

Oaths Act 1867
Statutory Declaration

QUEENSLAND

TO WIT

I, **THOMAS JOSEPH PETTET** of c/- Moray & Agnew Lawyers, Level 27, Blue Tower, 12 Creek Street, Brisbane in the state of Queensland do solemnly and sincerely declare as follows:

Background and experience

1. I am a registered medical practitioner with the Medical Board of Australia.
2. I graduated with a Bachelor of Medicine and Bachelor of Surgery ('**MBBS**') from the University of Queensland in 2008 and thereafter undertook my internship at the Royal Brisbane and Women's Hospital.
3. Since 2011 I have worked in Psychiatry having been accepted on to the specialist training program in Psychiatry. I hope to complete my training and exams and apply for fellowship with the Royal Australian and New Zealand College of Psychiatrists (the '**College**') in about 2017.
4. As part of my specialist training I was required to undertake a six month rotation in Child and Youth Psychiatry. I completed part of that six month term (from 5 August 2013 until November 2013) as a Psychiatric Registrar at the Barrett Adolescent Centre ('**BAC**'). The balance of my term was completed at the Child and Family Therapy Unit at the Royal Brisbane Hospital ('**RBH**').
5. While at the BAC my key roles and responsibilities included:
 - (a) Supporting the consultant psychiatrist (Dr Trevor Sadler initially and then Dr Anne Brennan) in their role at the BAC;
 - (b) Triageing new or re-presenting patients;
 - (c) Performing mental state assessments;
 - (d) Performing general medical duties (eg physical examinations);
 - (e) Assisting with documentation of reviews of patients; and
 - (f) Referring patients (as appropriate) to other medical practitioners or hospital for specialist or emergency care.
6. I reported directly to the consultant psychiatrist/director during my placement at the BAC.

7. I do not have in my possession, custody or control a job description for my role as Registrar at BAC.
8. I currently work as a Registrar in Psychiatry at the Mental Health Unit at the Prince Charles Hospital.
9. For a more detailed outline of my qualifications, and my experience since graduating from my MBBS, I have attached at '**TJP-1**' my curriculum vitae.

Closure of the BAC

10. Prior to commencement of my placement at the BAC I had heard rumours that the BAC might be closing. Consequently, I made enquiries with the College to ascertain if there was any truth to the rumours. In response, I was informed that the BAC would not be closing and that I would be able to complete my full six-month term in Child and Youth Psychiatry at BAC.
11. However, on 6 August 2013 (ie within 24 hours of my commencing at BAC), members of the executive of The Park Centre for Mental Health ('**The Park**') convened a meeting with all staff and patients of BAC where we were advised of the decision to close the BAC.
12. My recollection was that very little was conveyed to us at the above meeting regarding the basis for the closure. We were simply told that the BAC would be closing and give a vague time frame in which this would occur (ie 'towards the end of the year').
13. No elaboration was provided to me regarding the reason for closure and I put this down to my fairly junior role at the time and to the difficulties we (almost immediately) encountered attending to the acute needs of those patients who were significantly impacted by the news of the BAC closure.
14. To explain, the patients (numbering approximately 17 at the time) took the news of the closure poorly and nursing staff and I were fully engaged in attending to the high dependency needs of a number of those patients. [REDACTED]
[REDACTED] There was simply no opportunity at the time of the announcement to seek clarification or reasons regarding the closure.
15. At no time during my association with BAC (or since) was I given an explanation from anyone in a position of authority regarding the circumstances surrounding the decision to close BAC. I therefore cannot say what information, material, advice, processes, considerations and recommendations related to or informed the closure decision. I have no knowledge of the decision making process relating to the decision.

