

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE BURNIE COUNCIL CHAMBERS, 80 WILSON STREET, BURNIE ON WEDNESDAY 15 APRIL 1998.

Cr EDWARD PATRICK VICKERS, VICE CHAIRMAN OF ROSEBERY COMMUNITY HOSPITAL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Ted, for the sake of the committee, can you please state your full name, address and in what capacity you are addressing us.

Mr VICKERS - My full name is Edward Patrick Vickers. I reside at 83 Main Street, Zeehan. I am a councillor on the West Coast Council and Vice Chairman of the Rosebery Community Hospital.

CHAIRMAN - Ted, we have your letter in relation to the matter that we are looking at at the moment. Do you want to take us through that or would you rather summarise or expand on any issues in it?

Mr VICKERS - Mr Chairman, I could expand of course immensely but I do not wish to take your time up. I was very pleased to get the opportunity to come here in case perhaps you would like to ask me something. The only thing I probably would say is in reference to Dr Senddecki - and I am not doing this to appeal to this committee to suddenly do the registration on him but pointing out there is a case in point of a doctor who has now served two years at the Zeehan Medical Unit on the west coast and cannot get the full registration and by setting him down - he is a bit nervous about it - but I said I was going to say, 'You never asked me to do it'. Mr Chairman, they have changed something with the registration. He told me before he went on holidays just recently to Melbourne that he may be coming up and go through some paraphernalia in a year's time that he may not be able to register. But I do not know, you may know that better than I do. I have not investigated that so I have just said, 'Don't worry'.

He is a doctor who is actually trying to do the examinations. He sat for some in Melbourne last year and did not do too good at one of them. He is sitting for some, I think, currently at the moment while he is on leave trying to do the right thing, but I did say to him - and this is not hearsay - I said, 'What do you find most difficult with it?' and he said he can do the clinical part but there is something they ask them, like they would ask a trainee, and his explanation to me was in that case that he has been out of training at the age of 44 years for some years and that is what he was having the difficulty with. I do not know what the questions were, so it is probably not much help to you. But this is how he sees it, he can do all the clinical stuff but they must get down to something they probably ask trainees in their first year or doing internships perhaps.

CHAIRMAN - Has he had any help at all, Ted, with getting through the exams? Have the college helped him in any way or is there a booklet out that would help him in any way?

Mr VICKERS - Mr Chairman, I do not know that. As far as I know he has made arrangements in Melbourne, probably through the AMA - he talks a lot about that - so the AMA must run this form of examination for the foreign doctors. But, as I said earlier - which is a bit rude I suppose - do we think we are the best in the world because they have been doctoring in Europe where these men come from for many centuries - and I put that down with my tongue in cheek a bit. But I am still convinced, and having a lot to do with medical service probably only on the west coast, which is relative to general practice, is that you can only really attract the foreign doctors. Years ago Mackay-Smith, who was Director-General, told me one year, 'Plenty coming out this year, Ted' he said, 'You'll be right'. I have never seen a graduate from the Medical School in Hobart, they just do not arrive there. I really feel I do not know how the Government are going to do it at all and in your case your committee, it is a very

difficult job. But if the Australian trained doctors do not want to come here, what are we to do? Why should not these men come? They do their eight years in their own country and as you can see by Sendeki himself you would not say he is unexperienced. He has been all over the place and just as recently worked for the Australian Government in Bougainville and of course they had to get out of there because of troubles in the last year and the year before. I have heard no complaints about him. He has a great clientele and he speaks reasonable English. So I just do not know.

Mr LOONE - Is he just acting as a GP in Zeehan or does he work out of the hospital?

Mr VICKERS - He is a GP in Zeehan, Mr Loone, and he does hospital work at our Rosebery General Hospital. He is actually keeping that going. Between him and Dr Sendeki of course was Dr Kulinski who got a qualification through a bill Mr Schulze put through last year -

CHAIRMAN - And Dr Kehilia.

Mr VICKERS - and Kehilia, but he has gone. He has gone somewhere else over to the mainland.

