



AUSTRALIAN MEDICAL ASSOCIATION  
(VICTORIA) LIMITED.

ABN 43 064 447 678

293 Royal Parade  
PO Box 21  
Parkville, Victoria 3052

t 03 9280 8722

f 03 9280 8786

w [www.amavic.com.au](http://www.amavic.com.au)

Country Freecall 1800 810 451

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The Honourable Jennifer Coate AO  
Board of Inquiry into the COVID-19  
Hotel Quarantine Program  
PO Box 24012  
**MELBOURNE VICTORIA 3001**

Email: [lawyers@quarantineinquiry.vic.gov.au](mailto:lawyers@quarantineinquiry.vic.gov.au)

Cc. [sally.robertson@quarantineinquiry.vic.gov.au](mailto:sally.robertson@quarantineinquiry.vic.gov.au)

Dear Justice Coate,

Please find below my answers to the questions put to me as a part of the Board of Inquiry into the COVID-19 Hotel Quarantine Program.

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

I studied at the University of Melbourne Medical School and graduated M.B.B.S. in 1982. In 1989, I was awarded fellowship of Royal Australasian College of Surgeons and the Royal Australian College of Ophthalmologists. In 2007, I graduated from the Australian Institute of Company Directors and was awarded full fellowship of the Institute in 2008, given my extensive experience as a Director, especially via the Board of a regulated medical indemnity insurance company.

Between 1989 and late 1991, I trained in the United States of America. I received sponsorship for my fellowship training from both the Royal Melbourne Hospital (for Case Western Reserve University and University Hospitals of Cleveland, Ohio), along with the University of Melbourne (for Washington University and Barnes Hospital, St Louis, Missouri) respectively. I was also supported to attend the 8<sup>th</sup> annual summer program in Epidemiology at the Johns Hopkins School of Hygiene and Public Health during June and July of 1990 where I was trained in epidemiology and biostatistics. I have been involved in research and teaching at the University of Melbourne since 1991 and have held the position of Associate Professor, within the University Department of Surgery since 2005.

In addition to my employment and academic interests, I have been:

- Chairman of MDA National (a medical professional indemnity insurance provider);
- Chairman of Anglican Overseas Aid, a DFAT-accredited foreign aid organisation; and
- Board member of the Avant Foundation which supports quality, safety and professionalism in health care.

Since 2016, I have served on the Board of the Australian Medical Association in Victoria. In 2018, I became President of the Victorian branch of the Australian Medical Association.

I have also recently been elected Chair of the Federal Council of the national AMA. On Australia Day 2018, I was awarded the medal of the Order of Australia (OAM) for "service to Ophthalmology and to the development of overseas aid".

## **2. What is the AMA? What is its role and who are its constituents?**

The Australian Medical Association is arguably the most influential membership organisation representing registered medical practitioners and medical students in Australia.

The AMA advocates on behalf of its members at the federal, state and territory levels by:

- working with governments to increase and maintain provision of world class medical care to all Australians;
- tracking and reporting government performance on health policy, financing and services;
- challenging governments on policy that potentially harms the interests of patients;
- leading the health policy debate by developing and promoting alternative policies to those government policies;
- providing informed, expert medical commentary on health issues;
- responding to issues in the health debate through provision of a wide range of expert resources;
- commissioning and conducting research on health issues.

The AMA therefore exists to promote and protect the professional interests of doctors and the health care needs of patients and their communities.

### **Consultation of the AMA in relation to the Hotel Quarantine Program**

#### **3. When and how did you become aware of Victoria's Hotel Quarantine Program?**

On Friday 27<sup>th</sup> March, I heard the Prime Minister announce on the radio that national cabinet had agreed on strict new hotel quarantine measures that would apply from midnight on Saturday 28<sup>th</sup> March 2020. I recall that the Australian Defence Force was mentioned and had been asked to help state law enforcement increase checks on passengers who arrived before the deadline, and who were supposed to self-isolate for 14 days.

#### **4. Was the AMA ever consulted or asked for advice in relation to the development or operation of Victoria's Hotel Quarantine Program? If so, please provide details, including any relevant documents.**

No, we were never consulted.

### **Role of AMA Members in the Hotel Quarantine Program**

#### **5. What role have AMA members played in Victoria's Hotel Quarantine Program?**

I was initially contacted by an AMA Victoria Board member, Dr Sarah Whitelaw early on Easter Saturday morning, 11<sup>th</sup> April 2020. She expressed concern to me as to the arrangements with hotel quarantine and directed me to speak to Dr Peter Archer who is a Director of AUSMAT who was more familiar with the organisation of the medical care at the Quarantine hotels. I did so I believe later that day or on the following day. I was also called early on Easter Monday (13<sup>th</sup> April, 2020) by a member, Dr Nathan Pinksier and was informed that his medical deputising company had been contacted on or around March 30<sup>th</sup> 2020 by DHHS regarding the possibility of providing a medical

workforce (via his Medical Deputising group). This was to be arranged along with other newly recruited doctors to support the medical care of hotel quarantined overseas arrivals. He had arranged for the doctor service to commence on Saturday 4 April at the Crown Hotel sites.

