

UNEDITED TRANSCRIPT

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, GOVERNMENT OFFICES, 68 ROOKE MALL, DEVONPORT ON THURSDAY 16 APRIL 1998

Mr MAGDI HABIT GHALI, CONSULTANT EAR, NOSE AND THROAT SURGEON NORTH WEST REGIONAL HOSPITAL/MERSEY COMMUNITY HOSPITAL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

CHAIRMAN (Mr Wilkinson) - Dr Ghali, thank you for coming along. I have to ask you though, for the sake of form in this committee, if you would state your name, address and the capacity in which you are before us today?

Mr GHALI - Magdi Ghali. I am an ear, nose, throat surgeon I practise both in Burnie and Devonport. My address for correspondence is 194 Wilson Street. I am, as I said, surgeon to both Latrobe and Burnie hospitals and currently the Chairman of the Surgical Division at Latrobe Hospital.

I am presenting my submission on a personal note. I know that the Medical Advisory Committee, which I am part of, have written in full support on behalf of Dr Iastrebov. However my submission was a personal one and I feel it was a fair submission on behalf of Dr Iastrebov.

CHAIRMAN - Doctor if it helps at all, I have been through the letter which is dated 5 January. We have had a number of people and also Dr Iastrebov come before us as a Legislative Council and put his expertise and what he has done in the past and obviously as far as his expertise is concerned there appears to be no problem at all.

What we are really looking for - and please put your recommendations to us in the way you feel the most comfortable - is what you believe would be the best method for Dr Iastrebov and other people in his position to be able to get the registration that they should get.

Mr GHALI - There is no doubt about it the best method is an exam. It has happened from the days of Our Lord, even Abraham had to pass through an exam and test his faith so there is no doubt about it exams have to be the right way to examine everyone.

I was sitting down and listening to my predecessor, the lady in front of me, and sometimes exams are not possible for everyone and in the case of Dr Iastrebov, unfortunately, I am convinced that the exam now is, as far as he is concerned, going to be unfair due to the publicity happening around it. At least in his mind he will feel that he is never going to have a fair go in the exams because of upsetting the hierarchy and medical colleagues and with all the publicity which has come around it. So in the case of Dr Iastrebov, as shameful as it is - he is a young man and he is capable of doing the exam - the situation has arisen now in his case at least in his mind, and in the mind of a lot of people too, that assessing him for an exam now is going to be possibly an unfair situation because of all the publicity around him.

CHAIRMAN - Do you believe that to be the case?

Mr GHALI - That might be in his mind. If I was in his shoes I would certainly believe that my colleagues who were examining me may feel that the distress has caused enough trouble and it will be a consideration in their backmind. We are all human, Mr Chairman, and this is part of the nature. I only think a wise judge from another planet will be the only way that we can assess him in this situation with a fair exam.

CHAIRMAN - Is that the problem with the Medical Council?

Mr GHALI - No, the Medical Council is doing a great job and as I say exam is the only way otherwise every Tom, Dick and Harry can produce a certificate. I can assure you that in some of those countries, many places in the world and I have seen some people coming from Italy, which is a European country, which have exams which they can buy. So the Medical Council is doing a good job because at some stage someone has to do what is right for the nation here and they are doing a good job.

But in every place there is an exception for the rule and I think Dr Iastrebov is an exception to the rule now because he is an excellent intensivist, an excellent anaesthetist and with the situation that has arisen here, we are going to be losing a talent because of the rigidity of the rules. That does not mean that the rule is wrong. The Council is doing a good job, it is the right thing to do particularly when people can produce a certificate which might not be - I am not saying that he did not arise from medical school but some of the medical schools - even in America - are not as others and you can buy your way through.

In my opinion, and I have worked with Dr Iastrebov for more than two years, he is an excellent intensivist; he could not have bought through his way. He is intelligent and he does know what he is doing and an excellent man.

But exams is the right way, I have no problem with that.

CHAIRMAN - With the exams you said - it is an interesting point because we have to look at it not just for Dr Iastrebov but for others as well - you can buy specialty degrees, is that right?

Mr GHALI - I am saying that I have seen some people qualified in Italy who are of very poor standard. I read that some people were buying the exams, they sit the exams and they pass. If you know the questions and go through the books and prepare the answers, you can pass an exam.

CHAIRMAN - So you have heard and obviously other doctors have heard that people by giving some money to whoever are able to get the questions they are going to be asked in the exam and then they go away and study up on those -

Mr GHALI - I am not saying here.

CHAIRMAN - No, not here.

