

**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.**

**Mrs ROBIN SUE DOLAN** WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIRMAN** (Mr Wilkinson) - Robin, thanks for coming along. Can you please, as everybody has to, state your full name, address and state in what capacity you come before us.

**Mrs DOLAN** - Robin Sue Dolan, Whiterock Vineyard in Kimberley, and I am a registered nurse working at the Mersey Hospital in the intensive care unit.

**CHAIRMAN** - Thank you. Please give your evidence in the way that you feel most comfortable.

**Mrs DOLAN** - I am here to reinforce what I have written in my letter in support of Dr Iastrebov. As I said, I have been a nursing sister in the intensive care unit of the Mersey Community Hospital since 1986. I feel very strongly that Dr Iastrebov's qualifications should be recognised in order to grant him full registration as an anaesthetist intensivist in Australia.

In the past years that Dr Iastrebov has been employed at the Mersey he has proven his ability and expertise in managing patients who previously needed to be transferred to other hospitals, these patients being critically ill with multiple organ failure needed long-term ventilation, ie, on life support. In the past these patients had to be transferred to the Royal Hobart Hospital or the Launceston General Hospital after 48 hours. That was our policy as there was no-one with the medical expertise to treat these patients long term. With Dr Iastrebov we now have the facilities and medical expertise to treat these patients locally thereby decreasing the added stress to families of having their loved ones in hospitals away from home.

This area of the State deserves the same level of skilled medical practitioners as the other bigger centres. I feel Dr Iastrebov has truly proven he has the equivalent skills, knowledge, and expertise as any Australian trained anaesthetist intensivist.

**CHAIRMAN** - Thank you. A lot of people have spoken to us in glowing terms of Dr Iastrebov and obviously he is a more than competent practitioner. Our job is to see whether there are ways around the Medical Council's rules and regulations to allow him to remain in Tasmania, and preferably remain in the area of need, being the Mersey General Hospital area. Can you think of any appropriate ways that that can be done other than, although it is an option, the Legislative Council and then the Parliament stating and passing an act to say that he is a specialist?

**Mrs DOLAN** - I feel that he has proven himself over the last couple of years that he has been there just going by the statistics and the patients that he has literally pulled through. You can go by merit and by statistics to show that he is capable because these patients had a high chance of mortality anyway and a number of them survived, probably more than was expected.

**CHAIRMAN** - Should he have to sit any examination and if not, why?

**Mrs DOLAN** - At this stage I do not think he should because he already has his qualifications from the countries he has trained at and, like I said, he has proven himself over the years.

**CHAIRMAN** - Should anybody have to oversee him at all when he first comes out for a period of time to make sure that he is as good as the CV obviously said he was?

**Mrs DOLAN** - Well, he has been doing the job already.

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

**Mrs DOLAN** - Are you talking about when he initially -

**CHAIRMAN** - I am not just talking about Dr Iastrebov because it is not just about him this committee, it is about all overseas doctors and -

**Mrs DOLAN** - About a different way of assessing them.

**CHAIRMAN** - Yes.

**Mrs DOLAN** - I suppose if they can fit in that situation, they can fit that criteria and then if you can give them a position like Dr Iastrebov has had and then somebody oversees them and says, 'Yes, they can do the job' after a period of time, having proven themselves. But I do think he is a special case and sometimes maybe allowances should be made.

**CHAIRMAN** - Who should make those allowances?

**Mrs DOLAN** - He has proven to be needed and he has proven his capabilities in the period of time he has been here. So in that way I think he is a special. We have had lots of foreign doctors coming and going at the Mersey over the years and nobody stands out like he does.

**CHAIRMAN** - They could argue of course that they are special cases as well and you are saying that nobody - and I am not criticising you because everybody says he is great - is as good as Dr Iastrebov. Who is the person and who is the council or who is the group of people to say how good he is?

**Mrs DOLAN** - Could they not just look at his records; look at the work he has done in the period of time that he has been here.

**CHAIRMAN** - This is the Medical Council?

**Mrs DOLAN** - Yes, I suppose, or his peers, his co-workers at the hospital. I know nursing staff and medical staff are in two different positions but we are at the bedside and we see the progress of the patient and we learn as well from the physician and we can certainly see what is going on.

**Mr LOONE** - Do you think - probably going back a bit to what Mr Wilkinson said - but do you think that a committee perhaps of three or four of the peers of these overseas-trained doctors who we are looking at, not just Dr Iastrebov but overseas-trained doctors in general who seek full registration - do you think a committee set up of specialists in the particular area of expertise of this doctor could sit in judgment of their full registration? Would you think that would be a fair way of assessing their capabilities and whether they qualify?

