

UNEDITED TRANSCRIPT

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.

Dr KEITH NICHOLAS EDWARDS, CONSULTANT PAEDIATRICIAN AND SENIOR LECTURER IN PAEDIATRICS AND CHILD HEALTH, UNIVERSITY OF TASMANIA AND NORTH WEST REGIONAL HOSPITAL, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Dr Edwards, your reputation precedes you because of a previous witness but for the sake of completeness can you please state your full name, address, and the capacity in which you appear before us.

Dr EDWARDS - My full name is Keith Nicholas Edwards. I am currently staff paediatrician at the North-West Regional Hospital. I am appearing before you because I think I am similarly affected to Dr Iastrebov and I have some perspectives on the situation and perhaps some suggestions for solutions.

I have some overheads, if that is all right.

CHAIRMAN - Yes, by all means.

Dr EDWARDS - With your permission, Mr Chairman, I just wanted, in perhaps ten minutes, to overview the details of a letter, a written submission, that I made I think in December which is in the front of the purple folder; it is item 1 there.

CHAIRMAN - 20 January?

Dr EDWARDS - Sorry, 20 January. In doing that, I was going to mention my background and qualifications; my current work in Tasmania; the specialist registration issues as they affect me and some solutions from my perspective.

As stated, I am Keith Nicholas Edwards, 49 years of age. I am a citizen of the United Kingdom but already a permanent resident of Australia. My medical qualifications are British ones with a basic medical degree from the University of London in 1973 and specialist paediatrician qualifications in 1978 in the UK. I am registered as a paediatrician in the United Kingdom and in Papua New Guinea and in Australia I am conditionally recognised in Tasmania to practise paediatrics only in north-west Tasmania until January 1999, that is about another ten months, nine months. After that time I will have to leave.

Mr LOONE - Before you move on from there, doctor. When your term finishes here, unless there is some change in registration procedure, what opportunities are there in Australia for you?

Dr EDWARDS - None. Apart from - I should not say none. I have done work in public health in international child health for AUSAID. I could work on AUSAID projects overseas, which I have done already for the last two or three years on a part-time basis. I have been involved in project design in the

Philippines, Vietnam, Cambodia and Papua New Guinea. I could do that. But I am not as qualified for that as I am for the job I am doing now, interestingly enough.

So to recap my qualifications. University of London basic medical degree. I have a Diploma in Child Health from the Royal College of Physicians and Royal College of Surgeons, UK qualification in 1978. My specialist qualification is the MRCP UK 1978 from the Royal College of Physicians. I was awarded the Fellowship of the Royal College of Physicians of Edinburgh in 1988 and that is something that happens on submission if you have to do a degree of internationally-recognised work in order to get this recognition. So I managed to get that ten years later. Just recently I have been made a founding member of the Royal College of Paediatrics and Child Health in the UK. So my UK qualifications are fairly solid.

CHAIRMAN - The fellowships of the FRCP and the FRCPC, not everybody who does the specialist degree or specialist qualifications gets these fellowships, do they?

Dr EDWARDS - No.

CHAIRMAN - That is over and above.

Dr EDWARDS - It is over and above and it depends on submitting some item of work or an item of research. I received mine because of work on tuberculosis in children in Papua New Guinea, which is now used as a diagnostic method in several other developing countries - I think Bangladesh is one and part of India. It is a method of diagnosing TB in children when you do not have diagnostic facilities like X-rays and so on. So that is certainly true.

My past experience is I have been a paediatrician for the last eighteen years. Ten years of that I have been a lecturer in child health and six years of that I have been considered an expert on indigenous child health. As I mentioned already, I have been involved in project design for AUSAID in Cambodia, Vietnam, Philippines and Papua New Guinea. I was the manager and paediatrician technical officer in the AUSAID-funded Papua New Guinea child survival project for the last five years or so. I have given advice to the Menzies Research Centre in Darwin on ear infections in Aboriginal children; I have been involved in meetings in Cairns in regard to the health of Torres Strait Islanders and Aboriginal people in that area. Even the Royal Australian College of Paediatricians has asked me to give them advice on Papua New Guinea but they will not recognise my qualifications, which seems a little bizarre.

Interestingly this is another ridiculous quirk. I was registered in New South Wales in 1977 to 1985 but in 1985 I was not in Australia and they informed me that unless I came to Australia they would not be able to keep up my registration. So I was knocked off that list at that time. I have made attempts to be reinstated but I am told it is impossible.