Dr Pinksier's service was initially a daytime onsite service involving one doctor and three hotels with overnight coverage being provided by the Doctor Medical Deputising Service. I understand that this rapidly expanded into 24 coverage with 6-8 doctors working daily and 1-2 overnight. It had become a sizable logistic operation for this group which became involved in onboarding new doctors on a daily basis. This was managed by the Medi7 group led by Nathan and his AMA member brother, Dr Henry Pinksier, who are specialist general practitioners.

I understand that the duties and responsibilities of the group included:

1. Providing general medical care to the hotel quarantine guests;
2. Overseeing testing by nursing staff and ensuring the availability of results;
3. Providing mental health support services and escalation via specialist referral where indicated;
4. Ensuring the availability of emergency medicines at each site via an imprest (as some cases of food related anaphylaxis had been reported);
5. Organising the availability of oxygen and resuscitation equipment at each site;
6. Facilitating the recording of clinical information via access to MHR.

### **Training and Supervision**

**6. As far as you are aware, what training was provided to AMA members who worked in the Hotel Quarantine Program regarding COVID-19 and how to work in a safe manner?**

I am unaware of the training to any AMA members that was provided (if any).

**7. To the best of your knowledge, has any Victorian government department or agency provided training to AMA members regarding COVID-19 and how to work in a safe manner in the Hotel Quarantine Program? If so, which government department or agency provided training and what was it?**

I am unaware of any training provided to AMA members and/or the agencies that were involved in such training.

**8. What onsite supervision was in place for AMA members at each hotel?**

I am unaware of the onsite supervision arrangements.

**9. To the extent that you are able to comment, was adequate training and supervision provided to AMA members involved in Victoria's Hotel Quarantine Program?**

I am unable to comment as I have no first-hand knowledge of the training and supervision to members involved in the quarantine program.

**Personal protective equipment (PPE)**

**10. To the best of your knowledge, what PPE (if any) was provided to AMA members by any (and if so, which) government department or agency?**

I have no first-hand knowledge of the PPE provided and/or which government department or agency provided this equipment.

**11. As far as you are aware, were AMA members at any time required to provide their own PPE for their work at quarantine hotels?**

A shortage of PPE was mentioned to me via Dr Nathan Pinksier's phone call of 13/04/20 and his concerns were repeated in an email from Dr Pinksier to the CHO, Prof Brett Sutton (to which I was copied on 13 April 2020 at 2:17 PM as per attachment 2), although I am unaware of his specific concerns as to the types of PPE that were deficient.

**12. What directions or training did AMA members receive about when and how to use PPE, in relation to the Hotel Quarantine Program? Who gave that direction and who provided that training?**

I have no first-hand knowledge of any such training.

**13. As far as you are aware, was there ever a shortage of PPE at quarantine hotels? If so, how was that shortage managed?**

I have no direct knowledge; only the brief mention in the phone call above.

**14. To the extent that you are able to comment, was adequate PPE provided to AMA members involved in Victoria's Hotel Quarantine Program?**

I have no direct knowledge.

**AMA Reservations**

**15. Did you (or the AMA) have any reservations about any aspect of the Hotel Quarantine Program at any time? If you did, what were your reservations, and to whom, if anyone, did you (or the AMA) express them? Please provide any relevant documents.**

The AMA received complaints from doctors working in several Accident and Emergency Departments (specifically the Royal Melbourne and St. Vincent's hospitals) about the transfer arrangements for guests attending those hospitals for medical checks. Appropriate ambulance transfer to the hospital occurred but the return journeys were difficult to arrange and consequently guests were most usually returned via taxis, hire cars or private vehicles. I sent text messages to the Chief Medical Officer (as below) seeking discussion and subsequently advised him of my concerns by telephone.

In addition to my text and voice communication, AMA Victoria board member, Dr Sarah Whitelaw (the Australian College for Emergency Medicine representative to AMA Victoria Council) forwarded Prof Andrew Wilson (and others) the attached emails on Wednesday 14 April, 2020 after these

matters were briefly raised under other business by Dr Whitelaw at a meeting between Prof Wilson and the Victorian State Chairs of medical colleges.

Please see the attached emails and the associated file from Dr Sarah Whitelaw to Prof Andrew Wilson of DHHS (Chief Medical Officer). (See Attachment 1)

The advice recommended by Dr Whitelaw was that the State Government should take an operational approach to hotel quarantine.

Operational plans have been developed and applied successfully in very similar circumstances (for example, the management of returned citizens from Wuhan) and there are expert advisory bodies like the National Critical Care and Trauma Response Centre which could have provided advice and assistance. The advice in the email to government was brought together based on consultation with Australian experts in disaster medicine and management.

The email outlined that to set the system up properly, the hotel quarantine system did not need to be developed from scratch. With the email was an attachment which broadly condensed the basic components of an operational plan.

An operational approach involves obtaining advice from disaster management experts and other related experts, considering all aspects and issues that they were likely to encounter and then setting up a system that was ready to respond to those issues.

