

**THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, HENTY HOUSE, LAUNCESTON ON FRIDAY 17 APRIL 1998.**

**Dr JOANNA SNARSKI**, SPECIALIST MEDICAL PRACTITIONER (NUCLEAR MEDICINE) LAUNCESTON GENERAL HOSPITAL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

**CHAIRMAN** (Mr Wilkinson) - Doctor, you know doubt heard earlier but I have to ask you in order to stay with our procedure as far as these meetings are concerned, if you can state your full name, your address and what capacity you come before us please?

**Dr SNARSKI** - My name is Joanna Snarski, I live at 16 Danbury Drive, Riverside and I am going to give this evidence in the capacity of being a specialist physician working for nearly nine years in the Launceston General Hospital and being faced now with the situation of losing my conditional registration.

**CHAIRMAN** - You could probably hear from the questions that were asked what we have been told over the last couple of days especially and there does seem to be some inequity there - quite an amount of inequity.

What we are looking at are ways of getting around that in the fairest way and ways of getting around so we do not reduce the medical care with people who may want to come into Australia and we do not want to also open the floodgates, so to speak. And we do it with the knowledge that we are not experts in the field and people might say well look, how can you act as a defacto registration body if you do not have the expertise to properly register? So there are our parameters if that helps at all in allowing you to give your evidence in any way you want.

**Dr SNARSKI** - Yes, Sir. I would like to perhaps tell my story.

I am a specialist physician in general medicine. Graduated in my home country in 1978. We came to Australia as political refugees in June 1983 and we were escaping from the communist regime in Poland. When martial law was introduced we decided to escape from Poland and we applied for immigration in Australia and we have been accepted as political refugees. My husband was 40 years old at the time and I was 36 years old and I was expecting my first child.

I graduated from Gdansk Medical School in 1970 at the age of 23 years. I did my general training in the department of medicine and surgery of Gdansk Medical School for the first two years. Then I did three years of training and after passing the first part exam in internal medicine I obtained my first degree specialist after another three years, so it was six years of training. I passed my part 2 examination and I obtained a diploma as a specialist physician in internal medicine and that was granted by Medical Centre of Post-Graduate Studies in Warsaw, the capital of Poland.

Through all those years I was working first as registrar, then as a staff specialist in the department of nephrology of Medical School in Gdansk and also in the department of nuclear medicine, where I was involved in nuclear medicine services, clinical services and also in research work. This research work involved research in thyroid and renal diseases and it resulted in my MD PhD degree I obtained in January 1979 which was entitled Thyrox... and Transporting Renal Diseases with Mild or Marked ... and it was in the field of nuclear medicine.

In 1975-81 I also worked in a specialist clinic, outpatient clinic for thyroid diseases. In 1981 I was granted the position of Lecturer in the Medical School of Gdansk. In October 1981 I was granted a post-graduate fellowship in France, in Paris, and I went there to continue my research work in renal diseases. Also I was involved in clinical work in France at the department of nephrology hospital ... and department of physiology University ... in France.

In December 1981, as you probably know, martial law was introduced in Poland. All the communication with Poland was cut off. There was mail, no flights, I lost contact with my husband of eight years then in Poland; I did not know what was going to happen to him. He was involved in solidarity, in fact he organised the solidarity on a medical school so I believed that his safety may be in danger and definitely his further medical career. He was also a doctor working in the department of medicine at the same time that his professional career could be in danger.

The first message from my husband was delivered to me by ... Frontier who went to Poland as a country of disaster and the message was clear that he wanted to defect from Poland and seek the status of political refugees. Our friend and colleagues helped us and he received an invitation from the Congress and he managed to leave Poland and he joined me in France in May 1982.

**CHAIRMAN** - How long were you apart from him?

**Dr SNARSKI** - It was from October 1981 to May 1982. For the period of three months to four months at the beginning of 1982 I did not have any message and I really did not know what was happening in Poland. There was absolutely no contact. I was too scared to go back. I decided to wait in France and see what happened. When the first message came from him I knew he wanted to run away from the regime.

**CHAIRMAN** - Yes, I can understand that.

**Dr SNARSKI** - Finally we applied for permanent settlement in Australia and we had a very friendly welcome at the Australian Embassy. The immigration officer made us believe that our qualifications - my husband is a qualified physician in nuclear medicine and I was a physician in general medicine and was interested in nuclear medicine - he believed that our qualifications could be useful in Australia.