Mr GHALI - Yes, you can get that in some of the places in the world, yes. And that is why the Council rightly do needs to have an exam to assess people who are coming here to practise. I just wanted to say what the Council is doing is right and for the majority of people, for the 99 per cent of people, that should be the case.

Unfortunately Latrobe is in a separate situation now. I heard the question from the honourable Harriss who said that should the Parliament be involved in this process. Yes, the Parliament does not have the experience to assess me as an Indian surgeon but still the Parliament has a responsibility to the people of this country. They have the utmost responsibility now.

The Council has, as a rule, the responsibility to make sure that the Medical Council have to make sure that the people who practise in Tasmania are capable, well-qualified people to do that. But unfortunately they are not able to provide an intensivist anaesthetist to the people of Burnie or Latrobe in this situation and we have someone who has proved to be an excellent guy. He might not fit the rules of the Council or the regulations of the Council and I feel in this case that the Parliament has the right

for the service of this community that people of this community are well served and deserve that service.

Let us face it, I have been here ten years and Latrobe has never had an intensivist before, they will not attract an intensivist again and it is the situation, whether it is a small place or whether it is the people with that amount of expertise come and then get disappointed and attracted by other places. I am going to give you another example, Mr Chairman. The north west coast have the highest incidents of heart problems and diseases in the nation. It is well known, everyone knows that. We had an awful lot of problems to get a cardiologist at the centre. There are some in Launceston, there are some in Hobart but yet the north west coast, which has the highest number of people with heart problem cannot find a cardiologist. When the hospital in Burnie attracted, at last, a good cardiologist in Burnie, he was enticed to go to Launceston. So this is an example. People with that qualification - someone else in Launceston came and said, 'Look, we spent a fortune in Burnie to get this guy in. We attracted him from South Africa and the United Kingdom, he does not have the right registration yet. In the six months he was with us in Burnie he was an excellent guy, capable of teaching and showing his calibre and within six months when Launceston became short of cardiologists, they took him'. Very easy, they said come to Launceston.

Now Burnie could not compete with Launceston. It is a bigger city, the schools are better for his children, his wife's life in Launceston is better for her so we lost him. After all the fortune we spent in Burnie, and we had been waiting for him for that many years, and when we had him we lost him to other places and the same is going to happen to another intensivist. If we get an intensivist here, an Australian intensivist, he might be with us here for two months or three months and Hobart have a position vacant, they will offer him better terms and he will leave like we lost our cardiologist.

Mr SQUIBB - Through you Mr Chairman - in those cases when these specialists move away from the north west to Launceston or Burnie, are they able to gain full registration?

Mr GHALI - No, they are still under the limited registration like this cardiologist we have is still on the staff registration. He will have to sit his exam and I gather he will be sitting his exam.

Mr SQUIBB - Is it easier to sit the exams and undertake the study in the larger hospitals?

Mr GHALI - Sure, absolutely. I will give you an example with Dr Iastrebov. We will answer that question with Dr Iastrebov. Say Dr Iastrebov decided that he will do the exam after all, he has showed his intention not to do the exam, but say that Dr Iastrebov decided to do the exam, he would have to leave Latrobe Hospital to do that exam because he would have to work in a hospital which is a recognised teaching institution under the supervision of tutors. After he does the exam he would have to spend one year supervised by those people to be certified as anaesthetist or an intensivist. He cannot do that from Latrobe, he can only do that from Hobart or Launceston. So we would have to lose him even if he decided to do the exam.

CHAIRMAN - Do you think it would be fair to recommend to the Council that what they should be looking at is for - as John Loone brought up yesterday - a registration, one registration for a certain area - in other words Dr Iastrebov to service the north west area - and two that there be some, not an exam situation for him but where he is judged by his peers like people who have worked with him - yourself and other specialists - and can say whether he is a specialist or not and fits the required standard. Do you think that is something that the Council should look at for registration for people such as him?

Mr GHALI - Yes, for special circumstances. To fit a position of a hospital like Latrobe or a situation like Burnie with the cardiologist, then yes, that should be the case.

Mr SQUIBB - Not full registration but extended provisional registration?

Mr GHALI - Sir, I think it is very unfair for people not to be able to know what is their future. I have great sympathy with Dr Iastrebov who wanted to settle down. You cannot ask him to settle down and buy a house and furniture where his position here is two years and then two years down the track you tell him, 'Thank you very much, you've done a great job for two years but we are going to take

someone else and goodbye to you'. By then he is two years older, it is more harder to get the exams as you get older and lose touch. I think you need to give him a registration here and full registration on the capacity of his work here but I must be fair to others who pass the exam, this registration is only for Latrobe Hospital. You are fully registered for Latrobe Hospital as far as you are concerned.

