointed to his position some time in or around December 1988. However, there are no records relating to his reappointment at this time. This is of particular concern given the considerable number of complaints that had been made in respect of Dr Reeves. By February

² There is an internal HKH memorandum from the Director of Medical Services to the chief executive officer dated 26 February 1987 advising that Dr Reeves' behaviour had been "*more acceptable of late*" and that "*I feel that to activate your letter may be counter-productive*". However, there is no copy of the proposed letter on the files, so it is not clear what it relates to.

1989, eleven complaints had been made against Dr Reeves relating to seven incidents.

Further, it appears that Dr Reeves was again reappointed to his position in or around December 1991 for a further five year term, expiring on 1 November 1996. Again, there are no HKH records directly relating to this reappointment, or indicating that any of the complaints or incidents involving Dr Reeves to that date were taken into account.

Whilst there were no NSW Health policies relating to the reappointment of visiting medical officers at the time he was reappointed by HKH in 1988 and again 1991, I would have expected that good local practice, even in the absence of any such policy, would have involved properly documenting his reappointment, including making reference to his performance and behaviour issues at the time.

Dr Reeves' final reappointment occurred in 1997. In January 1997, he was sent a letter inviting him to apply for reappointment. This letter makes no reference to the fact that at that time there had been adverse findings against Dr Reeves and a formal reprimand by a Medical Appointments and Credentials Advisory Committee established by HKH, and that a number of incidents were being investigated by the NSW Medical Board for prosecution before a Professional Standards Committee (PSC). However, it appears that the decision to reappoint him on this occasion was deferred until after the PSC handed down its decision in June 1997. In August 1997, the MACAC recommended reappointing Dr Reeves for a temporary period of twelve months, subject to review, with privileges limited to gynaecology, and subject to certain conditions, including that Dr Reeves comply with the conditions imposed by the PSC. Accordingly, this reappointment process does appear to have taken into account performance matters in relation to Dr Reeves at the time.

Management of complaints and referral of matters to NSW Medical Board

Historically, during the 1980s and the early 1990s it appears it was expected that health services would manage complaints locally as far as possible. The first NSW Health policy setting out specific requirements in relation to the investigation of complaints was introduced in February 1998, when the *Better Practice Guidelines for Frontline Complaints Handling* were issued. There is nonetheless evidence that the HKH administration took steps to raise complaints with Dr Reeves before this time. The response by HKH to complaints and incidents involving Dr Reeves prior to any formal investigation by HKH can be divided into three broad stages:

- a) From mid-1986 onwards, following individual incidents or complaints, HKH management met with Dr Reeves to discuss these issues. For example, HKH management met with Dr Reeves for this purpose on 3 occasions between July 1986 and December 1989.
- b) There were three further incidents involving Dr Reeves between February and April 1990. However, it is unclear what, if any, action was taken by HKH management in respect of any of these matters at that time. Again, whilst this does not appear to have breached any relevant NSW Health policies at the time, these matters should have been better managed at the time.

- c) Further incidents occurred in the period October 1994 to June 1995, including: a complaint by an obstetrics patient regarding Dr Reeves' behaviour during her labour; a complaint by nursing staff in the maternity outpatients department at HKH in relation to aggressive and inappropriate conduct by Dr Reeves towards staff in the presence of patients; and a complaint by a patient of rude behaviour by Dr Reeves. There were further meetings between HKH management and Dr Reeves to discuss these incidents. At a meeting on 4 July 1995, Dr Reeves was advised to seek professional counselling, and declined any consideration of referral to the Impaired Registrants Program at the NSW Medical Board.

On 7 July 1995, a letter was sent to Dr Reeves raising significant concerns regarding his unacceptable and aggressive behaviour in recent incidents. The letter advised that a repetition would result in a "*formal review*", one of the consequences of which may be termination of his appointment as a visiting medical officer. This was the first time that a formal written warning letter had been sent to Dr Reeves in relation to his conduct since 1986. I also note that at this time HKH management considered referring Dr Reeves to the Health Care Committee of the NSW Medical Board for assessment by the Impaired Physicians Program, but decided not to do so.

