

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, HENTY HOUSE, LAUNCESTON, ON FRIDAY 17 APRIL 1988.

Dr ZELJKO BOSANAC, DIRECTOR OF RADIOLOGY, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Thanks for coming along. Could you please state your full name and address and the capacity for which you are before us, please.

Dr BOSANAC - My name is Zeljko Bosanac, actually Zeljko B... but nobody can pronounce it correctly and I accept it to be Bosanac.

I appear before this committee in several capacities. I would like to say that I appear firstly as an Australian, secondly as intervention and diagnostic radiologist working at the Launceston General Hospital for the last, almost five years - in the capacity of acting director of radiology department in the Launceston General Hospital.

CHAIRMAN - Give your evidence as you feel most comfortable.

Dr BOSANAC - I have prepared a few evidences, first of all I prepare my business statement which I can give you.

CHAIRMAN - Is that the statement -

Dr BOSANAC - No, that is a little bit different. I have a lot of evidences here and I put them in five separate folders and all those are documents. That means whatever I will say everything is here. If I can give you.

CHAIRMAN - Yes, please, we will take that into evidence.

Dr BOSANAC - Actually I have already made copies, if you want to have originals I have originals at home, but I made copies.

CHAIRMAN - Are they all the same?

Dr BOSANAC - No, they are different.

CHAIRMAN - We will have a look later. I do not want to waste your time at the moment. We will copy them and give a copy to everybody.

What we are looking at, as you can see, is that at present there appears to be some problems with overseas-trained doctors coming into Australia and being able to practise and practise for longer than a period of two years with that conditional registration. That seems to be affecting the rural areas and regional areas, more than any other areas. Because in a couple of incidences there have been very good doctors coming from what we understand - even though we are not expert medical people - but there appear to be expert medial practitioners coming from overseas into the country areas, and then after two years, even though they have gained universal acceptance by everybody including their peers, they have to turn around and go, which leaves people at risk and also the hospital.

Obviously they have to turn around and spend hundreds of thousands of dollars to advertise and get doctors back again, doctors who perhaps are no better, if as good, as the doctor who has to leave after two years. What we are looking at are commonsense ways around that but also to make sure that in no way does medical expertise suffer. We are looking at ways of doing that. If you can tell us how, please do.

Dr BOSANAC - Maybe I can tell you a few things because I am here now for six years. In Australia actually I came with my family in 1992. I am married and I have three marvellous daughters. The oldest one, Mya, she is a fourth-year medical student at Monash University in Melbourne; Jana is second-year medical student at Monash and Shaka the youngest one, she is just seventeen. She is first-year arts-science student at Monash.

I came here and people usually think that all migrants are - especially those days - refugees. I am not a refugee, I came here legally. We were granted Australian citizenship on 15 September 1994. Since we arrived here we have put in a huge effort to become good Australians and I think that we already did a huge participation in this country.

Me as a professional, I just want to tell you that I finished my radiology course and radiology speciality in the major teaching hospital in my country, in former Yugoslavia, capital of Belgrade. I was working there for ten years, being involved in teaching, in education, in publishing and normal everyday work.

When I came here in 1992 actually I knew that official procedure for the registration through the college AMC, procedure will be available from 1 January 1993. But before that I applied for a registrar job in teaching hospitals, knowing that probably they will force me to be on some training board to show my experience, or something like that.

I approached AMC and the college. I was assessed by the college that means still today I fulfil all requirements by the college, that means I was interviewed by two senior fellows. After my interview the college decided that I had to be one year on a so-called 'training position' in a teaching hospital and I spent nine months in Repatriation General Hospital in Melbourne in a very complicated situation.

I was full-time employed in the hospital and at the same time I was on the dole, that means I was not paid even a cent. After nine months I approached the college to Professor B..... - who is the Director of the Radiology Department at the Royal Melbourne Hospital who was my interviewer - asking him and explaining to him my situation and asking if there was any paid position for radiologists in Australia. He said, 'I haven't got a position in Royal Melbourne but if you can find a position I wish you luck and you can go' - despite the fact that I did not finish one year training.

I fortunately found a job here in Launceston. I moved to Launceston and started working on 20 December 1993. Then I finished my three months training at the Royal Hobart Hospital. Since then I have been working at the Launceston General Hospital as a radiologist with all duties which that position requires.

