Inquiry into the COVID-19 HOTEL QUARANTINE PROGRAM

Statement of Dr Nathan Pinskier

Question 1. What is your relevant professional background and work history?

1. I am a Melbourne GP with nearly 40 years of involvement in primary health, tertiary care, digital health, accreditation, medical deputising services and practice management. I am a director and shareholder of several companies including Onsite Doctor Pty Ltd (**Onsite Doctor**) and Medi7 Medical Centres. I am the former chair of the RACGP Expert Committee for eHealth & Practice Systems and the medical director of the DoctorDoctor Locum Medical Service in Melbourne and the current president of the General Practice Deputising Association. I am a clinical strategic advisor to the Australian Digital Health Agency Secure Messaging program and was also the deputy head of the National ehealth Transition Authority (NEHTA) clinical unit from 2011 - 2013.

2. I am a current board member at Peninsula Health (a Melbourne public healthcare network) and the former chair of the Peninsula Health Quality, Safety Committee and Clinical Governance Committee of the board.

3. I hold a Fellowship with the RACGP(Hon), a diploma in Practice Management from the University of New England Partnerships and Fellowships with the Australian Association of Practice Managers (FAAPM), the Australian Association for Quality in Healthcare (FAAQHC) and the Australian Institute of Digital Health (FAIDH). I am also a certified practice manager (CPM).

4. In 2019 I was awarded the John Hilton award (for excellence in primary care informatics for excellence in innovation across the continuum of care) by the Health Informatics Society of Australia now the Australian Institute of Digital Health.

Question 2. What role do/did you play within entities that provided services as part of Victoria's Hotel Quarantine Program? Please indicate your role and title in respect of each relevant entity (Relevant Entities).

5. I am a director of Onsite Doctor Pty Ltd.

6. I am the Medical Director of DoctorDoctor.

Services provided by Relevant Entities

Question 3. What services do the Relevant Entities usually provide and what is their usual client profile?

7. Onsite Doctor was established in April 2020 in response to the request made to me by DHHS to assist with the provision of medical practitioners to provide general medical services and support to travellers going into quarantine at hotels as part of the Hotel Quarantine Program.

8. DoctorDoctor is a deputising service that engages doctors to provide services for and on behalf of general practices.

Involvement of Relevant Entities in the Hotel Quarantine

Question 4. When and how did you first become aware that there was to be a role for one or more Relevant Entities in the Hotel Quarantine Program?

9. On March 4, 2020 I attended the first Covid19 meeting in Canberra of community health and medical peak bodies chaired by the then Chief Medical Officer, Professor Brendan Murphy. Numerous issues were discussed including the preparedness of the sector to manage the pending pandemic and the associated measures required.

10. On Sunday March 29 I was contacted by [redacted] from DHHS in my capacity as President of the General Practice Deputising Association (GPDA). I understand that [redacted] obtained my contact details from the Federal Department of Health.

11. The GPDA is a peak body that represents the interests of general practitioner medical deputising services Australia wide. Medical Deputising services provide domiciliary general practice care.

12. In my capacity as the President of the GPDA I have ongoing interactions with both the Federal Department of Health and the Federal Minister for Health's office. I consider that I am well known in the GP community for the work I do and for the positions that I hold.

13. [redacted] advised me that the DHHS was seeking to procure the services of medical practitioners to support the Hotel Quarantine program to provide services to returned travellers detained as part of the program and to immediately relieve the current doctors working there who had come from the hospital sector.

14. I understood that I was one of a number of persons/parties contacted to ascertain whether there was availability of community doctors to support the Hotel Quarantine Program. I discussed the situation with [redacted] and also provided general guidance in an email to her on 29 March 2020. (**Annexure 1)**

15. As a consequence of my communications with [redacted] I made numerous telephone calls to various colleagues in the sector and made other general enquires to ascertain the potential availability of medical practitioners to support the Hotel Quarantine Program.