In late 1995, a serious incident occurred involving Dr Reeves following the delivery of a non-viable foetus, which resulted in complaints being made by the paediatric registrar and two midwives present. The complaints related to Dr Reeves' attitude and manner to the patient and her partner. It was also alleged that Dr Reeves attempted to remove the placenta without adequate analgesia, and that he declined attempts by the paediatric registrar and nursing staff to resuscitate the patient following a massive partum haemorrhage. Given the seriousness of this matter, HKH decided to convene a Medical Appointments and Credentials Advisory Committee (**MACAC**) to investigate this and other recent incidents.

The MACAC investigated the incidents and on 19 March 1996 made the following findings:

- a) There was no evidence Dr Reeves had demonstrated clinical incompetence.
- b) On a number of occasions, Dr Reeves demonstrated a lack of professional conduct.
- c) Dr Reeves' behaviour was unacceptable, and action needed to be taken to ensure it did not continue. It was noted there may be contributing personal/health issues.

The MACAC referred its findings to the NSW Medical Board, along with all documentation relating to the incidents. It also resolved to reconvene again in six months to consider progress of the matter.

On 13 October 1995, NSW Health had issued a policy requiring health system managers to make a referral to the Health Care Complaints Commission (**HCCC**) where a matter:

- (a) raises a significant issue or public health or safety;

- (b) raises a significant question as to the appropriate care or treatment of a client by a health system provider;
- (c) provides grounds for disciplinary action against a health practitioner; or
- (d) involves gross negligence on the part of a health practitioner.³

Whilst the MACAC referred its findings to the Medical Board rather than the HCCC, I consider this referral complied in substance with the applicable policy.

On 20 August 1996, the MACAC reconvened to consider the current status of the Dr Reeves matter. The MACAC considered a letter from the Medical Board which advised that it had decided not to refer Dr Reeves to an Impaired Registrants Panel, and recommended the matter be dealt with by HKH. The MACAC was also advised by the Medical Board that Dr Reeves was managing his health related issues and had reduced his working commitments.

The MACAC also obtained information from HKH that there had been no further major incidents at HKH involving Dr Reeves since the MACAC's previous meeting in March 1996. In the light of these matters, the MACAC resolved to issue Dr Reeves with a formal warning.

I note that at this time HKH did not appear to have been informed that on 6 August 1996 the NSW Medical Board had referred to the HCCC three patient complaints about Dr Reeves, two of which had emanated from HKH.

On 20 August 1996, the NSW Medical Board wrote to the MACAC again stating that a further matter had been brought to the Medical Board's attention raising "*serious concerns*" about Dr Reeves' standard of clinical practice. The Board advised it was reviewing the matter to determine whether any further action was necessary, and requested any further information that may assist the Medical Board in its deliberations. HKH provided the Board with information in response to this letter.

On 30 June 1997, the NSW Medical Board wrote to HKH advising it of the decision of the PSC of 11 June 1997. Whilst the orders and conditions were provided to HKH, it was not given a full copy of the PSC decision.

In June 1999 and again in February 2000, HKH wrote to Dr Reeves formally seeking a written response from him setting out how he was complying with the conditions imposed by the MACAC in August 1997.

There were three further complaints and incidents relating to Dr Reeves between September 1999 and June 2000 in respect of the HKH gynaecology clinic. These incidents appear to have resulted in a letter being sent from HKH to the Medical Board on 22 June 2000 in which the hospital foreshadowed that, subject to due process, it was likely to discontinue Dr Reeves' clinical privileges.

There was further correspondence between Dr Reeves and HKH in September and November 2000. HKH's position remained that Dr Reeves continued to fail to

³ *Provision of Statutory Declarations to the Health Care Complaints Commission*, Circular No.95/84.

provide it with the information it had requested regarding his compliance with the PSC conditions.

