THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, GOVERNMENT OFFICES, 68 ROOKE MALL, DEVONPORT.

Mrs DEBRA CATHERINE DOLBEY, CLINICAL NURSE, CRITICAL CARE UNIT, MERSEY COMMUNITY HOSPITAL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

CHAIRMAN (Mr Wilkinson) - Debbie, thanks for coming along.

Mrs DOLBEY - Thank you for having me at short notice.

CHAIRMAN - It is our pleasure. Before we start, for the sake of the record, can you state your full name, address, why you are here and in what capacity, please?

Mrs DOLBEY - My full name is Debra Catherine Dolbey and my address is RSD 421, Sheffield Road, South Spreyton. I am here in support of Dr Iastrebov. My capacity is I am a clinical nurse in the Intensive Care Unit at Latrobe in a full-time capacity, which means that I work in charge of the shift whenever the nurse unit manager is not on. I also collate the statistics for intensive care - mortality, morbidity, et cetera - at Latrobe, and I work casual work and part-time in the Intensive Care Unit in Burnie and occasionally Launceston.

CHAIRMAN - Please give your evidence in any way you feel most comfortable.

Mrs DOLBEY - Yes, certainly. My letter was lost so you do not actually have a copy of my letter, so I thought I would go through my letter and -

CHAIRMAN - We have a copy of the one dated 27th, we just received that then, is that the one you are talking about?

Mrs DOLBEY - That is very clever. Yes, I only brought it five minutes ago.

Basically I wanted to respond on behalf of Dr Iastrebov. He has, in my opinion, or in the unit staff's opinion, proven himself to be dedicated and a good specialist anaesthetist. He started at the Mersey Community Hospital in January 1996 so he has been here a little over two years and has worked in conjunction with the staff and there has been a very good rapport between himself and the staff.

He has made himself available both in a clinical role on 24-hour call and he has been a teacher to the resident medical officers doing rounds and teaching sessions and also the same for the nursing staff, and we have never had that in the past. We have had the occasional lecturer and we have paid people to come in but none of our doctors have ever offered or agreed to do lectures and teaching sessions for us in the past, and we have had to go to places like Melbourne and Sydney and the Royal Hobart Hospital for that information.

CHAIRMAN - So he makes himself available for teaching?

Mrs DOLBEY - He certainly does, yes.

CHAIRMAN - How often does he do that?

Mrs DOLBEY - Whenever required. Originally when we first had him in our intensive care unit we were a basic intensive care unit. We had a majority of medical and coronary care patients and the occasional post-op patient who really was a bit too much for the ward staff and we would look after them for 24 hours or so. And we had emergency ventilated patients - those people who came in in cardiac arrest or post-operative patients who did not wake, for example, and all those patients who needed to be ventilated for more than 24 hours needed to be transferred and we do not have that now. The only patients who are transferred now are paediatrics, which is because we do not have the nursing expertise to manage these patients and we feel that they need to be in a specialist children's area; major burns because we do not have good facilities for offering them a good infection-free environment and there is a specific unit in Hobart and the same for major head injuries.

Dr Iastrebov has been available to us on 24-hour call via telephone and that has been for periods of up to ten weeks at a time when there has not been another anaesthetist available or when the anaesthetist available felt that they were not able to manage a patient that came in. In those times when he went away to present medical papers to conferences et cetera, he was available by telephone to us in case there was something we felt we needed to discuss with him in regards to patient care and that was not necessarily nursing staff but the doctors looking after the patient.

In regards to the presence of a specialist anaesthetist, we have not had a specialist anaesthetist or an intensifist or a recently registered anaesthetist available in our hospital prior to Dr Iastrebov. We had anaesthetists who had been there some time and although they are quite good anaesthetists they are not necessarily intensive care anaesthetists. Five years ago, or a little more, was the last time we had an intensifist on the north-west coast and that was in the form of Dr Parkes who now works in Launceston, and I understand that they have an intensifist coming shortly to Burnie but at this point in time he is not there. Dr Iastrebov is the only person with those qualifications, if you deem them suitable qualifications.

Mr LOONE - Is Dr Iastrebov used as a consultant by the North-West Burnie Hospital?

Mrs DOLBEY - No. The North-West Burnie Hospital and the Latrobe Hospital tend to have a huge wall between the two, we tend not to communicate very well between doctors - certainly between nursing staff. When I work in Burnie I get ribbed about working about working at Latrobe and when I work in Latrobe I get ribbed about working in Burnie. I do not know why that is, it is a parochial thing. It is like the north-south thing, unfortunately. It could be better managed.

The other thing is we have a problem attracting doctors to our area. Geographically it is a huge distance between Burnie and Latrobe, not in distance so much but in travelling, and doctors do not like to work in the country and although we have quite a number of people in the community it is still essentially a rural community.

As you know, there has been specific incentive packages for doctors and training offered and in fact Professor Baker does training at our hospital for these doctors but it does not seem to have brought too many people who are willing to stay. Dr Iastrebov is willing to remain here as a specialist for quite a decent period of time and to us that would be a major advantage.

As I stated, I have been involved in collating the intensive care statistics based on the Apache score. The Apache score was developed in 1990 by the Australian New Zealand Intensive Care Society and they have developed a data base for intensive care patients, and it allows a comparative analysis between patients nationally and of course internationally because of that and there are four areas that they deem to be different. For example, there is a section for tertiary intensive care units, a section for metropolitan intensive care units, one for rural regional intensive care units and one for private intensive care units.