Mr LOONE - Which was the Egyptian?

Mr VICKERS - Dr Kehilia.

Mr LOONE - He is still there?

Mr VICKERS - No, he has gone. Kulinski is still there and he is Polish. There is a Dr Karim, an Indian, who Kehilia has employed in some manner to work his part of the private practice. Those people who are in private practice of course for some years they went away from the Montagu Medical Union - you are probably not aware that this was happening - went into private practice so they were working within the hospital and without, doing - VMOs are they not, visiting medical officers, and doing their private practice, so that is how it happened and unqualified and of course unsupervised. This has always been the case on the west coast and Sendeki is a typical example, unsupervised, but in his own right he is actually a qualified orthopaedic surgeon in Poland and in Bougainville he tells me - and I have no reason to doubt - that he was doing massive surgical work on the hatchet wounds or whatever they are doing in fighting up there and running a small hospital doing all that work. But there he only does general practice and he is VMO at the Rosebery Hospital.

CHAIRMAN - What do you say with people like Kehilia and Kehilia spoke - it was a public forum and I can mention it, it was not in private - but he said, 'If you give me registration I want to remain on the west coast. I have been there, I like the place and I don't want to go anywhere else' and immediately he gets his full registration within a year he is away.

Mr VICKERS - Mr Chairman, indeed! I could make a comment about that but I will not be rude. I do not personally know what you do about that. This man may well do the same thing if he was given registration tomorrow. He might have settled in and stop another four or five years - we do not know. To use that bargaining point I would not say was very nice. That is my honest opinion about that. I have got no axe to grind with Dr Kehilia. I do know him. I have come back to the west coast in 1993 from the Huon, as my good friend Mr Harriss knows, and have met him on a number of occasions and he seems to be doing the work there and he did just go. But I suppose if you look at it another way, in fairness to him, he has actually put another foreign doctor there who is unregistered - well, not registrable under our system, Dr Karim, to fill in his part of his private practice which was in with Kulinski. The bloke at Zeehan is employed by the Zeehan Medical Union and he is employed and he does his VMO work and helps to keep the hospital going. That is how it is working at the moment.

Mr SQUIBB - Do you know how long this temporary-registered doctor that has taken Dr Karim's place, how long his registration is for?

Mr VICKERS - No, I do not. But I would imagine it is probably if this new thing is on on a yearly basis. He is an elderly man like myself, I might say, so I think he is probably nearly 65 and is going to probably finish up there. I do not know but that is the impression I get with it. He is pretty old.

Mr SQUIBB - And so then you, as a hospital administrator, have to go through the whole process once again unless circumstances have changed significantly and you can pick up an Australasian-trained doctor.

Mr VICKERS - Interestingly enough, and I might add it here and it is going back to shutting hospitals - which probably does not concern this committee - but I was at Zeehan many years ago - and I am not going to blow about that either as you will think I talking about someone else we are talking about - but when Zeehan shut of course we had a Dr Parkinson there who had been a very long-serving doctor on the west coast and that was about 1971. The Zeehan Hospital was shut and they built a little medical centre but after that it was never really any good because there was no hospital there and from that time, 1970 to probably 1982, we probably had one Australian doctor after Parkey went and the rest were foreign doctors. At that time I think I was the Chairman of the Zeehan Medical Union for some years there and we always had difficulty. At one stage, before that the Director-General, they used to have certain universities even in India which they would accept but I do not think they ever gave them full registration but that has probably gone by the book now. But there are a lot of ifs and buts about it. I could tell some funny stories about some of the Australian trained ones. You may recall, gentlemen, just to brighten the afternoon up, there was a doctor who we got there. It went through the Agent-General at London, 'Beautiful bloke' he said, 'Lovely. Sydney trained' and he came down. I drove to Hobart to get him on a cold day and when he got out he looked like he was death warmed up poor old fellow, he was pretty old. I took him to the Medical Council - and here is a bit of a joke for you - they went in there and some bloke just looked at his papers and said, 'You'll be right' and that was it. In the car, back to Zeehan, but after that of course he refused at a later stage to prescribe the pill for birth control - which was a bit of a problem to the board and I think it went worldwide that. But he was a good Australian-trained doctor who did not like it but we stuck with him until the end - the board stuck with him - I had to kind of rally them. They said, 'We'll have to get rid of him' but I said, 'No, if that is his view' so we had to get another doctor in from another place to do those sessions and he finally went berserk. He was treating animals in the surgery. This is one of our own group. I said, 'Doctor, you can't treat animals in the surgery' and his comment to me was, he said 'Well, humans are animals' and I thought, 'Hello, hello, hello, we've got a lot of problems here' so I had to actually sack him. They said, 'How do you sack doctors?' and I said, 'Easy, you write their cheque out and hand it to them' and he went back to Sydney, poor fellow. I do not know what happened to him after that.