**Mrs DOLAN** - That should be maybe one aspect of it. But the other aspect should be the proven work that the doctors - I do not think that any overseas doctor should just be allowed to come in and automatically get registration by being interviewed or seen by the co-workers; I think they need a period of time to prove themselves as well and all those things need to be taken into account.

**Mr LOONE** - I have put this question to two or three other witnesses and we just want to get your opinions. At the moment our big concern and the reason for this select committee is to try and get trained specialists into the rural or regional areas of Tasmania where there is an urgent need, such as there would be at Latrobe if Dr Iastrebov was lost. One suggestion is that the provider number that a practising GP or specialist has now for his practice so he can claim on Medicare or whatever, how do you think it would work if a provider number was allocated for various regions where there is an area of need and that the doctor can only use that provider number whilst he works in that particular area?

**Mrs DOLAN** - I think that is the way to start but after a period I do not think they should be bound by that indefinitely. I think if you say, 'For the first five years of living in Australia you have to live in such and such an area and we will give you a provider number' but then after that I think they should be entitled to be a free agent - you know, limit their time. When I immigrated to Australia it was when there was a nursing shortage and I was willing to do that. We had made up our mind we would go anywhere initially just to get registration; you know, just to immigrate.

**Mr SQUIBB** - So you were a trained nurse when you immigrated to the country and you immediately received full registration?

**Mrs DOLAN** - When I was in America I applied and got full registration based on my training in America, in California.

**Mr SQUIBB** - How long ago was that?

**Mrs DOLAN** - 1986.

**CHAIRMAN** - Did you have to do any exam or oral practice?

**Mrs DOLAN** - No. I was college trained so I came with a bachelor of science in nursing and I had had about eight years of nursing behind me. I just had to send my whole CV and my school records and everything and I got registered. The battle was getting immigration and that was because there was a nursing shortage, that was the only reason I immigrated.

**Mr SQUIBB** - If you were in California this day, with the same qualification as you had back in the 1980s and you wanted to come to Australia and work as a nurse, could you still do the same?

**Mrs DOLAN** - As far as I know. I have not heard otherwise.

**Mr SQUIBB** - Your American registration would be recognised still?

**Mrs DOLAN** - As far as I know it has not changed.

**CHAIRMAN** - Could you go back to America and immediately commence work again?

**Mrs DOLAN** - Yes. I have what they call an inactive licence which means that to keep your licence up to date you have to do a certain amount of continuing education courses. That is nothing to do really, and then I would immediately get my licence back again.

**Mr SQUIBB** - That is the American system?

**Mrs DOLAN** - That is the American system, yes.

**CHAIRMAN** - Those continuing education courses, do you do those whilst you are here or it is only if you go back to America that you would have to do those courses to again be re-registered?

**Mrs DOLAN** - You could actually do them through correspondence. They are not like a retraining course at all, it is just to show - they did that in California just to show that you are keeping up your professional level of expertise by showing that you are doing ongoing education all the time. It could be anything within medical science.

**CHAIRMAN** - Did you come out to go to the Mersey Hospital?

**Mrs DOLAN** - We came out to immigrate to Tasmania and the Mersey was the closest. We wanted to come to Tasmania. We had already bought a little bit of land over in Kimberley and we knew that is where we wanted to go.

**CHAIRMAN** - When you came from California, you came to take up residence in the north-west of Tasmania?

**Mrs DOLAN** - Actually we went to Alice Springs just because we thought it would be - I was offered jobs everywhere because of the nursing shortage in those days. We thought it would be interesting to go and live in Alice Springs in the outback for a while but we only lasted three months.

**Mr SQUIBB** - So it was interesting?

**Mrs DOLAN** - It was interesting but I prefer it here.

**CHAIRMAN** - The weather is better.

**Mrs DOLAN** - Yes, I reckon.

**CHAIRMAN** - The statement you made that doctors after a certain period of time should be allowed to go anywhere they want, the overseas ones, do you think that is to the detriment of Australian trained doctors? We have heard there is a push to make sure that Australian trained doctors still have positions within Australia but if you have overseas-trained doctors coming to Australia and getting this full registration, for want of another word, they can then go anywhere and they then might take the jobs of Australian trained doctors, that is the argument of the council.

**Mrs DOLAN** - I do not know enough about the statistics of doctors on the mainland or anything. I do not know if that is a bit of fallacy and maybe the AMA is just a bit too possessive and too worried about competition. I think there is probably enough work to go around really.

**CHAIRMAN** - There seems to be a glut of doctors in New South Wales, especially Sydney, and Melbourne and there is a real need for them in the rural areas. If those doctors come to the rural areas and say that the only reason they want to come to Tasmania, Alice Springs, or wherever is because they want to work there, they want to bring up their children there and they want to make their life there. Therefore do you believe that their registration should also be in accordance with their real wishes at the time to say they are retained in that area, which is an area of need, or are you saying that we should just say, 'Yes, just stay there for five years. You've done your apprenticeship, now you can go anywhere'.