16. The following week I was contacted again by DHHS by telephone and asked if it was possible to provide a doctor to commence as soon as possible. I again made a number of calls and was able to secure the services of a number of doctors from a range of sources including various medical recruitment agencies. The service that these doctors were asked to provide were general medical services to the return traveller detained as part of the Hotel Quarantine Program. Two doctors were able to commence in this capacity on April 4, 2020.

17. Initially the daytime general medical services were provided at one hotel complex – The Crown Group by two Doctors on the first day and two on the second day. After Hours coverage was negotiated to be provided by the DoctorDoctor Medical Deputising Service.

18. Over the course of the following week as the number of inbound international arrivals requiring quarantine continued to increase and more hotels were involved, there were further requests to provide additional doctors and the service rapidly expanded into a 24 coverage with 7-9 doctors working daily and 1-2 overnight. It became a sizable logistics operation onboarding new doctors on a daily basis.

19. It quickly became apparent over the first week that this was not a 'normal' general practice environment, that it was more akin to a Medi-Hotel type of service and that a strong clinical governance framework was needed given the number of doctors, the interactions across nursing, hotel and DHHS staff and of course the clinical engagement with detainees. It required an overarching Framework providing clinical, logistic and administrative support. The issue of medical indemnity coverage also needed to be addressed.

20. Within the week of commencing the provision of medical services to persons detained as part of the Hotel Quarantine Program and in order to properly support the doctors delivering the services, we established systems including an electronic medical record system. Software was

procured and setup to aid communication between doctors as well as a general practice clinical software program, Best Practice, so that all clinical information could be recorded and stored electronically. These systems also facilitated continuity of care. Further, secure electronic links were established with the pathology companies to allow for the electronic downloading of pathology test results.

21. A senior clinical lead, Dr Stuart Garrow, was recruited to provide clinical oversight and assist in the development of a clinical governance framework,

22. I also communicated regularly with various senior DHHS staff to address issues and ensure that our approach was consistent with the overall objectives and directions of the program.

Question 5. Have any of the Relevant Entities entered into any agreement with the Victorian government (or its agencies) to provide services as part of the Hotel Quarantine Program? If so, please provide details, including whether the agreement was in writing or otherwise and whether there was any variation of that agreement over time. If any agreement or variation was made or evidenced in writing, please provide a copy of each.

23. When I was first contacted in late March 2020 by the DHHS to provide medical deputising services, there was no discussion as to any written agreement, and there was no proposal in advance of the first discussion as to any fee arrangement. The immediate and I was told urgent issue was to provide support to the COVID19 response.

24. The initial request from the DHHS, in late March 2020 or early April 2020, was for the provision of one or two doctors between the hours of 8am and 6pm. I discussed with the DHHS the rate for the provision of that service, which they verbally accepted and then later confirmed in writing.

25. On 1 April 2020, [redacted] (DHHS) emailed me and advised that she had secured funding approval to block fund day time medical deputising services for a period of four weeks. (**Annexure 2**)

26. On 3 April 2020 [redacted] emailed me (following our discussion the previous day) and stated that she was happy for me to send any invoices regarding the medical deputising service to her as an interim arrangement but that she needed to see the agreed service model for day time medical deputising services support for the next four weeks. (**Annexure 3**)

27. I received a further email from [redacted] on 3 April 2020 asking me to advise as to the daily fee under the block funding arrangements based on a fixed amount for the 8am to 6pm time slot period and thereafter hourly as required. [redacted] also advised me that [redacted] (DHHS) was trying to contact me to discuss urgent arrangements for the medical deputising service to provide overnight support from 6pm that evening and the requirement for two doctors as from 4 April 2020 starting at 8am. (**Annexure 4**)

28. I replied to [redacted] above emails of 3 April 2020 later on that day, advising her among other matters of the various shifts at which doctors were available and whether a daily fee applied under the block funding arrangement or, where eligible, the service would be bulk billed to Medicare. (**Annexure 5**)

29. The intent was for the fees for service to be provided by DHHS to the "service provider". However, given the immediacy with which the service was first called upon, there was no pre-arranged entity in place to accept payment.