CHAIRMAN - If you were on that list still, you would have your immediate specialist qualifications down here.

Dr EDWARDS - If I was on that list I would not be before you now; there would be no problem. Similarly, if I had come to Tasmania for one week, I am told by the Tasmanian Medical Board if I had been registered here for one week I would automatically be reinstated in Tasmania. But I am not reinstatable in New South Wales. I think it is similar to the point made by the previous person who said that there are too many people trying to go to New South Wales and the more populated areas and I think particularly New South Wales has closed the door to doctors trying to get in there by this method. I think there are a lot of people in Hong Kong, Singapore, doctors working there who were registered in New South Wales and they said, 'What if all these people suddenly came here?' This is just my own conclusion as to why New South Wales has done this but it does not apply in the other States. It is just unlucky that that is where I was registered.

So currently, as I have stated already, I am the staff specialist paediatrician at the North-West Regional Hospital since January 1997, just over a year, fourteen months. My responsibilities are the inpatient care of sick children, emergency care for sick new-born infants, outreach clinics have been commenced since myself and the other paediatrician, Dr Kumar - who I think is appearing later - arrived here we have started outreach clinics so that we cover the sort of places that were mentioned earlier:

Queenstown, King Island, Ulverstone. I do clinics in those three areas as well as in the Burnie hospital. We are on a one-in-two, 24-hour, on-call roster alternating.

Since February this year I have been appointed as a senior lecturer in paediatrics in child health with the University of Tasmania, specifically to develop an undergraduate rural medicine course. This is because the Medical School requires to involve the students more in rural medicine, for the points raised earlier: that people perhaps are not aware of the rewards of working in a more remote area and perhaps that is why they rush straight through to the developed hospitals and the city areas. I am actually involved in developing a program for the fifth-year medical students based at the North-West Regional Hospital and this year we have ten students at the North-West Regional Hospital for the first time.

CHAIRMAN - You are their teacher?

Dr EDWARDS - I am the teacher in paediatrics and the coordinator of their course in medicine, obstetrics, gynaecology, paediatrics and surgery to make sure that they get a suitable exposure to those things.

CHAIRMAN - Can I just ask. The university, which is made up no doubt of people involved with the Medical Council, has actually come to see you to ask you to develop the undergraduate rural medicine course?

Dr EDWARDS - That is right, yes. I was requested to take it up. I think partly because of my background and because I was actually in the right place. It is very difficult to attract, I think, somebody else to come here but I was quite happy to do it. I am used to having students and teaching students; that has been my main work pattern.

CHAIRMAN - So you are teaching students who are going to be registered?

Dr EDWARDS - Yes, that is right, I am teaching students who are going to be registered. To be fair on the university, I have had a lot of support from them and the Tasmanian Branch of the Royal Australian College of Paediatricians have written a supporting letter to the censorship board of the college saying, 'Please recognise my qualifications'; but that has not happened as yet.

Mr HARRISS - An attached component of that could reasonably be argued that anybody who goes through the system in Tasmania and comes out qualified and subsequently registered ought not be acknowledged by the censorship board of the Australian group.

Dr EDWARDS - Quite. It is perhaps a provocative thing to say but I did actually ask somebody, 'If I'm not fit to be a paediatrician here or to teach the students, who is taking responsibility for that?' Children are dying because I am not fit to do that, so who is taking responsibility? So it is a very sort of curious middle-of-the-road situation.

CHAIRMAN - Can I ask you one more question in relation to that. Is it a case also that with your conditional registration you are supposed to be under supervision? Is that part of the condition of your registration?

Dr EDWARDS - I am not aware of that; I have not seen that written down anywhere. I am obliged to attempt to obtain registration from the national specialist college and I am in the process of doing that. It is an ongoing process, which I will say a little bit about, but to this point in time it has not been successful. I think one is given two years to try to - I think the board looks at the qualifications and says, 'These qualifications are, in our opinion, adequate'. Also the employee, the medical director and the chief executive officer of the hospital, I think, look at the qualifications, look at the references and decide: is this person suitable for this position? One is conditionally registered as a formality I think; that is how I saw it initially, in the presumption that one's qualifications will be recognised. But over the last years it is becoming more difficult for anybody to get their qualifications recognised.