But we have never had problems like that with the foreign ones. They have had a few there. Whilst I was away in the Huon they had an Indian doctor there, I think he was, so I am informed, for some years. He must have been there for about seven years and he went somewhere off to the mainland after that and whether he got registration fully or not, I do not know. But I suppose I am raving on a bit here, Mr Chairman, but the thing is I do not know how you are going to do it, but I think you have got to talk to the Medical Council. There must be some reciprocity between universities throughout the world. If these fellows cannot speak the English, it is like what we say now it will be like business, if they cannot speak the English they will not get the people there. I do not subscribe to the fact that the Medical Council tells them - there is a letter which I have put on your file - that they wrote about the Russian doctor how they did not like this and they did not like that. But it is not a matter of protecting us, I do not know who they are protecting. Now if these fellows cannot speak English you will not go to them. If you do not think they are any good, people are not silly, they will not go to them. So I think the business world would see them feathered out somewhere even if they were registered and allowed to come.

If our people are not going to come to the country I really feel it is not fair to everyone - and I have said that - it is not fair to us or country people or rural people to say, 'Well, you can have them there unsupervised'. They talk about supervision but in most cases from what I am telling you they have been unsupervised in all cases and they still cannot get registered. It does not seem right to me. I do not know what you feel but you have got to make the big decision.

Mr HARRISS - So then they have to move on, Ted, at the end of the period when they cannot get full registration to go through the whole process again.

Mr VICKERS - They do. Say, they really got sick of being there or something went wrong and they had to move and they wanted to go to Melbourne or Sydney or Perth they would have to go through, as

far as I can see, the whole procedure again. They will say, 'Yes, we will give you a year's registration here but you will be out in the country and try to pass these exams'. Some of them do pass them. But I do not know, I should have questioned Dr Sendeki, I suppose, a bit closer on your behalf. I could do that when he comes back, but I do not doubt he can do the clinical side. It is something they are asking them at the student side, which of course you would forget. I know myself, I forget a lot of things now but at 44 you could not go back and start answering questions. If you have had a lot of experience clinically they can probably do that but of course you can get paranoid about it and just wonder what they are doing. I think you are on the right track - I will have to praise you up as your private members' bill contrary to what they are saying. I just do not know how you are going to nut it out in the end, though.

CHAIRMAN - How do you think it should go? There is some comment, because they have already come into the State, because they are allowed to practise, because as you say they are not being supervised, they should get full registration - that is on the one side. On the other side there is the argument, why should and how could the Legislative Council, the Parliament, become involved when they are not experts in the area and therefore are incapable of professionally registering a person. They are the two arguments, and they say that if the Legislative Council then allow this person to practise what would happen, let us say, if they found him later to be negligent. Can you see the dilemma?

Mr VICKERS - There is a dilemma. It is a bit like the waterside workers, Mr Chairman, is it not?

CHAIRMAN - Yes.

Mr VICKERS - I used them because that is operational at the moment.