In the past five years I have conditional registration by the Medical Council and every year that registration is slightly different. For example, the first year I was radiology registrar, then second year I was nobody, then third year I was radiologist who must work under supervision, then fourth year I was radiologist who can work without supervision. But finally this year I am once again radiologist who must work under supervision, which is a little bit - I do not know which word to use -

CHAIRMAN - Crazy!

Dr BOSANAC - No, I did not want to use such a strong word but that is absolutely ridiculous because I am the senior radiologist in the radiology department. I was asked by authorities in the hospital, when Dr ... retired, to agree to become director of the radiology department. From 10 February 1997 I am the acting director of radiology department - acting because I cannot be director - because I am not registered. That is a little bit sad.

Another thing which is extremely important I am intervention radiologist. You are probably not familiar with radiology. Radiology can be diagnostic and intervention. I have sub-specialised in

intervention radiology for fifteen years. When I came here I realised that there is no intervention radiologist service in this State at all. In five years I developed that service to the full extent and now we have to be proud we are on the world map, recognised by the world internationally, as an intervention radiologist service because we have a unique angioblab in the Launceston General Hospital which I set up. We are performing all intervention procedures. Since I came here we did not send any patient outside Launceston and outside the area for those procedures. Another thing is that even at the Royal Hobart Hospital, which is a teaching hospital, they have not got any interventional service despite the fact that they have the same equipment.

Finally last month for the first time the Royal Hobart Hospital officially approached me asking me was I happy to perform a few procedures in the Royal Hobart Hospital which I said that of course I am.

One thing is paper as a paper. What is on the paper is not important. As a medical practitioner I think the only important thing is what you can do and what you are doing. And that is hypocritical that we are allowed to practise and then we are not allowed to be registered is absolute nonsense. The college is so rigid.

I am an affiliated member of the college from the very first moment. That means I have got all rights, except voting rights. I am an active member of the Intervention Radiologist Society of Australasia. Acting members means by rules that - actually in the rules they said, 'You can be active member if you are a fellow of the college'. I am not a fellow of the college, but they could not ignore my participation in intervention radiology. They gave me active membership despite the fact that I am not a fellow. I approached the college after three years practising asking for reassessment, asking them to come and see in practise what I am doing. They just ignore everything and just send me another letter - you have all evidences - that I have to sit for the full part 2 exam and if I will pass that exam then I can be considered to become a fellow.

As a teacher for fifteen years - it does not matter if it is medicine or any other profession and you can understand that very clearly - I refuse to be forced to go back because I am going forward. That means after fifteen years to ask any professional to go back and sit for the basic exam on which students are sitting after continuous training is absolute nonsense. We can do that only if we can stop working, stop practising, start studying once again. But what is the purpose? We have already passed that exam and we are now studying something else. We are improving our profession and that is what I am doing every day.

CHAIRMAN - Have you got students under you from the University of Tasmania?

Dr BOSANAC - Yes. Officially I have fifth-year medical students at Launceston General Hospital because from January this year, the Medical School at the University of Tasmania have fifth-year medical students in Launceston. I am actually giving them full ... in radiology. That means I am lecturing medical students of the University of Tasmania and I am not registered. That means if I am doing what I am doing - and all of that can be seen in the radiology department and I have all evidence - that means it is a little bit hard.

For six years I did nothing, I did not join any overseas-trained doctors association. You know what is the problem here in Australia, generally, and I know that. But my strong belief was I am a medical practitioner, I have to prove my abilities and I have to continue my work for the benefit of my patients, because that is how I was taught and that is what I am doing. But I and my family, we are suffering a lot, in any respect. That means I am very, very grateful that I had the opportunity to be here and to tell my story.

I know that we are not the same and people are not the same, but my strong belief now is because now I know what is going on here, especially here in Tasmania. I am at the age where I have to settle down, I am almost fifty-years old - I am forty-nine. I find it a great place here in Tasmania, professionally and privately, and I do not mind to spend the rest of my life here in Tasmania, but not in the situation in which I am because I am not able to actually organise my life at all.

Maybe that is the most important thing. I was rejected. My application for full registration as a specialist was rejected by the Medical Council of Tasmania in 1995, despite the fact that at that time

the Medical Act 1959, section 18(1) subsection (1)(b) was legal approach and legal pathway to be registered as a specialist. And I applied - being supported by AMA because I am a member from the very first moment - and that registration was rejected without any explanation, you have all documents. I was advised at that time to take legal action which I refused because -

Mr SQUIBB - Advised by whom, by AMA or -

Dr BOSANAC - By AMA, by my friends, by my peers, who said 'Look, this is something which is illegal, you should take action'. I said, 'I don't want to take action'. Because once you decide to take legal action then my strong belief is I cannot stay here, but I would like to stay here. I was hoping that at the end of the day somebody will recognise my work and something will be done, which we will see what will happen.