Termination

On 14 December 2000, following a memo advising that midwifery staff would be withdrawn from the gynaecology clinic attended by Dr Reeves until medical administration could guarantee a safe working environment and safe place for patients, Dr Reeves was formally advised that given the seriousness of this matter and previous similar episodes he was not to attend the clinic or care for patients in the hospital pending an investigation. A letter was sent to Dr Reeves on same day advising that his temporary reappointment at HKH with restricted privileges had expired, and Dr Reeves did not therefore have any current privileges at the hospital. Dr Reeves does not appear to have worked at HKH after this date.

On 9 February 2001, HKH sent a further letter to Dr Reeves advising that the information requested by HKH relating to Dr Reeves’ appointment and privileges, and conditions of appointment, had not been adequately supplied. Accordingly, the letter advised, the current expiration of Dr Reeves’ appointment and privileges would continue to stand, and a formal review of Dr Reeves’ credentials would not proceed until the information was provided. This appears to be the last correspondence between Dr Reeves and HKH in relation to his appointment.

Identified gaps in NSW Health policies at the relevant time, and whether those gaps are addressed in current NSW policies

This section considers gaps in NSW Health policies identified from the above discussion, and considers in each case whether the gap has been adequately addressed in current NSW Health policy.

	Gap in policies at the time	Addressed in current policies?
1.	The policies at the time of Dr Reeves’ appointment as a visiting medical officer at HKH did not deal with probationary periods. Notwithstanding this, correspondence indicates that HKH considered that Dr Reeves was serving a probationary period during the first twelve months of his initial appointment. There appears to have been no formal review of Dr Reeves’ performance at the conclusion of this period to determination whether his appointment should continue for the balance of his term of appointment (although there is some evidence that this was informally considered).	This issue was addressed in 2005. The <i>Delineation of clinical privileges for visiting practitioners and staff specialists: Policy for implementation</i> (PD2005_497), which was issued in March 2005, states that the clinical privileges of a visiting practitioner should be reviewed by the health service at the end of any specified probationary period.

2.	<p>Until 1995, NSW Health policy did not require health services to report complaints or incidents involving medical practitioners that may give rise to unsatisfactory professional conduct or professional misconduct to an appropriate body, such as the Medical Board or the HCCC.</p>	<p>This issue was initially addressed in October 1995 by the <i>Provision of Statutory Declarations to the Health Care Complaints Commission</i>, Circular No.95/84, which provided that health system managers should make a referral to the HCCC in certain specified circumstances, including where the matter provides grounds for disciplinary action against a health practitioner. Further, in August 2005 provisions were introduced into the <i>Health Services Act 1997</i> requiring chief executives of health services to report to the Medical Board suspected unsatisfactory professional conduct or professional misconduct by medical practitioners.</p>
3.	<p>Dr Reeves was reappointed to his visiting medical officer position in or around December 1988 and again in December 1991 without any apparent reference to the various complaints and concerns raised in relation to him. There appears to have been no NSW Health policy requirement at the time that any complaints or concerns against a visiting medical officer should be taken into account in the decision to reappoint.</p>	<p>This issue was addressed in 2005. The <i>Appointment of visiting practitioners: Policy for implementation</i> (PD2005_496), which was issued in March 2005, makes it clear that the criteria for re-appointment of a visiting practitioner are no different from those applying to the initial appointment of a visiting practitioner, and that visiting practitioners are to be informed that past performance will be taken into account in any re-appointment application. Previous unsatisfactory performance may be taken into account when it forms part of the regular performance review process that is now required to be conducted by area health services (discussed below), and has been raised with the visiting practitioner to provide him or her with an opportunity to respond to the performance issue identified.</p>
4.	<p>On 12 August 1997, Dr Reeves was reappointed on a temporary basis for twelve months. There is no documentary evidence of a review of this temporary appointment in August 1998. Dr Reeves appears to have been permitted to continue practising as a gynaecologist until 14 December 2000. NSW Health policy at the time</p>	<p>This issue was first addressed in 1998 when the Health Services Regulation 1998 facilitated the making of temporary appointments. This was supplemented by the <i>Appointment of visiting practitioners: Policy for implementation</i>, issued in March 2005, which provided that any decision to extend the temporary appointment beyond the</p>