Nuclear medicine was a very new field at that time and there were very few specialists in this area. In Australia - and it was the same in Poland - nuclear medicine was actually a subspeciality and in Australia the general physicians were actually preferred to specialising in nuclear medicine, not radiologists, because both actual speciality can be involved in nuclear medicine: general physicians and radiologists. But at that time in Australia the physicians were preferred to do nuclear medicine than radiologists.

So we arrived in Melbourne, as I said, in June 1983 and again, with the help of Australian colleagues whom we met in France, my husband was offered a scholarship in a medical research centre in Melbourne. That was wonderful because actually we came with nothing, just two suitcases. At first we were accommodated at a refuge hostel in Melbourne so that was good because we had nothing. We had to start with buying two pillows and two plates and two spoons and all these things and I was pregnant then so I must tell you the situation was hard.

**Mr SQUIBB** - So you were looking forward to getting three spoons!

*Laughter.*

**Dr SNARSKI** - Anyway, my husband had his position and at the same time he was trying to find an appointment anywhere in Australia in nuclear medicine. Finally he was offered a position as a Director of Nuclear Medicine in Launceston General Hospital. So we arrived in Launceston in January 1984 with five-weeks-old boy and my husband started work. I did not work at the time; our second son was born in 1985. I was busy raising the family and quite happy that my husband had the position.

There is an interesting point that I would like to make. At that time there was a section 18 under which the overseas graduated doctors could be registered for a limited period of time of one year and if they

proved to be useful and competent it means that if they received their assessment and appreciation of their peers they could receive permanent registration. And this happened to my husband.

**CHAIRMAN** - What year was that, please?

**Dr SNARSKI** - It was in 1984. January 1984 we came in here, he was working for a year.

**Mr SQUIBB** - So he was granted full registration without doing the exams.

**Dr SNARSKI** - Without any exams, just on the basis of support and assessment by Tasmanian Medical Council and actually his peers, especially from the doctor.

**CHAIRMAN** - That was in 1985?

**Dr SNARSKI** - Yes, I think it was in 1985. It was section 18A and under this section 18A he was granted full registration without any exams.

**Gallery** - The then Medical Act 1959, section 18A subsection (1)(b) - that is what I was talking about.

**Dr SNARSKI** - Full registration in terms of Section 18A the Medical Act of 1959.

He was fully registered and he was recognised as a specialist because he had the support of medical bodies of Tasmania and he had the support of the College of Physicians. There is not a College of Physicians in Nuclear Medicine, there is just an Association of Physicians in Nuclear Medicine but the College of Physicians recommended him as a specialist in nuclear medicine and he has been granted a fellowship of the Association of the Physicians in Nuclear Medicine.

Being fully registered and recognised as a specialist he worked full-time in Launceston General Hospital as a director and he was only paid general practitioner wages. This situation was not acceptable. We had a young family, I was not working, we came here with nothing, we felt very insecure; we were afraid that we would not be able to secure the future for our two sons.

In 1989 by husband decided to open a private practice in nuclear medicine and he did so. It was the first private practice in nuclear medicine in Tasmania - there is another one in Hobart since then. Opening his private rooms he had to cut his full-time position at the Launceston General Hospital therefore the part-time position was vacant. The position was advertised but no one applied. There was no Australian graduate candidate to fulfil this position.

Therefore I put my application in and my qualifications were examined by medical bodies in Tasmania. I got the support of the Medical Council of Tasmania and the Superintendent of the Launceston General Hospital. After getting reference from Poland they accepted me as a full-time position as visiting medical practitioner in the Launceston General Hospital on a part-time position. I was to provide specialist services in nuclear medicine for the public and private inpatients and outpatients of the Launceston General Hospital.

I was very happy with the situation obviously because I had a part-time job and I had time to raise my family and my registration - this must have been also convenient for the hospital because my position was advertised for the first two years and there was no candidate, so finally after another year my position and limited registration under section 18 was automatically renewed.

Mr McIntosh from the Medical Council of Tasmania kindly reminded the superintendent of Launceston General Hospital that my registration is soon expiring, a few letters were exchanged, I had to put in an application and my registration was renewed automatically. Until 1997, when the new legislation was introduced, I could not be granted a limited registration any more. I was granted a conditional registration, which is for the area of need, and I have been informed that this expires on 31 October this year and I will lose my registration unless I undertake proper steps to get permanent registration, which means to sit the exams.