So in applying to the Royal Australian College of Paediatrics we obtain support from everybody we are working with. I think that is an important issue about deciding whether a doctor is capable or not. I

think the general public are not fools and they know when people are not doing the right thing. Similarly, other health workers are not fools and they can give a reasonable judgment as to people's skills and suitability. So we obtained affidavits or written recommendations of support from many of the general practitioners in this area, from the allied health staff of the Child Assessment and Parenting Centre, Child and Adolescent Mental Health Service and the Schools Support Service. All the senior medical staff at the North-West Regional Hospital signed a letter of recommendation. I, myself, had two distinguished Fellows of the Royal Australian College of Paediatrics recommend me to be recognised and also the Tasmanian State Branch of the Royal Australian College of Paediatrics. All the paediatricians working in Tasmania recommend that my qualifications should be recognised but to this point in time it has not happened.

The process in the recognition involves an initial assessment where the college decides, are you a relatively young qualified specialist and do you need more practise or more experience before you could be judged qualified or an expert. So they do an initial assessment based on your curriculum vitae and an interview and following that it was judged that my training experience was equivalent to an Australian specialist paediatrician but I was informed that I would be required to take a high level clinical examination and that they only gave exemptions to professors who were working for the university. That was the only exemption they gave.

CHAIRMAN - Just cutting in, if the university made you a professor because of your work with paediatrics you would immediately become registered?

Dr EDWARDS - It is quite likely, yes. There is an application in to make the position that I am working on at the moment, an associate professorship position, but that has not gone through yet.

CHAIRMAN - Would that mean that you would be able to -

Dr EDWARDS - I do not think anybody is prepared to say, but I know verbally that the person who held the interview on the initial assessment said that the university was given a discretion to approve the qualifications for registration, so it could well be that that would happen. But, in reality, I think you may have heard earlier on that both myself and Dr Kumar took the high level clinical examination and neither of us passed; in fact, nobody passed in the group that we attended in Sydney.

Mr LOONE - Is there a message there?

Dr EDWARDS - I think there is a strong message. The Professor of Paediatrics in Hobart, Professor Carmichael, when he heard we were attempting the exams straightoff, he said, 'I would wait another year if I were you. It is a very hard exam and 10 per cent is the pass rate'. So that has been on average since the exam has been in place apparently. This is a special exam for people who have worked as paediatricians elsewhere; it is not the graduate exam that is done in Australia.

CHAIRMAN - Is it harder?

Dr EDWARDS - It is a harder exam, yes. Well, that is my opinion from the pass mark. In fact, I think the patients are quite similar but what matters is how your performance is judged and I received a letter saying that my performance was satisfactory but not to the required standard, and I do not think that is English.

Mr SQUIBB - What is the required standard?

Dr EDWARDS - Those two things seem to be in contradiction - if the performance is satisfactory then it is satisfactory. But anyway, that is what happened. So we went ahead with their process to be recognised - it failed. Then I was informed that there is another pathway, that perhaps I should not have taken the exam because after -

Mr HARRISS - After the college had indicated to you there is but one pathway for you to pursue.

Dr EDWARDS - Yes, that is right. Then with a little bit of pressure actually from the authorities, it was not from me, they admitted that there was another pathway and that perhaps I was eligible for that

pathway - which is called pathway 2 - where, if you have a recommendation from two senior fellows and the support of the State branch and if you have been qualified as a paediatrician for more than fifteen years and several other items, then you can be recognised. I put in an application in that pathway and I was told that I did not qualify and that my application is considered pending because of the requirement to be fully registered in a State or Territory and also I needed to have been in Australia for two full years. That is what they said, that I did not have these two criteria.

In the copy of the by-laws they sent to me it did not say 'fully registered', it said 'registered' - the 'fully' must have been silent, I suppose. But it just said 'registered' and I am conditionally registered but they came back and said, 'No, it has to be fully registered'.

CHAIRMAN - But you were registered in New South Wales.

Dr EDWARDS - I was registered in New South Wales until 1985 and I am not registered there now.

CHAIRMAN - But you would have a good legal argument, I would have thought, because that does not say that you had to be presently fully registered, it just says you had to be fully registered for a period.

Dr EDWARDS - Well, I think it does say 'currently fully registered' - something like that terminology - so it is registered now. In all the letters from the college I received statements pushing me to - they say, 'We've done what we can, you have to apply to the State Medical Board to register you' - and this is a section out of one of the letters where it says: 'that a medical qualification must have been held for at least fifteen years which is regarded as satisfactory by the Council for the Royal Australian College of Paediatrics and has enabled registration as a medical practitioner in a State or Territory of Australia or New Zealand'. So that seems to be the stumbling block for this pathway for me.