30. In order to ensure that there was a mechanism by which the fees for service could be received, and thus payments could be made from those received funds to the doctors providing that

service, the first two payments which were invoiced in April were processed through Medi7. Medi7 had banking and administrative facilities already in place. Utilising this process for receipt of payment meant, among other things, that doctors who had been providing medical deputising services unpaid for several weeks could then be paid which allowed the service provision to continue. (**Annexure 6**)

31. On 28 April 2020 Onsite Doctor Pty Ltd was incorporated. Thereafter, fees for service were received by that entity.

32. In June 2020, without prior verbal or written warning, Onsite Doctor, received a draft proposed and detailed contract from the DHHS. It contained a number of clauses (not related to the provision of medical services) that were important for us to seek advice about and accordingly we engaged solicitors.

33. Approximately four weeks ago we, the directors of Onsite Doctor, executed the contract and sent it back to the Department.

34. I have redacted certain parts of it, each wholly unconnected to Hotel Quarantine, and produce the redacted copy. (**Annexure 7**)

35. As of todays' date I am unaware if that contract has now been signed by the Minister.

Question 6. Prior to reaching any agreement with the Victorian government (or its agencies), was there any discussion, negotiation, direction or terms agreed as to:

(a) standards or processes to ensure adequate infection control

(b) personal protective equipment; and/or

(c) specialised training for staff provided or engaged by the Relevant Entities, for work in the Hotel Quarantine Program?
If so, please describe.

36. Prior to reaching any agreement with the DHHS as to the provision of a medical deputising service there was no discussion concerning the standards or processes to ensure adequate infection control. The agreement, when reached in early April 2020, was to provide doctors who could provide general medical services to travellers detained in hotels under quarantine. My own expectation was that the doctors would be working in an overall environment under the control of the DHHS or some other government department.

37. There was discussion at the time that doctors were first provided as part of the medical deputising service [that is, early April 2020] about the provision of personal protective equipment. In an email to [redacted] on 3 April 2020, I stated that, in the event that personal protective equipment was required, it would be supplied by DHHS. (**Annexure 8**)

38. I recall a discussion in which the DHHS asked whether the doctors could provide their own personal protective equipment. We responded that the personal protective equipment should be provided by the Department. We were told that there were limits on the amount of personal protective equipment available. The Department did, however, source and provide the doctors performing the deputising service with personal protective equipment.

39. The doctors were told that their role was to provide general medical services to persons quarantined in hotels and they no doubt expected that they would be required to take in the circumstances appropriate precautions, including infection control, in regard to their contact with such persons. There was however no discussion at any time about DHHS providing the

doctors engaged in the provision of medical deputising service with any particular specialised training.

40. As the Hotel Quarantine Program quickly expanded and the need for more doctors was called upon by the Department, I, and Dr Stuart Garrow the appointed clinical lead of Onsite Doctor from 13 April 2020, communicated with the DHHS about issues as they arose and that related to the provision of appropriate and safe general medical services.

41. Specifically, I refer to the email I wrote to Dr Brett Sutton and Dr Annaliese van Diemen on 13 April 2020 in which I raised among other pressing matters the need for clarity around quarantine protocols and the availability of personal protective equipment. I noted that I had been in touch with [redacted] at whose suggestion I was bringing these matters to their attention. (**Annexure 9**

42. I recall that at about this time (that is, in April 2020) that I also raised my concerns with Professor Euan Wallace (CEO Safer Care Victoria).

Question 7. As far as you are aware, were medical staff provided to hotels by any agency or organisation other than by the Relevant Entities? If so, what were those agencies or organisations?

43. Other than the initial hospital medical staff provided by, I think, Melbourne Health there were no other medical staff (beyond than those provided by our medical deputising service) to the persons quarantined in hotels.

Complaints and concerns

Question 8. From a medical perspective, what are your views in respect of the:

(a) conceptualisation;

(b) planning;

(c) operation; and

(d) oversight,

of Victoria's Hotel Quarantine Program? Please provide reasons for your views.