**CHAIRMAN** - So, when did you start in your position? Was that 1990?

**Dr SNARSKI** - 15 June 1989 - so it has been nearly nine now.

**CHAIRMAN** - So for nine years you have been classed as a specialist in the field and then suddenly -

**Dr SNARSKI** - Yes, and I have been granted registration. I did not seek the recognition from the college because I was happy with my situation. I realised that I was only working part-time and I did not do anything more and I believed that this situation was convenient for the hospital as well because they were actually happily renewing or accepting the renewal of my registration.

**CHAIRMAN** - Was it convenient as well, because they know your husband was working part-time at the hospital and also part-time in private practice, so they gave some comfort cushion to know if you were unable to do it you husband would be doing it?

**Dr SNARSKI** - Exactly. Well, actually I was working in the private practice as well, as his assistant, because this is to his discretion that he can employ me. My registration limited me to work at the Launceston General Hospital, but under supervision I could work in private practice. I was doing a lot of nuclear medicine procedures in private practice and we actually work as a team.

Now with the development of modern technology we can remotely report on the patient after hours and we actually provide - not being paid on-call because there is only two of us and it can happen that we may not be available so we are not paid on call, but we provide, if we can, 24-hour cover in nuclear medicine procedures. We can connect through modems, we can report remotely; it is happening here in Australia, especially in rural and remote practices. The whole of Tasmania actually is considered as a rural area with a great shortage of doctors, GPs and specialists.

**CHAIRMAN** - So the whole of Tasmania is considered as rural.

**Dr SNARSKI** - The whole of Tasmania with the exception of Sandy Bay.

**Mr SQUIBB** - That is a very special area!

*Laughter.*

**Mr LOONE** - What year was your husband granted full registration?

**Dr SNARSKI** - 1985.

**Mr SQUIBB** - Can I ask is it necessary, to be able to operate and open a private practice, to have full registration?

**Dr SNARSKI** - Yes.

**Mr SQUIBB** - What about to work in a private practice?

**Dr SNARSKI** - I can work in a private practice without registration, but I cannot charge. I do not have and I never have had a provider number.

**Mr SQUIBB** - Right - but your husband does.

**Dr SNARSKI** - Of course. He has full registration so he employs me as his assistant.

**Mr SQUIBB** - So you could not go out and start your own private practice?

**Dr SNARSKI** - Absolutely not, and it is not my intention.

**Mr SQUIBB** - No, but I was just wondering whether it was possible for a person with your status of registration.

**Dr SNARSKI** - No, absolutely not.

**Mr SQUIBB** - Could I also ask what would be involved for you personally to undertake the study and the exams? Can you do that from Launceston while you are still working or does it mean leaving Launceston and going to a teaching hospital?

**Dr SNARSKI** - I am sure it would mean going to a teaching hospital -

**Mr SQUIBB** - In Hobart?

**Dr SNARSKI** - Oh, no, not in Hobart, I think on the mainland - to do some training and then to pass the exam, which I think at my age - I am 51 now - and working in both places here, actually providing the services for northern Tasmania, I am needed here. I really do not feel I would be able to meet the deadlines at this stage. At the same time I have nearly 30 years' experience in medicine and I really feel that there has to be a way to register overseas graduate doctors, maybe in some limited way, to allow them to practise medicine in the capacity they are doing it.

**CHAIRMAN** - Do you think it is unfair - and it seems to me prima facie to be unfair - that if doctors are brought out with certain conditions and with certain comments being made to them - and it would seem to me that you were told that your conditional registration would continue ad infinitum - that to suddenly change -

**Dr SNARSKI** - Well, I was made to believe so because there was no information that it is only for a limited period of time.

**CHAIRMAN** - And then, as a result of something that happened in 1997 - and it would seem as a result of something that happened with a glut of doctors on the mainland, but not in Tasmania - it meant that Tasmania had to follow suit and agree with the mainland. Otherwise something might have happened, I do not know, we will try to find out. As a result of that it might benefit the rest of Australia but certainly mutual recognition in no way benefits Tasmania.

**Dr SNARSKI** - No. I think Tasmania is a very special place, it is a remote place. With permanent registration, mutual registration, it can happen that the doctors will be drained from Tasmania. I think something should be done. Of course some assessment is necessary, no one would register a doctor just because he is here and he wants to work here and he says he or she is good. For a period of time I believe we have been actually delivering a quality nuclear medicine service for many years now, to the appreciation not only of the patients but also doctors.

**CHAIRMAN** - Do you have students under you at the Launceston General Hospital?

**Dr SNARSKI** - No, I do not have students. Sometimes I was involved in teaching nuclear medicine technologies in the Department of Nuclear Medicine at the Launceston General Hospital. We used to have students in nuclear medicine technology so I was just involved in giving occasional tutorials, but I do not have students there.