You can understand why the current registration laws have been made but there is no doubt in my mind it is the remote areas that suffer. I think with the current situation the remote areas are serviced by an ever-changing sequence of medical practitioners of variable quality. In Burnie, paediatricians have been brought from Canada and America as locums at high cost through locum agencies for three months at a time to cover the paediatrician's position, because without a paediatrician you cannot do obstetrics because you need a paediatrician there if there is a problem with a newborn baby. So the hospital is obliged to have a paediatrician. Prior to the arrival of myself and Dr Kumar I think the quality of care was not so good because of people coming in and going out and periods of time when the hospital was covered from further down the coast.

I think the other thing that happens with the current registration, if I got my registration tomorrow I could then go and work in Sydney, which is ridiculous. I really think it is ridiculous and in fact I have no intention of working in a big city. I never have done. I trained in central London for seven years and that was enough for me and I have always worked in smaller places.

Mr LOONE - Dr Edwards, what would your position be, say, that registration was given to you to practise in Tasmania, not elsewhere, would you accept that sort of registration?

Dr EDWARDS - I would. In fact I put it down on my possible solutions because I am not asking any more than to be allowed to work in the remote areas of Australia. I have no intention of working in the big hospitals in the cities. But I think the rules are ridiculous because they suit the big hospitals in the cities and in the more popular States, fine, but they do not suit the rural areas, because as soon as somebody gets registered they can leave and I think tying them or at least a half-way system - if I was given registration in Tasmania maybe I should work here for five years before I am allowed to go anywhere else.

Mr LOONE - Yes, we had a bill along that line.

Dr EDWARDS - In a compromise situation. So my perspective is that I am willing to continue my current work as staff specialist paediatrician at the North-West Regional Hospital servicing outreach paediatric clinics in the north-west region, but I am caught in a catch-22 situation whereby the State will recognise my qualifications if the specialist college does so first and the specialist college will

recognise my qualifications if the State does so first. You see, it is a round and round situation which is very clear to me.

I just put three simple solutions. There are obviously different combinations of things that could be done but I have suggested that maybe allowing Tasmanian registration of doctors previously registered in other States may allow some doctors to obtain registration and stay and work in Tasmania -

Mr SQUIBB - Would you know whether that would conflict with the Mutual Recognition Act?

Dr EDWARDS - Well, I think it definitely does to some degree but the Mutual Recognition Act, I think, is an absolute disaster for States like Tasmania because what it basically says to New South Wales is: take our doctors - you just give them away. I think in the States, like Tasmania, you need to hold your doctors in mutually recognising them. It is good for the doctor so they can roam around but it is not good for the State health and I think some way of controlling the movement would definitely be beneficial.

CHAIRMAN - Should there be something along the lines that if a doctor does come here from another State or another country there should be some proviso of him working here, that is, that he must give the Tasmanian community ten years' experience or five years' experience -

Dr EDWARDS - I think doctors would be only too happy to do that because at the moment, I was speaking to one other doctor similarly affected, and he said I think from outside the perspective is Australia's being a little bit unfair because the carrot is being waved in the sense that the jobs are being advertised and people say, 'Yes, please, come to our hospital. Come and work here' but when the doctor comes they find that they can only work for a year and then they have to go. But, in the same breath, they have to buy a house in order to live there. I have just bought a house here and I may have to leave in nine months and the likelihood of selling a house in Burnie at the moment is not very good - a lot of houses have been on the market for a long time. But I think people are being attracted and then actually used and then just discarded, which is a little bit unfair. I am sure people would accept that if you come and do this job, after five years you may get registration and can move around but for this period of time you have to serve Tasmania. I am sure a lot of good doctors would go along with that.

Mr HARRISS - Doctor, what are the implications of the Medicare provider number to people in your position?