CHAIRMAN - Do you think there should be -

Mr VICKERS - If we are training as a country, Mr Chairman, people at universities funded by the people, which they are outside the private ones, and they will not go anywhere, it is just on our own side and these foreign doctors come in and they have trained at other universities, that is what I am getting at. Can the Government not somehow say, 'Well, okay, we want some reciprocity with other universities throughout the world so you can move about and do these things'. That seems a bit simplistic, I know, but I can see your bind there. What do you do? Okay then, what would happen then with Mr Schulze's bill if one of these doctors - Dr Kehilia, Dr Kulinski or the doctor at Queenstown who has been there for twenty years I think and had not done anything. He does anaesthetic work there, I think - he must have done something in that. But what happens if they make a blue? What you are saying would that happen to that bill and they would say, 'Why did we let that through for?'

CHAIRMAN - Yes. What occurred there was that really went through in the end as a result of the pressure that was applied. It went through with the handshake of the Medical Council.

Mr VICKERS - Yes, you have got to kind of get around them somehow. Well, if you amass enough evidence, Mr Chairman - be it not me to tell you what to do - if you get enough evidence out of this and simple people like you might call myself - I am like you, I am not a doctor by any means, I am not in the medical profession at all but I have had a lot to do with it in trying to recruit and operate things with them and I have seen them in action and they are not bad.

CHAIRMAN - Have you ever had any Tasmanian-trained doctors around there?

Mr VICKERS - Not to my knowledge, no. Oh, there is one at Queenstown now, there is a young fellow there that was trained - he went to school here at Burnie - I reckon he would have trained at the University of Tasmania. He is at Queenstown private practice.

But on the other hand, no, the last one I can recall at Rosebery when - oh God, we will not talk about that, that poor man went to gaol actually but he is dead now anyway - for some offence he was convicted and went to gaol from there. He was a Scottish doctor. Outside that no, I think Kulinski and doctor - Egyptian doctor, I have forgotten his name - he has been there for some years, 15 years - Kehilia - he has been there for some years so they may have come a bit after it. But after him there would have been others - I have struck others like Dr Rose - he was an Indian. There was another

doctor that came there, he was a bit peculiar, he was an engineer and a doctor he told me - another Indian - so you do get the strange ones there, but in the main no, there have been no trained ones. As I say, when George Mackay-Smith was Director General I used to have a fair bit to do with him and he used to say, 'We'll be right next year there, they'll be coming out.' But we never ever seen them, I do not know where they go, honestly I do not.

Another way to deal with it then, if you do not think we can register the new ones, perhaps the Tasmanian ones - if the Medical School survives and keeps going - could be put on a bond like teachers were, say, forty or fifty years ago, 'You will go into the country after your internship and do a year or two somewhere otherwise you will pay something back'. They used to do that to teachers. I know it is a bit old fashioned but that is how -

Mr LOONE - It is getting back to something like that has to be implemented.

Mr VICKERS - I really feel so, not because I am old. My wife was a teacher of that product too and we were married young and she taught on otherwise I would have had to pay back a lot of money in those days for her training, so that may be another way to do it. But it is a shame, I can understand them not wanting to come to the west coast, if we just deal with that - and that is all I should deal with. It rains a lot and they do have problems, I suppose they are a bit isolated but they can talk to one another between towns now and we always give ours two weeks' study leave a year on top of leave to go away or to go to conferences, which you have to, you cannot have them there in isolation not talking to their fellow doctors or they do not pick anything up, do they, they do not get abreast of things.

Mr HARRISS - Just in regards to Dr Sendeki, you have noted in your submission to us that he is working unsupervised. Was it a condition of his allowance to practise, if you like, that he in fact be supervised and how difficult would that be in a place like the west coast?

Mr VICKERS - No, it was not conditional, Paul. He was just put on with the temporary registration. That is what they say, no one said anyone was going to supervise him because there was no one there to supervise him, even at Rosebery until the other two were done, that was after he got through. There was no one to supervise him so he just did general practice. I think he knows what he is doing, I found him quite good actually and so have the rest of the people, you never hear anything said about them. In a small community, as you well know, they are quick to criticise if they are no good.