CHAIRMAN - People in the same shoes as yourself are saying the same thing, that they do not want to go back and do the exams because if they do those they have to go to a teaching hospital. And for some that is not possible because they are in areas where it means that they have to stop the work they are doing to go to a teaching hospital. Therefore they are saying that they should be able to be tested in another way by their peers.

Dr BOSANAC - Absolutely. I agree.

CHAIRMAN - Whether that be the peers come to them or alternatively they go down for a week at a time, over periods of time, and carry out procedures in front of the peers and therefore, at all stages, their practical work is looked at as opposed to the written examination. Do you agree that that would be a more suitable way of -

Dr BOSANAC - Absolutely. My strong belief is there are two ways - two honest ways: one honest way is if we are coming to another country as medical practitioners - or whatever the profession is - we should be either not allowed to practise and be forced to pass some sort of exam -

CHAIRMAN - Is that a better way for you?

Dr BOSANAC - No, that is one of the honest ways. Then we will decide to go or not, knowing that if we want to practise we have to do that and that. That is one way, and that is the way in the United States. You cannot even enter hospital and practise medicine before you pass an exam. But then -

Mr LOONE - That is an American-set exam?

Dr BOSANAC - Yes, but that exam is not an exam which they are forcing us to sit here, because they are forcing us - can you imagine if you will now ask medical practitioners here, with fifteen years of practice, to sit for the anatomy exam which all medical students are sitting. That is inappropriate, because what is the purpose? That means that exam is a different exam. Here we are allowed practise and of course if we are allowed to practise and if we can prove through our practise that we are practising and performing on the level of the standard of this country, why should we sit for any exam. Because if I perform 2 000 intervention procedures on the standard of the world, not only in Australia, what should I do more to prove that I am a good radiologist? That is the point.

CHAIRMAN - Do you think that members of parliament should be able to intervene and act as a de facto registration board, members of parliament not having the expertise to do that because they are not trained in the medical field?

Dr BOSANAC - I think so, and I strongly believe that you have to - as a Parliament, as a government - you have to take action. Why? Because you are responsible for the benefit of this State. Being a medical practitioner I do not like to talk against my profession in general, but I think that medical professionals here in this country in the medical profession is somehow separated from the overall situation in the country and somehow acting protectively for no reason. For example, for five years I am practising here but in more than ten years we were not able to attract any - none, zero - registered radiologists in the Launceston General Hospital.

CHAIRMAN - How long was that?

Dr BOSANAC - For more than ten years. We advertised several times internationally - no way, why - there are several reasons. First of all, from Australia every registered radiologist can find jobs in major cities, or in private practice, or whatever - that is one reason. Another reason is that overseas doctors should be offered something which will be attractive for them to come. And you have to be aware that public medicine in this State relies 80 per cent on overseas-trained unregistered doctors. In the Launceston General Hospital at the moment you have more than 80 per cent of overseas-trained non-registered doctors.

I feel strongly, and I think that all my peers feel the same, that we are a second-class citizen because we are not free. We can argue and I can understand politics, fine. If we will get full registration we will go, no, it is not true. I can tell you strongly. If I put in effort which I put here for five years, I do not want to go. I do not want to start once again from the beginning and prove myself once again, but I want to be free, I want to be free to make decisions.

CHAIRMAN - I can understand that and understand what you are saying, but it has happened. As you know - I think it was two years ago approximately now, the Parliament gave, through an act of Parliament, full registration to four doctors -

Dr BOSANAC - Yes, I was here.

CHAIRMAN - a couple on the west coast and two on the east coast. That was given with a handshake virtually of the Medical Council and the AMA. But immediately it was given one of them left.

It seems to me that the Council are concerned about that because they are saying that it is a backdoor way of getting full registration, therefore causing a glut perhaps in Sydney or Melbourne where there seems to be an oversupply.

Dr BOSANAC - Yes, I can understand that.

CHAIRMAN - So, therefore - and I do not want to cut you short - but do you believe that it would be more appropriate if there was a type of registration where a registration could be extended? Or alternatively, it can be a registration which restricts that doctor to that area for a period of time.