**CHAIRMAN** - What ways do you think this committee should report in relation to proposals which you believe are fair proposals, taking into account the quality of medicine and taking into account the need that rural areas have for doctors with the expertise of yourself and other doctors who have given evidence before us?

**Dr SNARSKI** - I think the idea of section 89 was not bad. It would be a medical body which would be able to assess the qualifications of specialists. They probably could give their recommendations to the college and some indication to the Parliament whether this particular person is acceptable and could be of benefit to Tasmania. I think it could be also stressed that it should be in Tasmania. I settled here; I have two school-aged young boys and we do not intend to go anywhere else. It is my desire to stay here and work as I did and provide nuclear medicine services to the public of Tasmania for as long as I can, and I am not seeking anything else.

I feel it a little bit unfair that after nine years of doing this, all of a sudden I am put in a position that I need to do something else to continue doing what I have been doing. I think there should be some way

of medical assessment by my peers, by my colleagues, by specialists in different fields that this particular doctor is actually proving being competent.

**Mr SQUIBB** - And which would enable you to continue in that work in that area of need for an extended period.

**Dr SNARSKI** - In that area of need for as long as I am needed. I understand that the person who would come would be an Australian graduate of course, probably this person would have a priority.

**CHAIRMAN** - That is a bit unfair too, is it not, after a period of time?

**Dr SNARSKI** - I think it may be unfair too -

**CHAIRMAN** - Very unfair, I think.

**Dr SNARSKI** - but that has always been stated. The position is advertised, there is no Australian graduate so you can have it. That is how it is.

**CHAIRMAN** - Right. So when you came to Australia, and Tasmania in the first place, that was the knowledge you had: 'If there is no Tasmanian or Australian to fill that position, you can have it'.

**Dr SNARSKI** - That is what happened to me. The position was advertised.

**CHAIRMAN** - Yes. Therefore when you came to Australia that was your belief.

**Dr SNARSKI** - No, we did not know it. Actually we had very little information on what was involved to practise medicine in Australia, being overseas graduates. We got some information on America's exams, but they are definitely totally different in Australia. We were made to believe from the Australian Embassy in Paris that with our specialty we may have a chance; that we should be welcomed and we should get a position. That is what happened to my husband. The position in the Launceston General Hospital was vacant for nearly ten years, no one wanted to come. There was equipment there and just occasional physicians were doing very limited nuclear medicine procedures.

My husband actually developed a high standard nuclear medicine laboratory at the Launceston General Hospital, which is providing a full range of services. He has developed the new methods which are used here and published the methods which are used here in our department. So definitely he actually rearranged and redeveloped the department which was vacant for ten years before he was accepted here.

**CHAIRMAN** - Have you spoken to the AMA at all about your plight, and have they said they would go into bat for you, as they have said with -

**Dr SNARSKI** - Yes, I have spoken to the Australian Medical Association and I feel that I will get their support.

**Mr LOONE** - From your position at the moment, and if temporary registration was extended to you for five years, or whatever, to work only in the Launceston General Hospital, would you be comfortable with that?

**Dr SNARSKI** - I would be.

**Mr LOONE** - What I am saying is, if you are given your registration to operate in the Launceston General Hospital, you would be perfectly happy.

**Dr SNARSKI** - I would be happy. That is what I have been doing and in my situation, at my stage of life I am really happy with this situation. It is a limited situation of course, I understand that, but I am happy. It has been convenient for me for eight years and I would just like to do the same.

**Mr SQUIBB** - And under those conditions you realise of course that if you wanted to get full registration with the right to be able to practice anywhere in Australia, you still have the option of

doing the exams if you so wished.

**Dr SNARSKI** - I still have this option and I will probably still try to find a way not to do the exams because it is an option but not an attractive option.

**Mr SQUIBB** - No, I realise that. But at this stage it appears to be the only pathway to full registration. We are talking at the moment - what Mr Loone is referring to would still be a conditional registration but it would be an extended period of time.

**Dr SNARSKI** - Yes. The only thing is, the limited registration actually does not give me a provider number so this is a big limitation. I am happy with this position now and with this registration now, but if anything happens to my husband and he would not be able to continue, there is no nuclear medicine in northern Tasmania because there are only two of us here providing the services.