CHAIRMAN - Have you found at all that the doctors themselves say, 'Look, because there is not a lot of us here we have problems because we are on call 24 hours a day seven days a week.' And has that been one of the reasons you think that some of the rural areas have not been manned by doctors or have you not struck that criticism?

Mr VICKERS - No, that may be the case in some areas Mr Chairman. But what we do there as far as the Zeehan end goes, we are subsidised by the Government for two sisters who do after-hours calls, so he can actually technically go home to bed, he is not on 24 hours, he does his surgery time for us, whenever we say, we say we want so many surgeries a week for such and such money. In between the hours he knocks off and otherwise the sisters do the covering and if it is an emergency or they think they need the doctor they ring him but that is not very often, let us face the reality of that. The sisters can actually do something and say, 'Right, come in in the morning', but if it is such an emergency they do ring him and call him out but that does not occur that often, you have to say that. That is how we work that one.

If you went to another scenario, I suppose, Mr Chairman, and they were there - I can go back to Dr Parkinson's days, he run a hospital and he would have been called out and no one said much about that in those days but that is the old days, Mr Loone, is it not?

Mr LOONE - Yes, but it has changed now; they do not want seven day a week -

Mr VICKERS - That has changed I know. But he did not seem to mind that if he was called out, he went about his business and had a ... off in the morning, might be a bit late for surgery and everyone accepted it.

There is probably a fair bit of back-up down there for them, there is an ambulance service as well which they have in a lot of country places. You know, ambulance officers can be called as two alternatives and they can make their own judgment they tell me these days and rush them off to a hospital somewhere.

I do not think that is an argument myself, Mr Chairman, to be quite frank with you - not down there and probably nowhere else.

CHAIRMAN - Did you want to raise anything else?

Mr VICKERS - It is a bit brief there, I set it out the best I thought as we are all dealing with it, but what you do about it, Mr Chairman, I do not know. I have had my say.

CHAIRMAN - Thank you very much.

Mr VICKERS - But I say to Mr Loone, he and I might be on the right track there, if these graduates are not - well we say here, and he would probably tend to agree with me - but if they do not want to come out I reckon they should be bonded from our Tasmanian system and say, 'Well, you will do your internship and we need someone around there.'

Mr LOONE - It is not only happening here, it is happening Australia-wide.

Mr VICKERS - It is Australia-wide.

Mr LOONE - Although we seem to be getting it a bit worse than the mainland, I think, with what we can gather from evidence but there has to be something done here, there is no doubt about it.

Mr VICKERS - There is no doubt about it but how you get the Medical Council and AMA onside I do not know. Perhaps they ought to be getting onside and having a look at the other universities. I mean what I say, they cannot all be silly in Europe; they have been doing medicine for a long time. And if you recall, Mr Chairman, just as a conclusion, it was known as the British Medical Association until about 1961 in this country until the AMA came in. But I notice now, with meeting of the Government ministers, that you cannot come out as a British doctor, they will not give them full registration. Now, I find that stupid. We did have a dark doctor there recently from the islands - Jamaica - British trained, lovely bloke, perfect English, black. He said, 'I'm going home, I can't get full registration here', and he was a British graduate.

If these ministers of Health go around this country and make these decisions listening on our ... in the medical profession, I do not know where we are going to end up with it. I do not think that is right, I think it is silly to say, 'Well, we will only have New Zealanders and Australians from now on', you cannot dice the British. As I said, we only had the first university in 1862 in Melbourne.

Mr LOONE - The big argument is though that we have an over-supply of doctors in Australia per head of population, that has been stated.

Mr VICKERS - They are all in the cities.

Mr LOONE - They are all gathering up along the eastern seaboard, from Melbourne to Queensland, and they are not going out into the country areas. This is the information I have read.

Mr VICKERS - So what we are saying, if it could be brought in then, in each State then they should be saying, 'Okay, we are training you at this, if you are at the Government or at their university that you will do these things.' That is the only way to do it in the end, otherwise we cannot all move to the city, can we.

CHAIRMAN - Thank you very much.

THE WITNESS WITHDREW.