Mr Loone brought up another suggestion along with that, providing a provider number to the area as opposed to the doctor. In other, words if the doctor left that area the provider number that he had at the time would not go with him, the provider number would stay in the area to make sure that that rural area was properly serviced.

Mr SQUIBB - Except, Chairman, one aspect of that - but I do not think we have pursued it as a committee - many of these people of course would not be eligible for the provider numbers.

CHAIRMAN - I understand that, yes.

Dr BOSANAC - Yes, especially that new legislation is in place and we have problems. I am supervising one of my colleagues in the Launceston General Hospital because three of us are there. All three of us are overseas trained, not registered. The youngest one he has not a provider number because new legislation took place recently.

Mr SQUIBB - Do you have a provider number?

Dr BOSANAC - I am the only one who has. The second one, Dr Zakon, he lost the provider number recently. That means I am the only one who has a valid provider number for inpatient or outpatient - that means private and public patients. That means we now have a technical problem in what to do and how to manage a situation because we cannot bill the procedure because only my provider - according to legislation now you cannot put my provider number if someone else does the procedure. That means the procedure can be billed only on the provider number of the doctor who actually did the procedure. In the past it was possible but now it is not.

The situation is now that he either should stop working, which would be an absolute disaster, or we have to make some arrangement that he will put my name there. That means then I have to go and see what he is reporting, if I am putting my name in, if I am responsible. Admittedly it is a very complicated situation.

I agree also that there can be a restriction to the area, to the State or whatever, it depends. Once again, you have to be very careful when you will make decisions. It depends on a level of the performance or the level of the doctor because if you restrict everybody to the small space, then you will actually not allow somebody to go in the same State somewhere else. That should be considered. Because for example, in my situation, because I am the only interventional radiologist in the whole State, and the Launceston General Hospital is providing, that means if you have facilities at the Royal Hobart - and I was already approached by Royal Hobart to go there to start doing something - then if I am restricted let us say in Launceston, then I cannot practise in Hobart. That must be considered as a situation.

But I think that you should do something and I think you have power and you should have some kind of power to talk to colleges, to AMC, to the AMA and decide something. Because I am telling you one thing, after six years here, after doing what I am doing, I am very proud and very happy but I am a little bit tired of not having recognition.

Mr SQUIBB - Or security.

Dr BOSANAC - No, I have not got security at all. Practically by legislation after 31 December this year we have to stop working because we have not any possibility to continue working.

Mr LOONE - We are finding from the evidence that has been presented to us during this week in particular, that there is no uniformity between the various colleges of obstetrics or orthopaedics, surgery or what, there is no uniformity. In one area they will grant registration by judgement of their peers, in another area it has to be done by examination, another area you have to go back to school for three years. Have you any idea why that is happening, why there is no uniformity? There is uniformity in so many other areas but as far as the colleges are concerned it is not so.

Dr BOSANAC - I have a very clear idea and I am a very honest person, straightforward. Australia is my country now, I have not got dual citizenship and I have not any other country to go and I do not want to go, I want to stay. That means I am very interested of the prosperity of my country. We have, especially in medicine, two systems - two separate systems - one is public one is private and that is the major problem because real medicine can be provided only in a public system because real medicine is very expensive.

When you are running a private business, it does not matter which sort of business, you have to run the business. That means if you are running a business you cannot provide expensive procedures or whatever. In any situation all major surgery, all major surgical procedures, are done in Launceston General Hospital, not in St Lukes or St Vincent. That means consultants here who are working in St Vincents or St Lukes Hospital as private doctors are not performing very complicated surgical procedures there. Why? Because they cannot provide facilities for such procedures because it is very expensive. Then they are bringing patients to the Launceston General Hospital or the Royal Hobart Hospital or public hospitals to do that medicine.

Another thing, yes, they cannot provide education because education is expensive and they cannot properly run their business. That means education can be provided only in the public system. Actually I think that is where you can act absolutely as a government. You can make it attractive for the medical practitioners to work in the public system. That is the only way.

You have to understand that they can earn incredibly more money in private sector than in the public sector. That huge gap, all of us are humans, all of us would like to have a lot of money and buy a car and house, et cetera - fine. But the difference is huge and that is the reason why all of them are going to private sector, but they would like to be attached with one leg in the public system as a VMO.