Dr EDWARDS - That is a very good point. I do not fully understand the Medicare provider number issue. I am a public doctor, I am not working privately and that suits me perfectly. I see exactly the same patients; in fact the obstetric services in the North-West Regional Hospital are privatised and I see the newborn babies who are required to be seen and the money goes to the hospital. That does not bother me at all. But it might affect other doctors. I think the earnings that doctors can make can be increased if they have a provider number as they can see private patients outside the hospital. I think, to some extent, it suits some of the hospitals because if they pay their doctors out of their budget then their budget shrinks, whereas if the doctors were just one-fifth of their time in the hospital and work on a provider number, seeing patients as private patients in a sense, then the Federal Government pays that fee so it saves this State money. So there is an issue here obviously. There are a limited number of provider numbers. I was told earlier if my registration had gone through quickly I would have got a provider number but it may well be at this point in time that it is too late because I think the provider numbers are in short supply.

Mr HARRISS - There has been a proposition put to us that the provider numbers ought to apply on a geographical basis and not to the individual.

Dr EDWARDS - Yes.

Mr HARRISS - To counter that there is a suggestion that there may be some conflict with trade practices or the like, but if the system could be worked out - forget about breaches of another law, sort that out however you will - is that a worthwhile proposition?

Dr EDWARDS - I think so. At the moment I have a practice number which allows me to practise in Queenstown, Burnie, Ulverstone, King Island - so just this north-west region. I cannot practise anywhere else.

Mr SQUIBB - But only in the public system?

Dr EDWARDS - Only in the public system. I cannot go down to Hobart and I can only see children. So it is all fairly tight and I do not think there is anything wrong with that. If I was given a provider number to allow me to do private practice in the way the other VMOs do and in that way save the hospital budget, it really would not affect my practice very much. I mean, I would be seeing the same people, but I would be quite happy with that if it was limited to this area.

The second point was allowing registration of specialists who are able to document support by their peers in the hospital, community and the State branch of the speciality college.

Mr SQUIBB - By registration, do you mean full registration or continued conditional?

Dr EDWARDS - Well, I am talking about some sort of meaningful registration, either just Tasmanian registration limited to Tasmania. I think that is what I am implying there. But the problem with the conditional registration is you just get a year at a time and I think you are really limited to two years at the current -

Mr SQUIBB - Yes. I think you have picked that up in your third point there by the look of it and allow for longer periods.

Dr EDWARDS - Longer periods.

Mr SQUIBB - I think the problem with the second dot point is that the Mutual Recognition Act makes it difficult in that once it is full registration it has to be recognised in every State or Territory.

Dr EDWARDS - Everywhere - I think that is correct. So there are problems, definitely, in finding a solution that suits everybody. But I think there are 90-odd conditionally-registered doctors in Tasmania and if this rule for two years is put into place, they will all be moving on pretty quickly and other doctors will come along. Although change is often a good thing you do need continuity as well.

So those are the things I just wanted to point out and I think I make the same points in my letter and in the purple folder are copies of the support letters that both myself and Dr Kumar have received.

CHAIRMAN - Can we get a copy of those overheads, please?

Dr EDWARDS - Sure.

CHAIRMAN - I do not know whether you have a copy there but that would be great, if you would not mind.

Dr EDWARDS - I will just leave them behind. I will leave all the paper bits.

CHAIRMAN - Thank you. When we spoke with Leonie just previously, we put to her some scenarios and I notice you had the scenario as well - allow longer periods of conditional registration. But do you believe it also should be at the discretion of the medical board or a board set up by the medical board to be able to continue that conditional registration? Would that make it easier for people like yourself?

Dr EDWARDS - I think it is important that some authority does review conditional registration. Everywhere I have worked there have been doctors who have come along who have not been suited to that work and I think if you are caught registering somebody for five years and you are stuck with them for that period of time, that may be a problem. I think conditional registration may need to depend on good reports from the employer and from -

Mr SQUIBB - But even so, just because a person is registered, albeit provisionally, I guess in the absence of some sort of employment contract there is no reason why the employing hospital could not

terminate their services.

Dr EDWARDS - That is right, I believe that can be done. I am currently on a three-year contract -

Mr SQUIBB - Yet you only got registration for twelve months.

Dr EDWARDS - That is right, and it can be terminated on either side with, I think, only one month's notice. So yes, that is definitely a possibility.

CHAIRMAN - It seems to me - and I am no specialist in the medical field - ridiculous that you are not a specialist, if I can say that as a lay person. What do you believe is stopping you from becoming a specialist, seeing as you were a specialist in New South Wales between those times that you were talking about?