	does not appear to have provided guidance on the management of temporary appointments.	initial period should be carefully considered.
5.	The management of the complaints against Dr Reeves by HKH was variable and inconsistent - some complaints were immediately raised with Dr Reeves; others appear not to have been investigated at all; and still others were referred by HKH to the Medical Board following investigation by a MACAC. There was clearly a need for a consistent approach to managing complaints or concerns about visiting medical officers.	This issue was initially addressed in 1998 by the <i>Better Practice Guidelines for Frontline Complaints Handling</i> , issued in February 1998. This was further improved and modified by the <i>Guideline on the Management of a Complaint or Concern about a Clinician</i> issued in November 2001, a revised form of which was reissued in January 2006 (<i>Complaint or Concern about a Clinician – Principles for Action</i> , PD2006_007).
6.	To the extent that Dr Reeves' performance was managed by HKH, it appears to have been reactive and in response to complaints or incidents. At no time does there appear to have been a proactive review of his performance that considered the totality of the matters raised about him, or to consider these matters in the context of his overall performance.	This issue has now been addressed. The <i>Performance review of visiting practitioners: Policy for implementation</i> (PD2005_498), issued in March 2005, requires regular review (at least once a year) of the performance of visiting practitioners. This provides a further context in which any overall performance issues with visiting practitioners can be identified and managed.

Suggested improvement to current NSW Health policies or recommendations for changes to the legal and policy framework

All of the issues in NSW Health policy identified from the HKH experience have now been addressed in currently applicable policies.

The only other area for improvement relates to the exchange of information between HKH and the NSW Medical Board following the PSC conditions being imposed on Dr Reeves in June 1997. I note that HKH never received a copy of the full PSC decision, only a copy of the orders and conditions. Further, it appears that HKH considered the conditions imposed upon Dr Reeves by the PSC – prohibiting him from performing obstetrics, but permitting him to perform gynaecology – were unclear. It sought guidance from the Medical Board in relation to these matters, but the Medical Board's response at that time was effectively that it was a matter for the hospital to determine having regard to its own legal advice. It is likely the hospital's position would have been improved if it had had access to a copy of the full decision of the PSC. It would in that case at least have been aware of the matters and findings of the PSC that resulted in the orders and conditions. One of the recommendations of my previous report was to make full PSC decisions publicly available. I am pleased to note this recommendation has been adopted by the

government, and forms part of the amended Medical Practice Amendment Bill 2008. The benefits of these decisions being publicly available are likely to be further enhanced if policies are adopted that ensure that PSC decisions (and Medical Tribunal decisions) are appropriately distributed and shared within the NSW Health system. I suggest that consideration be given to such policies.

Southern Area Health Service

Whether the processes followed in each case complied with relevant NSW Health policies

Appointment

The processes adopted by SAHS in appointing Dr Reeves generally complied with policies in place at the time, except in three specific areas, which I deal with below.

As required by NSW Health policy,⁴ SAHS carried out a criminal reference check on Dr Reeves, which produced a clear result.

The SAHS Credentials (Clinical Privileges) Subcommittee, the Medical and Dental Appointments Advisory Committee interview process resulting in a recommendation that Dr Reeves be offered the position, and the SAHS Board's decision to offer him the position, all appear to have been carried out appropriately in accordance with policy and relevant by-laws.

On 17 April 2002, a VMO Contract of Liability Coverage between SAHS and Dr Reeves was signed by both parties. On 24 April 2002, a fee for service contract between SAHS and Dr Reeves was signed by both parties. This was in accordance with relevant legislative and policy requirements at the time.