A year ago I had four private radiologists taking participation on-call in the Launceston General Hospital. They decided to be on call only during the weekends because payment is bigger. We full-

timers in the hospital were sharing on-call with them. We were paid three-and-a-half times less than they for the same job. It is absolute nonsense - for the same job! For example, if patients come for intervention procedure and a private doctor is on call he will say, 'I'm very sorry but I am not doing that'. Then what will happen - it has happened a million times - they will call me, who is not on call, but because I am a medical practitioner I will come and will do my job despite the fact that I am not on call. It means you as a government should - I think that was already stated that the public health system in Australia has almost collapsed.

CHAIRMAN - I do not want to cut you short, but we are restrained by a time period, but we do not want you to go away and say, 'They didn't listen to everything that I wanted them to listen to'. So please, if you have any other points that you particularly want to make, please make them, otherwise the other doctors who are to follow are going to be -

Dr BOSANAC - I believe we should be considered separately as individuals regarding our work, and I think everybody who is practising successfully and managing for a certain period of time should be registered. That is my strong belief and that is my conclusion in my written statement. Which kind of registration and for which area, that is for proper consideration and negotiation, but no doubt we should continue as we are continuing now.

Mr LOONE - Doctor, with your registration at the moment, is that renewed each year?

Dr BOSANAC - Every year.

Mr LOONE - And you actually only have a twelve-month appointment and that comes up for renewal each twelve months?

Dr BOSANAC - Yes.

Mr LOONE - Then in your case, if an Australian-trained radiologist -

Dr BOSANAC - I am out straightaway, and I agree with that. I am not registered, he is registered. Fine. That means there is absolute insecurity.

Mr LOONE - Then your job is advertised each year? Advertised publicly in the press -

Dr BOSANAC - Not every year because we do not want to spend money for advertising because in my profession we know exactly there is no way we can attract intervention radiologists in Tasmania. No way, because we are a very small group of -

Mr LOONE - We had evidence given to us this week where in excess of \$100 000 was spent on trying to attract a specific specialist to an area, and they had no response.

Dr BOSANAC - No. We advertise overseas, internationally and everywhere, and there is no way.

Mr SQUIBB - I am interested in the fact that you have had your annual registration extended for - you are now into your fifth year.

Dr BOSANAC - Fifth, yes.

Mr SQUIBB - Were you given any indication from the outset that there would be a limitation to how many extensions of the annual registrations you could have?

Dr BOSANAC - To my knowledge, in every State in Australia there is a different law. In Victoria there is a fixed law of four years; you can extend under conditional registration only for four years, and that happened to my brother. He was practising in Ballarat for four years.

Mr SQUIBB - And unless you gain full registration there is no way -

Dr BOSANAC - He will not be able to - he was forced to moved to Tasmania. He worked in Tasmania and then he went to Adelaide. After nine years he finished his registration. In Tasmania it is completely

different, there is no strict rule. That means that extension of registration is up to the Medical Council or whoever, but for how long nobody knows.

Mr SQUIBB - It does appear - and I think you indicated in your evidence - that you have a written indication from the Medical Council of Tasmania that your conditional registration will not be extended beyond December of this year.

Dr BOSANAC - Yes, of course. That is from 31 December this year - not only in Tasmania but the whole of Australia. All overseas doctors who are not registered should stop working.

Mr SQUIBB - Right. I notice from your submission that you are requesting what I interpret to be a legislative process by which conditional registration can be extended for longer periods. Am I reading that correctly? In other words, you are not requesting full registration which would enable you to practise as a fully registered person anywhere in Australia; what you are seeking is the opportunity to be able to apply to somebody to get conditional registration which would enable you to continue in your job at Launceston General Hospital, but for a period in excess of the annual registration - in other words, a five-year period or a ten-year period.

Dr BOSANAC - That letter was written after I had talked with the AMA as my union, and they actually invited me to write such a letter as I wrote. Very clearly I stated in my statement that I am happy to finish my professional career in Tasmania. Basically what I am seeking is full registration as a radiologist in Tasmania.

Mr SQUIBB - In Tasmania.

Dr BOSANAC - That is it, because maybe I will finish my career in the Launceston General Hospital, and that will probably happen because I have established everything there. I am seeking full registration in this State, that is what I would like to have and then I would be absolutely happy. I will continue doing everything to get fellowship of the college, but that is a completely different issue because being a fellow of the college does not mean registration. I am seeking full registration as a radiologist in Tasmania.