That will answer your question before, Mr Chairman. I heard your question when I was an observer to say that Dr Kehalia - and it is a shame about Dr Kehalia because I think that has been done wrong and that is one instance when the Parliament has interfered and unwisely interfered. I am not critical at all of that Parliament interference. Those guys - there were four of them I gather. Three are still there, one has gone. If the registration was given prohibiting only full registration as general practitioner and those people for the area you are serving, then Dr Kehalia would have not gone.

I feel the same for Dr Iastrebov that his registration should be only for the position of Latrobe Hospital. Then this is fair for everyone. It is fair for the Council, it is fair for the people of Latrobe and it is fair for Dr Iastrebov. It is fair for the Council because those who pass the exam and have free registration, they can move around themselves. They have gone through the hard work, they have done the exam, they have proven themselves to everyone in the nation and to all their colleagues in the nation that they are capable of doing this.

CHAIRMAN - One of the problems with that, if I can, is there has been some legal advice to say if that occurs and if you give them full registration, you cannot make it specific full registration to a certain hospital and therefore if that is the case, he would be able to go anywhere that he wants.

Mr GHALI - I am not a legal man and that is a thing which needs to be changed.

CHAIRMAN - That is why it might have to be, if necessary, a conditional registration.

Mr SQUIBB - But with respect that in fact is what is happening at the moment.

CHAIRMAN - That is what is happening with the conditional registration at the moment.

Mr SQUIBB - That is why I interjected a while again and asked conditional extension of conditional registrations -

Mr GHALI - Yes. Have I misunderstood you, Sir - as long as this conditional registration is not only for two years. No one can plan -

Mr SQUIBB - It has to be extended longer than that.

Mr GHALI - It is extended for as long as he is staying in Latrobe. If he leaves Latrobe then it is up to him to pass through the exams.

In the past a conditional registration had to be on a yearly basis and the job be advertised. If an Australian applicant applied for the job you were out of a job. That is fair enough. My daughter is in medical school and I hope when she finishes her medical school that she can find a job in her country where she was born and where she is going to practise and that is fair enough.

But if I was in Dr Iastrebov's place, how could I plan my future? How could I plan to raise a family? How I could plan to buy a house when I could be in a job for five years or six years and every year my job has to be advertised, waiting for someone to come and apply for the job, whether he is the right person or not; just because he applied for the job he is out on a limb. That is not a fair situation and as a country we are a fair country and we should allow the people a fair go. That is not right.

CHAIRMAN - One of the problems it seems to me - and I noticed you did your speciality in London - but if you had come to Australia after 1992 - I think it was 1992 was it not - you would have had to sit your exams whereas - so what is the difference?

Mr GHALI - Absolutely. I love the north west coast, I stayed on the north west. I was brought from England via Burnie to the north west coast and I stayed for ten years. But as you said, if I came in

1988, by 1992 the situation had changed and I would have had to pass the exam. I would not have come. I was a consultant in England, I had an excellent job in England and I would not have come if I had to sit the exam. Why would I have come? My wife is from England, I was happy there. I was in the top of the position in England, I was a consultant there, I was a ... registrar. I was a consultant in Wales, where I was before I came. So I would not have come. At that stage of life - I was forty at the time - I had done my exams through England. I had gone through many exams and I was at the top of my career, why should I come and start again and do exams?

Exams are fair but exams also have some drawbacks. I am talking about the exams for the young guys. You can pass the exam but if you are not in the top hundred - you see the exams limit you to a hundred people. This year we are going to take a hundred doctors from overseas. You have five people go to the exam, 200 people pass or 150 people pass but only a hundred of them will come. So you can pass the exam but you have no future here.

CHAIRMAN - Like the paediatrics we heard yesterday, that nobody passed the exam and yet Dr Edwards was a fellow who was a specialist paediatric physician in New South Wales between 1975 and 1983. He has had to teach in a number of universities and hospitals, but because he went to Port Moresby in Papua New Guinea and came back again and New South Wales changed their laws, he now has to go through the specialty exam again.

Dr GHALI - Exams are okay but the colleges have certain numbers, you see, they can only allow two or three people. It is the fairest system available to us but it is not the perfect system.

Mr SQUIBB - Well, is it fair if the colleges have the right to actually stipulate a number? Would you feel that system allows the colleges to manipulate supply and demand?

Dr GHALI - I can see your point and it is not fair. But on the other hand they can tell you, 'We cannot flood the market with anaesthetists because we'll lose some'. That is the argument of the college and I am giving you the two arguments there. They would say, 'If you have too many ENT surgeons serving the small population, that ENT surgeon will do less and less operations because of the numbers and no one will achieve a high standard'. The only way to keep the standard high is to limit the numbers.