Transitional arrangements

16. I had only minimal involvement in transitional arrangements for patients during my time at BAC.
17. My primary role at Registrar was to attend to the day to day medical (both physical and mental) management of the patients at BAC. In that sense, I was involved with the day to day management of all the transitional patients, however I was not privy (at least not in any real way) to the specific alternative care arrangements that were being made for those patients after leaving BAC.
18. The persons primarily responsible for the transitional arrangements were the consultant psychiatrist (Dr Trevor Sadler initially and then Dr Anne Brennan), the nurse unit manager ('NUM') and the nurse delegate (ie a nurse who was specifically allocated to the task of liaising with organisations in the community with respect to transition patients after the closure announcement).
19. My only real involvement in the transitional arrangements was attendance at some of the weekly multidisciplinary planning meetings where the consultant psychiatrist and relevant nursing staff updated everyone on the progress made with regards to transition arrangements.
20. I do not recall the specific content of any discussions regarding individual patients at these weekly meetings and have not had access to any clinical records in the preparation of this statutory declaration. My general recollection however is that the nature of the discussions involved consideration of patient risks and appropriate treatments. Careful consideration was particularly given to the risk of self-harm/suicide and what facilities had the most appropriate human resources to support the transition patients. We were also provided with updates with respect to the investigations and enquiries that had been made regarding appropriate inpatient facilities for the transition patients. I recall that efforts were made to seek appropriate facilities that were reasonably close to the patients' families to enable ease of visits.
21. As I was not personally involved in the final decisions regarding the transition patients or the enquiries made of other organisations/facilities, I cannot comment on the extent of the information, material, advice, processes, considerations and recommendations that ultimately informed the decision makers regarding the transition arrangements.
22. The director/consultant psychiatrist was responsible for overseeing implementation of the transition arrangements but much of the work was delegated to the NUM and other senior nurses.
23. I was not personally involved in any review, follow up or monitoring of the outcome of transitional arrangements, nor did I have any communications with medical or other staff at receiving facilities as I had, by the time of the transitions, moved from BAC to the Child and Family Therapy Unit at the RBH. Likewise, given the timing of my move, I

am unable to comment regarding the progress (or assessment of progress) of the patients in respect of the transitional arrangements.

24. I also did not consult with the transition patients (or their families, friends or carers) regarding the transition arrangements as my role was the daily management of the patients on ward, specifically, assessing risk and referring any deterioration in mental states to my supervisor (the consultant psychiatrist).
25. With regard to my knowledge of any concerns regarding transition arrangements for any patients from BAC to an alternative service provider I say:
 - (a) During my time at BAC there was an air of concern that was regularly voiced by staff members regarding why patients who had clearly been benefiting from being in an inpatient facility, with rapid access to HDU facilities, were to be transitioned to other facilities that did not provide the staffing profile or facilities to adequately contain/manage the risk. These concerns were voiced generally rather than with respect to any specific patient.
 - (b) So far as the staff (including myself) were concerned, there was an inability to understand why the BAC was closing and patients being transitioned, as the unanimous feeling was that the facility was needed (and in fact it had a long waiting list).
 - (c) My recollection was that the above concerns were expressed, and the closure of the BAC opposed, by the director and senior nursing staff virtually from the time of the closure announcement. I have a vague recollection of Dr Sadler communicating to me that despite the announcement he continued to advocate for the BAC not to close (for the reasons outlined above) and continued to meet with executives of The Park regarding this. Details of when, to whom and on how many occasions these concerns were raised by Dr Sadler is not within my knowledge.

Departure of Dr Sadler

26. Approximately five weeks after my commencement at BAC, in September 2013, Dr Sadler was stood down for his role as director/consultant psychiatrist.
27. I recall, on the day this occurred, I was advised on my arrival to work that Dr Sadler was sick and would not be coming in.
28. Later that day however, after returning to the BAC following lunch, I saw Dr Sadler outside the centre. I approached him and enquired as to why he had come in as I thought he was unwell. He advised me that he had been stood down from his position