Failure to make enquiries of Medical Board

SAHS did not make any direct enquiries of the NSW Medical Board to check Dr Reeves' registration status or whether he had conditions, and was unaware of the order made by the PSC in June 1997 that Dr Reeves was not to practice obstetrics. The applicable policies at the time required SAHS to "*thoroughly check*" Dr Reeves' registration prior to his commencement as a visiting medical officer.⁵ Further, by April 2002 an additional policy had been introduced by NSW Health requiring that applicable proof of professional registration is to be sighted at the time of interview.⁶

In his application for the position, Dr Reeves provided SAHS with a copy of a letter from the Medical Board to Dr Reeves dated 27 December 2001. The letter related to an Impaired Registrants Panel Inquiry held by the Board in respect of Dr Reeves on 30 November 2001. The letter stated that the "*Board's Health Committee recently endorsed the conditions (to which you agreed at the Inquiry) recommended by the Panel in its report. I enclose a copy of the report prepared following that Inquiry for your information and advise that your registration is now subject to the following conditions:...*" It was implicit in this letter that Dr Reeves was registered as a medical practitioner, subject to the conditions set out in the letter. The letter set out three categories of conditions – health related conditions, monitoring related conditions, and employment related conditions. It did not make any mention of the

⁴ *Procedures for Recruitment and Employment of Staff and Other Persons – Vetting and Management of Allegations and Improper Conduct*, Circular No. 97/80.

⁵ *Credentials – Checking of Trained and Professional Staff* (NSW Health Circular No. 80/135) and *Registration of Professional Personnel* (NSW Health Circular No. 81/130).

⁶ *A Framework for Recruitment and Selection* (Circular 2001/74 – issued on 8 August 2001).

order made by the PSC in June 1997 preventing Dr Reeves from practising in obstetrics.

I accept that it is not entirely clear whether the NSW Health policy requirements described above that were applicable at the time of Dr Reeves' appointment to SAHS required health services to make direct contact with the Medical Board to verify registration status in all instances. However, in the circumstances of Dr Reeves' application I consider SAHS was required to take these steps. The information provided by Dr Reeves indicating that he had been the subject of action by the Medical Board, and had conditions imposed on his registration, should have led SAHS to make direct enquiries of the Medical Board. Further, such enquiries should also have been prompted by the fact that during referee checks carried out on Dr Reeves a clinician raised an issue about Dr Reeves' practice rights in obstetrics.

It is also relevant to note, however, that the failure to make enquiries of the Medical Board occurred in a context in which, as was ultimately recognised by the Medical Tribunal in 2004, Dr Reeves deliberately set out to deceive SAHS as to the conditions that had been placed on his registration as a result of the PSC decision in June 1997. He did this in a number of ways:

- a) In his written application and supporting material for the position, Dr Reeves refers to his application for the position of "gynaecologist", even though the advertised position required an "obstetrician and gynaecologist".
- b) By providing the Medical Board's letter of 27 December 2001, which did not make any mention of the order made by the PSC in June 1997 preventing Dr Reeves from practising in obstetrics.
- c) In his curriculum vitae provided with his application for the position, Dr Reeves makes no reference to the PSC decision of June 1997, or the order not to practise obstetrics, although he referred to the fact he had been referred to the Medical Board's Impaired Physicians program.

Whilst the failure to make direct enquiries of the Medical Board is the main oversight in the SAHS procedures, there were also two other policy requirements of less significance that do not appear to have been followed:

Code of Conduct

The *Procedures for Recruitment and Employment of Staff and Other Persons – Vetting and Management of Allegations and Improper Conduct* (Circular No. 97/80) required that Dr Reeves be provided with a copy of the SAHS Code of Conduct at the time of his appointment. There is no evidence SAHS did so.

Check of identity

The *Framework for Recruitment and Selection* (Circular 2001/74 – issued on 8 August 2001) required SAHS to ask Dr Reeves to provide documentary evidence of his proof of identity prior to his appointment. There is no evidence that SAHS did so.

Management

Dr Reeves commenced his substantive appointment as a visiting medical officer at SAHS in late April 2002. He continued to work at SAHS facilities until 11 July 2003.

From the information available to me, no patient complaints appear to have been received by SAHS in relation to Dr Reeves during course of his appointment.