Mr SQUIBB - On the other hand, if you have a limited number of specialists I guess they are in a situation where they can just about write their own pay cheque.

Dr GHALI - Absolutely, I can see your point. Who is right and who is wrong is up to the colleges and the country to decide. But, as I said, this is the argument of the college: 'If you have too many ENT surgeons then none of them will have done enough to become a very good ENT surgeon'. But on the other hand, I can see your point that if you have only two or three ENT surgeons serving a huge number of people, they can -

Mr SQUIBB - So is that the reason why each college has a different method of granting registrations?

Dr GHALI - Actually, by far the college's standards are fine, but -

Mr SQUIBB - But could they vary? For example, orthopaedics allow peer group supervision to provide full registration whereas the College of Anaesthetists insist on exams.

Dr GHALI - The orthopaedic people do not allow it -

Mr SQUIBB - It has happened recently.

Dr GHALI - Yes, but that was an exceptional case and I was actually most surprised that he had achieved it. He achieved it because of the good quality of his colleagues who had said, 'I cannot serve this community on my own' - that was Dr Scott Fletcher. I honestly think without Dr Scott Fletcher's good work - and, by the way, Dr Hanusiewicz is an excellent orthopaedic surgeon and has proved to be an asset to the community - but he would not have got it except through his colleagues.

Mr SQUIBB - The point I am making is, if that can apply in orthopaedics, why can it not apply to anaesthetists?

Dr GHALI - I totally agree with you, and Dr Iastrebov is of a similar calibre of Dr Hanusiewicz. He just might be a bit younger, but he is of the same calibre. He is well read; he is an asset to any community. He has recently been in Canada for an international presentation; he has presented many a paper. So he is of an excellent quality. I am not getting involved in the quality of colleges and things - it is sad - but by far the majority of it is working well in their ways of assessing people.

Certain communities like Burnie and Latrobe will suffer because they are smaller communities, they cannot attract Australian people who are more attracted by bigger cities like Hobart, Launceston and Sydney. I work eighteen hours a day, I work very hard and some of my colleagues in Sydney and Melbourne work a fraction of what I work because they do not have enough patients. But they wanted to live in big cities and they are fighting for patients there while we have the patients here. So it is a fact of life and that is why I feel that Parliament is not doing the wrong thing to interfere.

What is the outcome if we can have it in the limited registration for Latrobe, or do we call it a full registration but restricted only to Latrobe Hospital? But are you telling me, Sir, that there are some legal problems there?

CHAIRMAN - There may be. There is some conflict between what the Commonwealth is saying and what our Solicitor-General might be saying. So that is one area we have to sort out.

Mr SQUIBB - We may have to play with words.

Dr GHALI - I think if we can keep him and call it limited registration, but not to be advertised - that is for his lifetime; as long as he is here in Latrobe - that is fine. If he said, 'No, I don't like Latrobe' and goes, that is his problem then. The community here and the Parliament have done the right thing by him.

Mr SQUIBB - I just want to ask, seeing we are talking about Dr Iastrebov in particular here, do you feel that in his particular case his age has worked against him because he is so young?

Dr GHALI - No.

Mr SQUIBB - From the point of view of getting registration.

Dr GHALI - I honestly think you are comparing it with Dr Hanusiewicz, and if he was older like Hanusiewicz, no. I think Dr Hanusiewicz, to be honest with you, is an exception and it is an unusual exception. He was only registered, as far as I am concerned - and I am giving my opinion and I have no authority on it - because of Dr Scott Fletcher's kind intervention. He said, 'This is an excellent guy, he's going to be a good teacher for people'. It was only by the good work of Dr Fletcher, really. I took Dr Hanusiewicz once to the side and said, 'You should be very grateful to Dr Fletcher for the rest of your life'. The orthopaedic college is one of the most difficult colleges and I think he only got it because of his colleague who is an Australian graduate and who said, 'I work with him, I'm learning from him; he's a good man and has a lot of experience to offer this community'. I think that is the way it happened. If it was for his fair judgment and open minded, I do not think he would have got it. That is a personal opinion, I have no way other than from being an observer.

CHAIRMAN - Do you think there are any other ways- other than conditional registration and that condition being for x amount of years - maybe five years - or conditional registration that they only practise at a certain hospital - of overcoming the problem?