29. The following day, all staff member at the BAC were called to the meeting room where one of the executives of The Park informed us that Dr Sadler had been stood down. I do not recall being provided with reasons however we were instructed not to discuss his dismissal with patients, patients' families, the media or amongst ourselves. We were told that if we did so we could be subject to disciplinary action including the possibility of dismissal.
30. The staff morale was consequently very low following the meeting and my immediate concern was with regard to interim arrangements (as I was the only remaining medical practitioner on staff). However, arrangements were quickly put in place with Dr Brennan stepping into the role of director/psychiatric consultant. I do not recall being without a specialist/supervisor for very long (perhaps a couple of days).
31. With respect to whether there was any change in the process of planning and carrying out the transition arrangements upon Dr Brennan's commencement, to the extent that I was involved in the transitional arrangements (through weekly meetings), little appeared to have changed. The content and nature of the discussion were largely as before with Dr Brennan chairing the meetings. It also appeared to me that Dr Brennan continued to delegate tasks as Dr Sadler had done to the NUM, the delegated nurse liaison, social worker and others. The process, at least based on my observation, did not appear to be different in any material way.

Support arrangements

32. The decision to close the BAC had a profound impact on myself and other staff.
33. Personally, I felt very frustrated and disillusioned having made enquiries prior to my commencing at BAC about the rumours regarding closure and being assured that the centre would not be closing only to be informed 24 hours after commencement of the closure.
34. There was certainly a disruption and much uncertainty about my training position (as the placement at BAC was to meet a mandatory term). While this was ultimately resolved with my transfer to the Child and Family Therapy Unit at the RBH, it was very stressful at the time. I remain enormously grateful to Dr Elizabeth Hoen who was instrumental in ensuring the transfer of my placement (and that my term was fully credited).
35. I was also placed under significant stress in my role as a consequence of the closure. As mentioned above, the patients took the news of the closure poorly. I recall that in the first five weeks of my placement (ie immediately following the announcement) [REDACTED]
[REDACTED]
[REDACTED] This created incredible strain on nursing staff, Dr Sadler and myself as we worked frenetically to attend to all the distressed patients.

During that five week period I lost six kilograms in weight. I recall being particularly concerned at the time that I was not fully meeting my role as Registrar due to the fact that as we had been attending to the most acutely unwell cases those 'more settled' patients may not have been receiving adequate service/care.

- 36. Other staff also communicated their worries to me. In addition to the added stress that was associated with attending to the distressed patients, some were fearful of their livelihood, disappointed with the decision and worried about the anticipated extreme impact that the BAC closure would have on the patients and their well-being in the longer term. I recall there were a number of staff that went off on sick leave or stress leave (including the delegated nurse liaison appointee who was tasked with making enquiries with community groups regarding transition patients).
- 37. As my time at BAC progressed, I felt disappointed that the centre would be closing (for the reasons outlined in paragraph 25 above).
- 38. I do not recall being provided with any additional resources or personnel during my time at BAC to help alleviate the additional stress (particularly with respect to managing distressed and suicidal patients arising as a consequence of the centre closure, the [redacted] paragraph 28) and Dr Sadler's sudden departure). That said, despite the stressful and challenging circumstances, I always felt entirely supported in my role by the consultant (initially Dr Sadler and then Dr Brennan).
- 39. I also specifically recall three occasions following Dr Sadler's departure where either a member of the executive at The Park (Dr Darren Neilie and Dr Sharon Kelly) or the College (Dr Sydney Cabral) made time to call or meet me to listen about the concerns and distress that I and others were experiencing. Unfortunately however no additional support (on the ground) followed from these discussions.
- 40. I do not have any relevant documents in my custody, control or possession which are relevant to the matters contained in this statutory declaration.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

[redacted]

Declarer

Taken and declared before me at: Cherryvale this
4th day of December 2015, before me:

[redacted]

~~Justice of the Peace/Commissioner for Declarations/Solicitor~~

'TJP-1'

Personal Information:**Full name:** Thomas Joseph Pettet**Address:****Email:****Telephone:****Date of Birth:****Qualifications Obtained (Primary & Postgraduate):**

Qualification	Name of University / College	Country of qualification	Year obtained
MBBS (AKA Graduate Medical Course)	University of Queensland	Australia	2008
Masters Degree of Health Science	QUT	Australia	1997
Graduate Diploma of Occupational Health and Safety	QUT	Australia	1996
Bachelor of Science	University of Queensland	Australia	1987

Detailed Practising History:**Current:**

Dates	4/2/2012 to present
Position Title	Registrar In Psychiatry Rotations completed General Psychiatry Community Registrar position Consultation Liaison Child and Youth Psychiatry Currently employed in the Psychiatric Intensive Care Unit.