The first time an issue was raised in respect of Dr Reeves's conduct was on 5 September 2002, when a complaint was made by a nurse about verbal abuse by Dr Reeves. On 28 October 2002 nursing staff approached SAHS in respect of concerns about Dr Reeves' behaviour. On 31 October 2002, a lengthy briefing note was prepared at Pambula Hospital outlining staff concerns about a "*progressive breakdown in communication and increasing tension levels*" between staff and Dr Reeves. On 6 November 2002, there were meetings between SAHS management, Dr Reeves and staff regarding staff concerns.

Following this meeting, on 13 November 2002 the SAHS Director of Medical Services contacted the Medical Board for the purpose of enquiring whether there was any information the Medical Board could provide that would assist in managing Dr Reeves. In the course of this discussion with the Medical Board, the Director of Medical Services became aware of the order of the PSC in 1997 prohibiting Dr Reeves from carrying out obstetrics. On 14 November 2002, the Medical Board provided SAHS with written confirmation of the order. On the same day, the Medical Board wrote to Dr Reeves confirming the restrictions on his practice and advising the provision of services in an emergency would not extend to an emergency roster.

The Director of Medical Services immediately raised the matter with Dr Reeves. Dr Reeves asserted that his practices were not contrary to the conditions in respect of his obstetric practice, and that in any event that he was appealing to the Medical Tribunal for removal of the conditions. On the basis of this explanation, SAHS accepted Dr Reeves' undertaking not to practise obstetrics. There appears to be no written confirmation of this arrangement. Whilst this does not appear to have been in contravention of applicable NSW Health policy at the time, I consider it would have been good practice to write to Dr Reeves confirming that he was not to provide obstetric services.

On 14 November 2002, SAHS issued a briefing report to visiting medical officers and nursing staff at Pambula Hospital indicating that obstetric services were being suspended at that hospital, and that obstetric patients were to be referred to Bega Hospital until further notice.

On 6 January 2003, there was an incident report to the effect that Dr Reeves had provided obstetric services to a patient in labour at Bega Hospital on 3 January 2003.

On 8 January 2003, the SAHS Deputy Director of Medical Services spoke with Dr Reeves about the incident on 3 January 2003. On 9 January 2003, the Deputy Director of Medical Services became aware of a further matter in which Dr Reeves

had provided obstetric services in the form of advice to an antenatal patient at Bega Hospital. On the same date the Deputy Director of Medical Services also became aware from the Medical Board that Dr Reeves had not made any application to the Medical Tribunal for review of the conditions preventing him from practising obstetrics.

On 10 January 2003, the General Manager of the Bega Valley Division of SAHS reported a complaint about Dr Reeves' aggressive behaviour towards staff. The report referred to a recent incident involving an outburst by Dr Reeves, and reported that staff claimed to be "scared" of Dr Reeves. The report also expressed concern about staff being required to monitor Dr Reeves' compliance with conditions on his registration. It recommended that Dr Reeves be temporarily suspended in order to ensure a safe working environment. There appears to have been no follow up or investigation of this matter. SAHS management commenced discussions in relation to these matters, but they appear to have been taken no further, as required by then applicable NSW Health policy.⁷ This appears to have been because the issues raised about Dr Reeves' behaviour was largely overtaken by the issue of his having practised in contravention of the conditions on his registration, and the process commenced by SAHS shortly thereafter to terminate his contract.

Termination

On 10 January 2003, SAHS wrote to Dr Reeves initially advising that his appointment with SAHS had been suspended immediately. Subsequently on the same day SAHS sent a further letter stating that he had not been suspended, but reiterated the previous verbal advice that his clinical privileges were limited to gynaecology only. Again, it seems this occurred because SAHS was uncertain as to whether it had a power to suspend Dr Reeves.

On 26 February 2003, Dr Reeves wrote to SAHS advising of the outcome of a section 66 inquiry held by the NSW Medical Board on 18 February 2003, and enclosing a copy of the Medical Board's orders. The Board's orders reimposed conditions preventing Dr Reeves from practising obstetrics. On 3 March 2003, the Medical Board provided SAHS with a full copy of the decision of the section 66 inquiry.