Dr GHALI - I do not think there is any other way to overcome the problem and I think the way I suggested, as far as I am concerned, is the only way that the council will accept it. What is happening at the moment is that if you are fully registered you can move around from one place to the other, and if you open it open slather like this - I am going to be frank and honest with you - at the moment there are a lot of South Africans who are disgruntled with what is happening in South Africa and will come to Tasmania because of the situation in South Africa. If they come here and get full registration - like

Dr Iastrebov - and then one year down the track they can go to Sydney and Melbourne because they want to live there, Sydney and Melbourne are saturated with doctors and they cannot really accept any more. The council would say, 'What are you folks doing in Tasmania?' -

CHAIRMAN - You are opening the flood gates.

Dr GHALI - 'You've opened the flood gates'. The council here have to be careful of that, and that is what is frightening them. I accept what they are doing is the right thing.

CHAIRMAN - Do you think that is the real problem? It is Sydney and Melbourne that are kicking up the fuss and therefore all the other councils are having to bow to the pressure that Sydney and Melbourne are applying because they believe that if they do get registration here, because of the mutual recognition, they can immediately go to those States and further saturate the market?

Dr GHALI - I missed the question, Sir.

CHAIRMAN - Do you think that is what is happening with the colleges that the major pressure is being applied by Sydney and Melbourne because of the problems they have, but they are not really thinking about the lesser - if I can call it that - the other States?

Dr GHALI - That is it. Actually in New South Wales, something I watched recently on the TV where a whole town marched because they could not keep the English general practitioner they had. The old man who was there wanted to retire, he could not retire because there was no one to serve the community. They had an English doctor who wanted to stay but he did not want to do the exams and the whole town marched because of him. Not everyone wanted it but the rules are so rigid, you have to pass the exam; the rules are rigid.

CHAIRMAN - Did you want to state anything further to us, Dr Ghali, because it has been helpful, thank you. Thank you very much for showing your interest and coming along today.

Mr LOONE - Just one question I did put to the previous witness and it has been partly put to you. Would you feel that it is an alternative for a person like Dr Iastrebov, or whoever may come along in the future, who is prepared to stay in a given area for a given time - whether it be five or ten years, or whatever - just with registration for that particular area, for him to be judged by his peers rather than by an examination? Could you accept, from where you sit, registration being granted by his peers who sit in judgment of him rather than the exam?

Dr GHALI - Yes. I will answer your question in a personal way. When I graduated in Egypt, I did my undergraduate study in Egypt. I was a graduate of ... University, which is one of the two universities in Cairo. I worked with one of the hospitals in Cairo and my boss then was a young man of 29 years of age who had just finished his English fellowship. He was Egyptian but after he graduated he went to England and did his fellowship in England and he came back to practise in Egypt. He was head and shoulders above all his Egyptian peers, he was excellent and I thought, 'Wow, this is really what I would love to be, I would like to be him'. He said, 'If you really want to go anywhere or reach anything in a standard, I will encourage you'. I was very young then, I had just graduated. I was so ambitious and I wanted to be good like him. He said, 'Go to England', he encouraged me. So I applied through the embassy in Egypt and said, 'I'm a young Egyptian graduate and would like to go to work in England. Could you tell me how to do it?' They said, 'Fill in this form and we will send it to the authority in England and they will write to you'. The form asked what specialty I would like to do, and I wrote in ENT because that is what I was intending to do as a career. Within six weeks I had a reply to say, 'Yes, we've got a position for you in England for one month to be assessed by a consultant in England. You will work with this guy - you will walk with him and work with him - and after these four weeks he will decide whether your English and whether your knowledge is good enough to get into the system in England'.

I went and stayed with this gentleman for two weeks, and he asked a lot of questions. I was his shadow, I walked with him and wherever he went I went with him. I sat down beside him in the clinic and he said, 'Go and examine this case', and 'What is your opinion?' 'Take a history and come back and tell me what you think'. After two weeks he said, 'You're fine, go and apply for a job'. He signed a piece of

paper and from there on I started in my training in the English system. I was a house officer and then a senior house officer and registrar, then senior registrar and consultant.

At the time there were no exams in England but now they have exams like we have here but at the time that was the way to assess. I did not do badly. As I said, it was a fair system, it was a person who noticed. He had a chance to hear my English and to see my clinical skills. He also had a chance to see my behaviour and attitude which you cannot test on a paper exam. He could see the interaction with my patients and whether I was careful with them or not; whether I was aggressive with the patient or gentle with my examination. You cannot see that through written questions.

CHAIRMAN - It was a practical examination, really.

Dr GHALI - It was a practical examination and, as I said, later on when I started in the system I did my exams - my part 1 and part 2, and my higher certificate accreditation. .. as I said, that system was an excellent one as far as I was concerned. I came through it and I am grateful for it.

Mr LOONE - Thank you.

CHAIRMAN - Thank you for your time and interest.

THE WITNESS WITHDREW