Dr EDWARDS - I think it just a fluke of legislation, really. Legislation has been brought in to stop doctors easily getting into Australia and being able to get provider numbers and practise because I think the point was made earlier, when you look at the population-doctor ratios there are enough doctors. I think what the governments have failed to do is to try to redistribute the existing doctors, and some of the things we have talked about today would have the effect of doing that. I know it was mentioned earlier that perhaps bonding graduates might also help. I think I am just a few years too late. If I had applied to come to Australia three or four years ago there would not have been any problem, but I think the rules are very strict now and they are not making any exceptions.

CHAIRMAN - Have you studied the act closely?

Dr EDWARDS - Not in detail - the Medical Registration Act?

CHAIRMAN - Yes.

Dr EDWARDS - Not in detail. But I must say that the Board of Censors of the Royal Australian College of Paediatricians, in their criteria for recognising somebody's qualifications, it says at the bottom that 'the board has the right to waver any of the above, should they so desire'. So they do not desire. I could be registered despite discrepancies, if they desired, but they do not desire.

Mr HARRISS - To your knowledge, is that one of the few colleges which has that flexibility to do that?

Dr EDWARDS - I think it applies to the Royal Australian College of Physicians which the paediatricians are sort of on a par with, but I am not sure about the other colleges.

CHAIRMAN - So there is a discretionary clause in there.

Dr EDWARDS - There is a discretionary clause.

Mr SQUIBB - And although they have not exercised that in your case, are you aware of them having exercised it in anybody else's?

Dr EDWARDS - Only on a hearsay basis, that in the past people who have persisted in refusing to do the examination process have eventually been let through, but that is some years back.

CHAIRMAN - And the people who toe the line and sit the examinations can then be failed and given reasons for not allowing them in?

Dr EDWARDS - That is right.

Mr HARRISS - And if it was some years back, the rules then applying may well have been different as well -

Dr EDWARDS - It could well be.

Mr HARRISS - such that recognition of overseas qualifications may have been taken into account then and it may not just have been a variation of the rules that applied.

Dr EDWARDS - Yes. I do know of several paediatricians who were working with paediatricians in other parts of Australia - they were graduates from the UK, again - and they were told they did have to sit the examination. This is about eight to five years back, 1990 to 1993. They persistently said, 'No, I'm not doing the examination' and they managed to keep up their registration - presumably conditional - and eventually they got through.

Mr HARRISS - Dr Edwards, can I clarify one point that I think you made earlier, which was that in regard to your registration in New South Wales between 1977 and 1985, you have been told by the Medical Council of Tasmania that had you been registered here during that same period, or any period, that you would have been reinstated.

Dr EDWARDS - Yes, I would indeed, and as soon as I was reinstated here that would give me country-wide recognition. So it is just the fact that New South Wales closed its doors at that time and are now refusing to re-recognise people, whereas Tasmania does.

Mr HARRISS - When did the Tasmanian Medical Council give you that advice?

Dr EDWARDS - Earlier this year, from the registrar.

Mr HARRISS - Written?

Dr EDWARDS - I think it was verbal. It actually came through the Director of Medical Services, Dr Katekar. She may have it in writing.

CHAIRMAN - Do you think that people in parliament should be able to register doctors, or do you think it is not really their domain because they are not expert in the area?

Dr EDWARDS - I think that just on its own is a dangerous precedent, perhaps, but I think it is very good that members of parliament are responsible for the health of people in their constituencies, and if they see that there is not a satisfactory coverage by doctors, I think it is very important that they look at the issues as to whether laws should be changed to make a safe but more sensible set of rules so that the community can be served by suitable people. I think you can understand why the rules have been put in place, but in reality there are an awful lot of people in rural areas suffering from the lack of doctors. I think the college boards have to take some responsibility in this. I think they are putting their head in the sand a little bit and saying, 'Our job is just the quality and the standards and we're not worried about anything else. That's the responsibility of some other people'.

Mr SQUIBB - But surely if you are regarded as being competent to practise in Burnie in 1998, it does not take a member of parliament to be able to say whether you are competent to be able to practise in Burnie in 1999. But that decision has already been made otherwise you would not be practising in this State.

Dr EDWARDS - Right.

Mr SQUIBB - Your competency surely must have been assessed at some stage -

Dr EDWARDS - Yes.

Mr SQUIBB - by medical people.

Dr EDWARDS - I think the medical director of the hospitals take a fair responsibility in assessing candidates.

Mr SQUIBB - And they would not take that lightly in this day and age, I would imagine.