44. As context for my response, my area of expertise is general practice, practice management, quality systems within a general practice environment as well as information technology as it relates to medical practice.

45. The service provided to the hotel quarantine program was the provision of medical services (by doctors) to returned travellers detained in hotels as part of the Hotel Quarantine Program.

46. Accordingly, my observations in relation to the conceptualisation, planning, operation and oversight are given in that context and from that perspective.

47. My main observation is this - over the course of my professional life, the occurrence of a pandemic has never been discussed at any of the professional forums that I have attended across the nation over the last 30 plus years. I do recall that in October 2014 when as chair of the RACGP expert committee in ehealth and practice systems I participated in a RACGP workshop ('Zombie Apocalypse') that dealt broadly with the issue of a pandemic. Perhaps not unsurprisingly, given the lack of ongoing systemic planning, no-one was remotely prepared for the pandemic and when it did arise the response was, in consequence, cobbled together in an ad hoc manner.

48. More specifically, in relation to the oversight of the service we provided, general practitioners operate in accordance with general practice procedures. But they are not involved in the planning of state based services. Accordingly, an effective bridge between these two distinct functions was required.

49. I believe, with the benefit of hindsight, that the co-ordination of the response as delivered by our service, on the one hand, and that of the State, on the other, would likely have benefited from the appointment of a clinical lead at State or departmental level. The appointment of one or more clinical leads across various entities and departments supported by a more formalised operational primary care clinical governance model as part of the one response to a crisis affords a clearer governance framework by allowing for communication between designated persons, the timely reporting of issues and the timely response to the same. Further, the appointment of a clinical lead may have increased the opportunity for the separate parts of the whole response to have worked more seamlessly towards the desired goal which in this case included the provision of safe and appropriate general medical services to persons detained in hotels as part of the quarantine program.

Question 9. What complaints, concerns or issues have you (or, so far as you are aware, others within the Relevant Entities) raised in relation to Victoria's Hotel Quarantine Program? In respect of each complaint, concern or issue raised, please provide details, including:

(a) any persons to whom the complaint, concern or issue was relayed;

(b) the substance of the complaint or concern;

(c) how the complaint or concern was dealt with; and

(d) a description of what outcome, if any, was achieved in relation to the subject matter of the complaint or concern? Please provide copies of all relevant documents.

50. On 13 April 2020, after speaking with [redacted], I emailed Dr Sutton identifying a number (nine) pressing issues some of which I noted were of high priority and that I considered required the department's further consideration. (**Annexure 9)**.

51. Following this email, I had a telephone discussion with Dr Sutton and Dr van Diemen after which I sent them an email on 14 April 2020 setting out my notes of our discussion on the nine issues raised in my email the day before. In particular I note that I referred to looking forward to receiving and circulating the DOH refined hotel quarantine and departure protocols. (**Annexure 9**)

52. Following the outbreak at the Stamford Hotel in June 2020, a number of the doctors engaged by our service were required to self-quarantine at home. These doctors put together a list of suggestions and recommendations which were then forwarded by Dr Garrow to the outbreak investigation team at DHHS via DHHS Operation Soteria, Public Health Operations email and to [redacted], whom we understood was the infectious disease physician investigating the outbreak. [redacted] or one of her colleagues was invited to join us sometime soon to discuss the outbreak investigation at the Stamford Hotel and other outbreaks and to discuss methodology, findings and future plans. (**Annexure 10**)

53. None of the doctors involved in the program have been infected with Covid19

Question 10. What, if anything, do you think should have been done differently, in respect of the Hotel Quarantine Program?

54. From the perspective of the doctors recruited by us to provide general medical services to persons detained in hotels as part of the Hotel Quarantine Program a clearer line of

communication between the clinical lead for Onsite Doctor to an equivalent person in the DHHS would have been of value.

Signed:  .....

Date: 02/09/20 .....