**Mrs DOLAN** - Yes, I think it is a bit hard to limit people to where they choose to live. You should be able to be a free agent. I am a permanent resident and you should have the choice - the same quality of where you want to live in a country. If you do your time where it is needed, then I think it should be fair enough to move on.

**CHAIRMAN** - Can I ask you questions about the US system?

**Mrs DOLAN** - Yes, as much as I can tell you.

**CHAIRMAN** - Are you conversant with it?

**Mrs DOLAN** - I have not been there for about twelve years.

**CHAIRMAN** - What I am wondering is have they got areas of need and what happens with their problem if they do have areas of need?

**Mrs DOLAN** - I do not think they do as much as you do here. From what I understand it is not so much a problem for doctors to get registered in America as it is here. I have a cousin who married a Burmese doctor and we were discussing the situation here because he knows some Burmese doctors in Australia and he said it is no trouble at all in America getting registration. His friends could get it and it would not be a problem at all. Maybe because it is a much bigger population in the States.

**CHAIRMAN** - How do you find the standard of care in Tasmania as opposed to California where you trained?

**Mrs DOLAN** - To be perfectly honest, the Mersey to me was really just like a country hospital until Stan came, Dr Iastrebov, because the expertise was - it is like a totally different hospital since HCOA

took over and since Stan became the anaesthetist intensivist there. I am not just saying that; everybody knows it and it is like a totally different hospital now. The standards have -

**CHAIRMAN** - What has changed?

**Mrs DOLAN** - Like I said, we can manage these really critically ill patients. The equipment has changed and we are learning to use it. The treatment modalities have changed. Stan has been the only constant over the past couple of years. We have had anaesthetists come and go but he has really been the only constant one there. We have learned a lot as well; I have learned a lot from working with him, his treatments and things.

**CHAIRMAN** - Any questions?

**Mr SQUIBB** - The only question I was going to ask was answered voluntarily about the difference in the operation of the hospital -

**Mrs DOLAN** - Well certainly the intensive care unit.

**Mr SQUIBB** - post Hospital Care of Australia.

**Mrs DOLAN** - Yes, it is very different.

**Mr SQUIBB** - You have been there for twelve years?

**Mrs DOLAN** - Yes, since 1986.

**Mr SQUIBB** - So you had certainly experienced the old system.

**Mrs DOLAN** - Absolutely, yes. These patients that we are treating now, they would have stayed there for like 24 or 48 hours but quick as anything they would have been transferred out.

**Mr SQUIBB** - Where to?

**Mrs DOLAN** - Launceston or Royal Hobart.

**Mr SQUIBB** - Not Burnie?

**Mrs DOLAN** - No, because - no only orthopaedic cases when we did not have an orthopaedics surgeon. They are basically in the same situation we are; they did not have an intensivist there either to really manage these patients.

**CHAIRMAN** - What happens when they are transferred to Hobart or Launceston; is that dangerous for the patient?

**Mrs DOLAN** - It is always dangerous transferring patients. They have to be moved and if they are ventilated you have to worry about them extirpated, and they are on drugs maintaining their blood pressure and heart rate and everything. There is always those sort of dangers.

**Mr SQUIBB** - Not to mention the cost.

**Mrs DOLAN** - And the cost absolutely. And the strain on the family when the patients are so far away.

**CHAIRMAN** - Do you know the cost?

**Mrs DOLAN** - I would not know. You would have to ask the administrators that.

**Mr LOONE** - One further question. With Dr Iastrebov and we all believe what his capabilities are and his level of expertise, do you find that that has rubbed off from him down through the hospital so that general day wards, like minor illnesses, minor operations, do you find there has been a general up-lift right across the hospital?

**Mrs DOLAN** - You mean an increase of standards throughout the place?

**Mr LOONE** - Yes.

**Mrs DOLAN** - I think there would have to be, at least for the patients that he is involved with because his expectations he carries through, certainly to the nursing staff. You know that he expects this and this and this for the patient and you have to follow it through; it goes along with the patient care at the time.

**Mr LOONE** - The occupancy rate is very high at the Mersey?

**Mrs DOLAN** - I think it varies; it is variable. I think it is quite low at the moment; something about Medicare funding or something that is being held back. But for a while it was. Our intensive care unit used to be a three-bed now it is four-bed and we have had to close the unit because we have had patients there ventilated for a month or longer who have taken up the beds.

**CHAIRMAN** - Thanks for coming along and showing and interest and for your input. You want to say something else?

**Mrs DOLAN** - No, I think I have made all my points.

**THE WITNESS WITHDREW.**