Dr EDWARDS - I do not think so. I think every now and again when you are pulling people from overseas it is a dangerous situation. It is a bit like fishing: you throw your line in but you are never

quite sure what you are going to reel in until you meet the person, perhaps. I think that is why it is important that there are safeguards put in place.

CHAIRMAN - Such as?

Dr EDWARDS - The sorts of things we have suggested. If the State gave registration for a period of time - maybe five or ten years - that this would depend on continued approval from the employing agency. It perhaps should depend on peer review, particularly if other specialists working in the area support that person's continued employment. I think that is a very positive thing.

Mr SQUIBB - When you are dealing with, I should imagine, the employer and the client then you are at least dealing with a known quality. If you have to repeat the process of bringing somebody new in from overseas, you do not know what you are getting necessarily.

Dr EDWARDS - No. What happens, I think, in these smaller hospitals that are continually in the process of recruiting doctors is they never actually get a chance to look at the hospital itself and say, 'Right, we've got doctors here, and so on, how are we going to improve it?' I think the administrators spend all their time trying to attract people and pull people in and work out how they are going to cover the required on-call issues and the different service areas. I think it is a major task.

Mr SQUIBB - Could I ask on a personal level how you got attracted back to Australia and Tasmania in particular?

Dr EDWARDS - It is really part of a catch-22 again because in order to work in Australia and get a permanent residency visa, having worked in the south Pacific area for a period of time and with Papua New Guinea being a more difficult place to live, and with the work I had done for AUSAID, I decided that Australia would be a good base. I did actually have an application to become Australian through the family concessional visa system as of 1994, as my sister is an Australian citizen, but interestingly I failed the means test - in which you are required to get 100 points. When my application was in process they increased the negative score for doctors from minus 15 to minus 25. That put me below the pass mark. When I was interviewed by the immigration person, that person said, 'Sorry to say you've failed the immigration test because you're a doctor, but I'm afraid we don't recognise your qualifications', which seemed an amazing statement to make.

Mr SQUIBB - While you were in Papua New Guinea were your qualifications recognised fully there?

Dr EDWARDS - Absolutely, yes. In fact when I first went to Papua New Guinea in 1975 it was an Australian territory, so that is another oddity.

CHAIRMAN - Do you think that if you did get registered through the political system you would have a black mark beside your name because some people might say, 'This person was registered this way as opposed to the normal way that's set out by the council'?

Dr EDWARDS - It is possible, but from my perspective that really does not worry me. It is possible, but I do not see how they could do anything worse to me than they are currently doing.

Mr HARRISS - To follow it up, I understand that through the legislation the Medical Council could, if they determined you to be incompetent or for other reasons, deregister you.

Dr EDWARDS - Yes, I think so. Absolutely.

Mr HARRISS - Can I follow that up by saying black mark or not, that if you are found to be incompetent or through malpractice there is a process to get rid of you, if that is what people want to do.

Dr EDWARDS - Yes. I think it is important that the registration processes include mechanisms on both sides. I think it is dangerous to allow carte blanche registration of people to practise because even a competent person may actually get some problem and become incompetent with time.

CHAIRMAN - Do you think it would open the floodgates at all to people who could not get registered in New South Wales and are presently on the doors of the embassies saying, 'You've got to register me otherwise I'm going to continue on with a hunger strike'. Do you think all those people would realise what may be happening in Tasmania and therefore come to Tasmania, work in an area for a year or two years, such as the west coast or Smithton or somewhere like that, and then come forward and endeavour to get full registration this way and then -

Dr EDWARDS - Undoubtedly. I think if Tasmania changes the ruling so that people can work here and have a chance of full registration, or even an opportunity to work for a longer period of time, I am sure that will result in attracting people. But I think it is very important that a process is in place to select, of the people who are applying, the most qualified and appropriate people. That is good for Tasmania because I think it gives Tasmania then a choice of doctors who could work here, whereas at the moment Tasmania, I think, often has to just get whoever turns up.

I did not actually finish the reason why I am here. When I was coming to Australia I wanted sponsorship to get a permanent residency visa and to do that I had to work in a hospital which has advertised three times for an Australian doctor and has been unable to get one. That was the case in Burnie and in Mount Isa, and I chose Burnie. So I only had a choice of two places to work as a paediatrician.

CHAIRMAN - Thank you very much for your time, it was very interesting. As you can see, you have got us thinking.

THE WITNESS WITHDREW.