Responsibilities	Conducting clozapine clinics Psychiatry admissions, Referrals. Mental state examinations Thorough knowledge of the Mental health Act. Risk assessments. (all aspects of psychiatry prescribing medications, monitoring for adverse effects etc) Compiling correspondence (including Discharge Summaries) using CIMHA.
Facility	Mental Health Unit The Prince Charles Hospital
City/State	Brisbane Queensland
Country	Australia

Dates	18/10/2011 to 4/2/2012
Position Title	PHO In Psychiatry
Responsibilities	Conducting clozapine clinics Psychiatry admissions Mental state examinations Risk assessments (all aspects of psychiatry)
Facility	Mental Health Unit The Prince Charles Hospital
City/State	QLD
Country	Australia

Dates 4/1/2009 to 18/10/ 2011

Position Title **Intern/RMO**

Responsibilities *Full time)*
 Required to perform all the duties required of a Medical graduate
 Rotations completed to date

- Surgery (Colorectal) RBWH
- Pathology (Anatomical Pathology) RBWH
- Internal medicine Hervey Bay Hospital
- Mental Health - Addiction medicine HADS RBWH
- Emergency RBWH
- Emergency TPCH
- Extended care Unit TPCH
- Respiratory medicine TPCH
- Relieving Rotation TPCH
- Mental Health TPCH
- Respiratory medicine TPCH
- Ortho-geriatrics TPCH
- Neurosurgery Royal Children's Hospital

Facility RBWH/ TPCH/Royal Children's Hospital

City/State Brisbane
 Queensland

Country Australia

Current & All Previous Medical Licensing Authorities:

Licensing Authority	Country of Registration	Registration Number
Medical Board of Australia	Australia	

Clinical/Procedural Skills:

Competent

Clinical examinations- all aspects
 History taking
 Use of software including auslab/viewer ,
 Queensland health imaging applications, outlook,
 access, word, enterprise discharge system and
 CIMHA.
 Performing medical admissions
 Familiarity with Q health policies and procedures
 Assisting surgery (colorectal/general/neuro)
 Performing skin biopsies/excisions
 Performing Pap smears
 IV cannulation/phlebotomy - adult and paediatric
 Ascitic tap
 Pleural tap
 Performing ABGs and interpreting results
 LMA insertion / intubation
 IDC insertion (male and female)
 Performing dissection of surgically removed specimens
 Interpretation of radiological imaging results
 Teaching of clinical skills to medical students
 Ordering and Interpretation of pathology results
 Suturing.
 Certification of a death.
 PREAC assessments

Chest drain insertion
 Mental State examinations
 Colonoscopy (observed)
 Sigmoidoscopy (flexible and rigid)
 IVP
 Assisted CT with contrast
 Spinal tap/epidural
 CPR
 USS
 Resetting of fractures
 Central line insertion
 Bone marrow aspirate and trephine
 Risk assessments
 MMSE interpretation
 Programming of VP shunts
 Compiling Discharge Summaries

References:

Dr. Jonathan Reinders Senior Consultant Psychiatrist MHU TPCH Rode Rd Chermside Ph [REDACTED]	Dr. Robert Stewart Senior Consultant Psychiatrist, MHU TPCH Rode Rd Chermside Ph [REDACTED]
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Other Documentation

ALS certificate

Verification Statement:

I verify that the information contained within this Curriculum Vitae is true and correct as at <7/7/2012 >.

Name: _____ Signed: _____