This isn't the approach the Victorian Government took in establishing hotel quarantine. Instead, public servants set up hotel quarantine in a very short period of time. They did not seek input from experts, and so unsurprisingly, when then encountered issues in the ensuing weeks and months, they were not well prepared. It appears that they dealt with issues individually, haphazardly and reactively.

If they'd taken an operational approach from the start, with clear governance and expert involvement, then they would have been prepared for many of these developments. However, instead there seemed a lack of recognition that setting up hotel quarantine is a difficult task and we sensed that DHHS considered that doctors were over-medicalising and over-complicating their approach.

We believe that there was no shortage of experts in Victoria who could have assisted the government with establishing hotel quarantine – but somewhere along the line, the government didn't view engagement with these types of experts as being necessary.

Overall, there is not a culture within government and within the DHHS of meaningful engagement with stakeholders. There appears to be a lack of appropriate planning, collaboration and two-way communication between the DHHS and its external stakeholders. There needs to be more genuine attempts to seek feedback, test assumptions and ideas, obtain input from experts, and collaborate in planning and understand the experience on the ground.

**16. If you expressed reservations about the Hotel Quarantine Program, what response (if any) did you receive? Please provide any relevant documents.**

There was no formal response.

**Complaints and concerns raised with the AMA****17. What complaints and concerns (if any) were raised with the AMA (by AMA members or by others) in relation to the Hotel Quarantine Program?**

Mainly via the following text messages and associated phone calls to the Chief Medical Officer of Safer Care Victoria, Professor Andrew Wilson:

> Saturday 11th April 1:56pm

>

> Julian: Would you have a few minutes to chat so that I can give you the heads-up about a looming issue? Thanks, Julian

>

> Saturday 11th April 4:51pm

>

> Julian: This guy knows what's going on in the isolation hotels Andrew. Probably worth a chat with him when you have a moment?

> Thanks, Julian

>

> Attachment: Dr Peter Archer, Director AUSMAT

>

> AW: Ok sure

>

> Julian: I think the whole show is being run by the nursing decision makers at DHHS but it desperately needs some medical leadership concerning resources and personnel.

>

> AW: Got it. I'll find out who's involved

>

> Julian: Good Andrew, I also was told that I would receive a breakdown concerning the recent rise of infections amongst HCW's. True to form that didn't happen so i will have no option but to continue a dialogue with DHHS via the media. Why are they so secretive? It seems that they believe in open disclosure for medical staff but not for the department? What a joke! Thanks, Julian

>

> AW: Who promised? Ill escalate internally as a big issue. We have an scv issues management process that has some traction.

>

> Julian: Well I spoke to a deputy CHO.

>

> I spoke to him around 11:30am today concerning the rise in HCW infections - he said that he would try to persuade the team to share the epidemiology but none has been forthcoming. Of course, he may have been busy or the info was hard to collate but maybe they didn't want to share what was happening?

> Thanks, Julian

>

> AW: Ok. Ill chat to him. It may be hard to make that call on the weekend. Hes usually pretty good and reasonable.

>

> Tuesday 14th April 9:01am

>

> Julian: Probably a good idea to speak to Prof John Wilson at the Alfred sometime today if you can? Apparently they were out of N95 masks in the CV-19 Ward last weekend and would like to discuss how their supplies might be improved? Thanks, Julian

>

> BTW Andrew, in a new study of hospitals in the US CDC journal (Emerging Infectious Diseases, 10 April 2020) Coronavirus was found to be widely distributed on floors, computer mice, rubbish bins, and sickbed handrails and was detected in air  $\approx$ 4 m from patients, with contamination greater in ICUs than general wards. In addition, as medical staff walk around the ward, the COVID19 virus can be tracked all over the floor, as indicated by the 100% rate of positivity from the floor in the pharmacy, where there were no patients. Furthermore, half of the samples from the soles of the ICU medical staff shoes tested positive. Therefore, the soles of medical staff shoes might function as carriers - so maybe disposable booties need to be considered as in theatres?

>

> Friday 17th April 12:34pm

>

> AW: Can I call you later?

>

> Wednesday 29th April 4:02pm

>

> AW: Can I call you later?

>

> Sure - just had a good meeting with Terry Symonds and Simon Chant where I think we have sorted the private contract stuff - but I need to chat about some lingering PPE issues when u r free? Thanks, Julian

**18. Did you or the AMA receive notice of any poor or unacceptable conduct by any person in connection with the Hotel Quarantine Program?**

We cannot identify poor or unacceptable conduct by any person involved with the Hotel Quarantine Program.

**19. As far as you are aware, have any AMA members involved in the Hotel Quarantine Program tested positive for COVID-19? If so (without providing information that would identify such persons specifically) please provide the details of how you became so aware, including the dates, and any hotel(s) at which such AMA members had been rostered prior to testing positive:**

No, we have no knowledge of any member involved with the program testing positive for COVID-19.

Yours sincerely



Associate Professor Julian Rait OAM  
AMA VICTORIA PRESIDENT