Once in receipt of the outcome of the section 66 inquiry, SAHS commenced action to terminate Dr Reeves' contract. On 4 March 2003, SAHS sent Dr Reeves a letter stating that as a result of the section 66 inquiry reimposing conditions on Dr Reeves' obstetric practice, he was unable to provide the obstetric services required of his position. SAHS advised that under the contract signed by him it was permitted to give three months' notice of termination. The letter invited Dr Reeves to show cause as to why SAHS should not terminate his contract.

On 12 March 2003, Dr Reeves responded to the SAHS letter of 4 March. On 7 April 2003, SAHS wrote to Dr Reeves informing him that the SAHS Board had resolved to terminate his contract and appointment as a visiting medical officer. The letter

⁷ *Guideline on the Management of a Complaint or Concern about a Clinician* issued in November 2001.

provided him with three months' notice of termination, advising that his contract would cease on 11 July 2003. It appears from the records that Dr Reeves continued to provide gynaecological services up to the date of termination of his contract.

Dr Reeves commenced an appeal against the decision to terminate him, pursuant to the *Health Services Act 1997*. However, Dr Reeves ultimately did not proceed with the appeal.

Identified gaps in NSW Health policies at the relevant time, and whether those gaps are addressed in current NSW policies

This section considers gaps in NSW Health policies identified from the above discussion, and considers in each case whether the gap has been adequately addressed in current NSW Health policy.

	Gap in policies at the time	Addressed in current policies?
1.	NSW Health policies in force in April 2002 required that proof of registration documentation be sighted. There was no express requirement to make direct enquiries of the Medical Board to confirm registration status.	This issue was addressed in 2005. The <i>Delineation of clinical privileges for visiting practitioners and staff specialists: Policy for implementation (PD2005_497)</i> , issued in March 2005, requires the health service to verify with the Medical Board a medical practitioner's registration and current entitlement to practice. I also note that this information is now publicly available on the Medical Board's website.
2.	At the time of Dr Reeves' appointment to SAHS, there was no formal process in place that would have permitted or required SAHS to access information relating to the performance issues raised during Dr Reeves's appointment at HKH. I think there is merit in area health services being able to obtain information about issues with visiting practitioners' past performance elsewhere in the NSW Health system.	This issue was partly addressed in March 2005 by changes in NSW Health policy that: (a) requires applicants for visiting practitioner positions to provide written authorisation to the health service to obtain information about past performance and confirmation of credentials (<i>Delineation of clinical privileges for visiting practitioners and staff specialists: Policy for implementation PD2005_497</i>); and (b) requires health services to obtain information about the applicant's past performance in accordance with the authority provided (<i>Appointment of visiting practitioners: Policy for implementation PD2005_496</i>). In addition, I have been informed NSW Health proposes introducing a Service

	Check Register. I discuss this proposal further below.
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Suggested improvement to current NSW Health policies or recommendations for changes to the legal and policy framework

I have been advised by NSW Health of a proposal for a Service Check Register. It is proposed the Service Check Register would be available for health services to check recommended applicants /employees /contractors as part of the recruitment process, or in the event a health service is considering or reviewing disciplinary action. It is proposed that an employee or contractor would be entered into the proposed Register in four situations:

- (a) if the person is currently suspended from duties;
- (b) if the person is dismissed from the public health organisation; or
- (c) if a person that is subject to serious disciplinary action resigns;
- (d) if the person has had conditions or changes to his or her credentials imposed by a public health organisation following a disciplinary process.

Because Dr Reeves departed HKH as a result of his temporary appointment coming to an end, he would not have fallen into category (b) above. However, the HKH MACAC imposed conditions on Dr Reeves' temporary reappointment in August 1997, and this would have resulted in Dr Reeves being entered on the Register (under category (d)) if it had been applicable at the time. Accordingly, the proposed Register will effectively address this issue. However, I suggest that consideration be given to expanding category (d) above to include conditions imposed on a health professional by any external registration body, such as the Medical Board.