Mr SQUIBB - Have you discussed that particular request with the AMA?

Dr BOSANAC - Yes.

Mr SQUIBB - And do they support you?

Dr BOSANAC - Absolutely. They already took some action with the college, they approached the college as my union.

Mr SQUIBB - They support your application for full registration without the need to do examinations?

Dr BOSANAC - Yes. They already -

Mr SQUIBB - Do you have that in writing?

Dr BOSANAC - I do not because they did not want to give it to me, but I have information. What happened in the last AMA meeting in Hobart was that one of my colleagues from the Launceston General Hospital actually put a motion on two-and-a-half pages and he asked the AMA to support me in my fellowship with the college. That was unanimously accepted by the AMA, I know that. The AMA now officially as a union approached the college. That is information that I have. It was not appropriate to give me, at that stage, any written evidence because they are doing that on my behalf and they think I deserve that. I did not apply, that was their decision.

Mr SQUIBB - Sorry to take time, but I think this is quite an important source of information. You obviously would be aware of the Mutual Recognition Act which enables a person who has full registration in one State to automatically get full registration in another. The AMA is obviously aware

of that as well, yet despite that they have indicated that they are prepared to support your application for full registration.

Dr BOSANAC - Yes.

Mr SQUIBB - That is interesting.

Mr LOONE - That is full registration to work at the LGH?

Mr SQUIBB - No, in Tasmania.

Dr BOSANAC - In this State.

CHAIRMAN - It would seem to me - and tell me if I am wrong - that they say you are the leading radiologist and interventionist radiologist in the State and you are the leading teaching interventionist radiologist in the State, therefore you are a needed commodity, if I can say that. Therefore they want you to have this registration and therefore they are willing to do everything they can to give you that registration.

Dr BOSANAC - But the college is so rigid - especially my college. I am in permanent contact with all my colleagues from the college who are top radiologists in Australia because we meet each other at conferences where I present papers. We know each other and I have talked to them. But they do not even want to talk about it because as a colleague if I start talking they just feel uncomfortable because they do not actually have anything strong against and they would choose not to talk rather than talk.

If you approach the college officially, which I did - an official communication when I sent my request and they sent a letter back saying, 'Very sorry, Dr Bosanac, you have to sit for the part 2 exams', and so on, that was it. The college of orthopaedic surgeons have in legislation the possibility that overseas-trained specialists can be assessed by the college and can be granted full registration, full fellowship without sitting any exams. We do not have that.

Mr SQUIBB - Why do you think there is a difference in the procedures between the various colleges?

Dr BOSANAC - Because my college controls the number of radiologists every year. The passing grade of the part 2 exams is incredibly low - less than 20 per cent - and every year, for example, 50 applicants for registration sit the exam, but how many of them pass depends on how many radiologists -

Mr SQUIBB - It is not really an exam to test the competency of the specialist, it is an exam to limit numbers.

Dr BOSANAC - That is it. I cannot prove that because there is no evidence, but it is actually politics.

Mr SQUIBB - Do they tell you each year what the pass mark is going to be? Do you have to get 70 per cent of the questions right, or 80 per cent, or just 50 per cent?

Dr BOSANAC - You have a percentage, but the point is you are sitting written and oral exams. That means that on an oral exam everything is up to me, and that is it. I know exactly what is going on because I went through that process and that is the reason why I refuse to sit for the exam.

Mr SQUIBB - The point I am trying to make is, is the pass mark - the number of questions and procedures that you get right in the exam - the same each year?

Dr BOSANAC - No. Nobody knows what the pass mark is.

CHAIRMAN - The pass mark depends upon the numbers they want through, does it not?

Dr BOSANAC - Exactly, because they can decide after your oral exam, after your film reporting that you did not perform very well. That means nothing, there is no objective criteria for that. That is my strong belief because I have been in that business for 20 years and I know, if I wanted, nobody could

pass the exam because I know what to ask and how to ask somebody who is sitting the exam. Or, everybody will pass the exam. In Europe, generally speaking, the purpose of the exam is to show that the candidate is competent, not to fail him. Here the purpose is to fail as much as possible, depending on the situation. This is not honest towards students and people who are sitting the exam here.

CHAIRMAN - Are there any other questions? You have been very helpful, thanks, Doctor. Thanks for your time in coming along today and we wish you all the best.

Dr BOSANAC - Thank you.

THE WITNESS WITHDREW.