

**Question on Notice**  
**No. 1329**  
**Asked on 31 October 2006**

MR LANGBROEK asked the Minister for Health (MR ROBERTSON)-

**QUESTION:**

With reference to the Queensland Eye Bank which has recently been unable to deliver all the corneas required due to the resignation of a number of key staff –

- (1) Will he detail staff numbers for the last three years (detailed separately)?
- (2) What strategies have been implemented with regard to retention of staff?
- (3) Will he provide details of the Eye Bank's operation review with particular regard to staff resignations and the reasons for such resignations?

**ANSWER:**

The Queensland Eye Bank supplies corneas to patients requiring transplants in Queensland in both the public and private sectors.

In recent months, the Eye Bank had experienced difficulties in filling vacant positions, which had a significant impact on the ability of the Eye Bank to retrieve and provide corneas for eye surgery in Queensland.

Eye Bank Management and Executive of the Princess Alexandra Hospital have worked closely together to ensure the provision of corneas for eye surgery in Queensland. The Eye Bank is approaching full production as new staff are being trained and accredited in eye bank procedures.

The Eye Bank has received positive feedback from the Ophthalmic community over the last few weeks in its ability to supply corneas when required.

- (1) Staffing of the Eye Bank for the last three years is as follows:

2004, 2005 and to July 2006

Medical Director (part-time, temporary);  
Scientific director (full-time, temporary);  
2.1 Transplant Retrieval Officers (full-time, Temporary, Level 2);  
1 Administrative Officer (full-time, temporary); and  
0.2 Donor Liaison Officer.

From July 2006

Medical Director (part-time);  
Scientific Director (part-time);  
Clinical Co-Ordinator (full-time);  
5.1 Transplant Retrieval Officers (full-time, Level 2);  
0.6 Medical History Reviewer (temporary);  
1 Administrative Officer (full-time); and  
0.2 Donor Liaison Officer.

All positions advertised in July 2006 have been filled and retained.

- (2) The key strategies have been to convert temporary positions to permanent positions, increasing staff numbers to improve rosters and on call, and increasing the classification of some positions.

For example, Transplant Retrieval Officers' positions have been reclassified and been made permanent and Transplant Retrieval Officers have been increased from 2.1 FTE to 5.1 FTE.

Training and infrastructure are also being improved.

- (3) Staff resignations were attributed variously to lack of permanency of positions, inadequate remuneration for work performed, onerous rosters and on call, and lack of structured education and professional development. As detailed in the answer to Question 2, these issues have now been addressed.