**CHAIRMAN** - You heard the question asked before and I asked you before, and it is something I feel a bit uncomfortable with because the Medical Council might say, 'If you as a Legislative Council act in our position as a medical council, what is the use of having a medical council? We'll leave and let the Legislative Council register doctors', which to me is a danger.

**Dr SNARSKI** - As I said, it must be a medical body which would assess the qualifications of the doctor. A period of time is necessary for the overseas-registered doctor to prove that he is competent and an assessment by the peers I think should give an indication for the Legislative Council to -

**CHAIRMAN** - Most doctors who have come have said that would be fairer method because you have been through your exam period. You have practised for a number of years; you have been classed as a specialist in the area for a number of years, therefore why should you suddenly have to be reclassified as a specialist in that area? They believe, therefore, that the best method is to be judged by your peers -

**Dr SNARSKI** - Yes, for the younger doctors perhaps it would be easier and more acceptable to sit for exams or go back to university and do these three years of medicine, or whatever is required, but for the doctor with certain experience, such as I with nearly 30 years after my diploma, it is really a bit unfair to put me into the situation to sit for exams again.

**Mr LOONE** - You have probably heard these questions asked while you were sitting there, but there are two areas which really concern us, and I would like to hear your opinion on them. One is, why do you think there is such a difference in the rules and regulations in the way the different faculties make their decisions on registrations? In some areas - obstetrics or paediatrics - the colleges of those particular areas grant registration by being examined by their peers but not doing a written examination, yet other areas will not accept any type of registration unless it is done by an examination.

**Dr SNARSKI** - I am not sure, but I think it is just the needs change the rules, probably. There are by-laws, there are possibilities, I suppose, in every college to grant a registration without the exam, and these cases are known. There are a few doctors in Tasmania who have been granted full registration without the exam, so I suppose there are just exceptions.

**Mr LOONE** - This is what is concerning this committee. There is so much variation, there is no uniformity in the way the registrations take place.

**Dr SNARSKI** - I suppose these exceptions are quite acceptable for the overseas graduate doctors if there is a chance for them to get registration on the basis of assessment by the medical body - not their college, but the medical body from the area where they practice - that would be the way to go.

**Mr LOONE** - I might just ask you this one, too, about the provider number. You did say you have a concern about not being able to have a provider number. Could you see any real drawback or big problem with a number being made available to a particular area or particular position and if you fill that position you have that provider number? But once you leave that position you cannot take the provider number with you, it stays with that particular position?

**Dr SNARSKI** - Yes, but I think it has to be very individual. In my situation that would be a perfect solution because I do not intend to go anywhere else and I do not intend to do anything else - only nuclear medicine and only in Launceston. But for someone perhaps in a different situation, if there is a person who is a specialist in a very special field and he decides to leave the place, the provider number will not be actually appropriated to the new person who will not be able to fulfil the same duties. So I am not sure if it can be a general solution; it may be applicable in some individual cases.

**CHAIRMAN** - The way we have the evidence, we get the evidence from you on the transcript and previous people, if they want to, intervene. It is probably easier to intervene through the present witness. Can you please have a chat with Dr Snarski and then she can answer the question.

**GALLERY (Dr BOSANAC)** - Regarding provider numbers, actually the situation is at the present we can get a provider number for the particular place. That means if whoever is the registered doctor here moves into another practice, he must be issued with another provider number. That means the provider number at the moment in Australia is related to your practice. If, for example, Joanna moved to another practice, she must ask for another provider number. The provider number is not going with us, it stays with the working place and that is the situation.

**Mr LOONE** - That does not happen in general practice - a country practice in Dover or a general practitioner practice?

**GALLERY (Dr BOSANAC)** - For them it is a little bit different. Because what they are doing there is referring patients to the specialist and specialist are doing procedures - that is the reason why the provider numbers are quite different.

**CHAIRMAN** - Thank you.

Doctor, did you want to say anything further to us because we definitely do not want to cut you short?

**Dr SNARSKI** - I would just like to ask for help because I think that something is possible to be changed and with medical bodies and Legislative Council, I suppose, the alternative pathway of registration for some selective cases will be possible.

**CHAIRMAN** - And your belief that the best way out and the most commonsense approach is for them to revert back to the 1959 Act and use section 18A.

**Dr SNARSKI** - Exactly.

**CHAIRMAN** - Thanks for your interest and thanks for coming along with your presentation.

**Dr SNARSKI** - I have my curriculum vitae and my list of medical publications if this would be of any interest to anybody. I have a fresh copies and I will leave my submissions with you. Thank you.

**THE WITNESS WITHDREW.**