The national Apache score, which includes some New Zealand and Hong Kong hospitals, is 13.68. Now the higher the score the sicker your patients and those sorts of things. In our hospital in our regional rural area judging on 25 000 patients the number is 11.95. At our hospital in actual fact it is 15.3 in 1996 and, in 1997, 18.5 and that is purely due to Dr Iastrebov's management.

CHAIRMAN - It is 18.5 in 1997?

Mrs DOLBEY - 18.5 in 1997 so far.

CHAIRMAN - What was it prior to Dr Iastrebov?

Mrs DOLBEY - We have not collated those statistics but because we did not keep intensive care patients, they were transferred to other hospitals, we did not have the capacity for those patients. I must say - and this is only based on my opinion - that our mortality would have been much higher due to a lack of expertise and then, of course, the discussion as to whether we do not stop early enough of course. May be those patients would have had that mortality anyway, it might be coincidence. But certainly we did not keep the long-term ventilated patients. We could not manage any renal, as in kidney problems, liver problems, major lung disease - those sorts of patients were all transferred.

CHAIRMAN - But you can now?

Mrs DOLBEY - We can now.

CHAIRMAN - So you can look after renal, liver and what was the other one?

Mrs DOLBEY - Renal, liver, major lung disease. We look after all those patients now and in fact Mr Lamont, one of our senior surgeons, has purchased a haemo filtration - a filtration unit for kidneys.

CHAIRMAN - A new machine.

Mrs DOLBEY - Yes, Aprisma that is what we call them - that is a brand name. What it does is remove toxins from the blood stream, by-passing the kidneys.

CHAIRMAN - So before Dr Iastrebov came you could not cope with your renal, liver and major lung?

Mrs DOLBEY - No, we could not do those things.

CHAIRMAN - They were transferred to Launceston or to Hobart.

Mrs DOLBEY - Mostly to Hobart. The problem with that was that (a) the patients were moved out of their area so the relatives of patients have huge expenses. There is huge expense in transferring them in regards to ambulance cost, air ambulance and that sort of thing. It is dangerous for the patients to be moved attached to ventilators and things. It is not necessarily safe to do that, and the other thing is that there were times when we had a problem getting beds. Hobart did not have sufficient beds to cope with the numbers, the same with Launceston and we have transferred to Sydney one patient that I remember, prior to Dr Iastrebov, and three or four patients to Melbourne that I can remember without looking up statistics because I would have to get the books out.

Mr LOONE - How many beds does the intensive care unit have at the Mersey and what is the occupancy rate like?

Mrs DOLBEY - Occupancy rate changes regularly and, as far as I am aware, it is approximately 75 per cent. We have three ward beds and a single room, so effectively we have four intensive care beds but also used for coronary care or whatever.

CHAIRMAN - I have read through the rest of page 2 and it seems important when you say 'Statistics prove him to be an expert intensifist and he has proven by his constant availability'. I understand that. We have had a lot of people come to us and say what a good operator he is.

Mrs DOLBEY - Yes.

CHAIRMAN - But when you say 'Statistics prove him to be an expert intensifist', what do you mean by that?

Mrs DOLBEY - Apache score statistics.

CHAIRMAN - That is the Apache score statistics.

Mrs DOLBEY - Yes.

CHAIRMAN - Right.

Mrs DOLBEY - That is based on national statistics. I can provide paper work for you if you want it with figures and length of stays, et cetera.

CHAIRMAN - Right.

Mr HARRISS - Debra, in the outset of your letter you say you are writing in support of Dr Iastrebov.

Mrs DOLBEY - Yes, I am.

Mr HARRISS - A lot of people are likewise in support but, in your view, should the Parliament intervene to deliver full registration or is the process which is assessing him for registration at some stage in dramatic need of overhaul?

Mrs DOLBEY - I feel that the process is in need of overhaul. I think that there has appeared to be a lot of shortcomings with regards to - and I can only go on things like resident medical officers, exams, the type of doctors they are, those that pass and those that do not and their abilities et cetera. It seems to be the same everywhere, those doctors who can write things down on a piece of paper are not necessarily good practical doctors and you might be able to ask them a question and they may be able to answer that but if they cannot assess the patient's problem or needs there is no point in knowing the treatment because they do not have a diagnosis, and that appears to be a problem.

I do not necessarily feel that Parliament should intervene; however I do feel that Dr Iastrebov has worked in this capacity for two years. He has proven statistically to be capable. He is willing to stay in this rural area and I think he needs to be assessed on merit, and I do not feel that the Board of Anaesthetists or the governing body have assessed that. He is obviously capable and they, I think, need to maybe re-assess him on his merit.

The other thing is that I have not officially seen his official qualifications and so I cannot say other than what I have been told. I have not asked to see certificates, et cetera. But I think that this is a special case and I do not think that Parliament should necessarily willy-nilly come in and say doctors should be registered. I just feel that this is a special case especially with his expertise and he is willing to stay in a small community.

CHAIRMAN - Dr Kehilia said he was going to stay around the west coast and he was one of the four doctors - I know Dr Ghali in the back of the room mentions that four doctors were given registration through the parliamentary process. That was with the handshake of the Medical Council, so it is a bit different. But then what happened with Dr Kehilia, as soon as he received that registration, he up and left very soon after.

Mrs DOLBEY - Well I think that may be there needs to be some sort of safeguard if you can manage it, in writing or in contract or something, may be prior to issuing registration. I cannot say how that would be able to be worked. I think that that is very poor behaviour on his behalf maybe. Maybe he received a better offer - I cannot say.

Dr Iastrebov has said that he will stay. He did originally say for a minimum of five years but that was personally to me, I do not have that in writing. We have not had anybody who has been willing to stay that amount of time. We have had a number of very good doctors in our hospital in the past - specialists - Dr Ghali himself - and staff choose to go to these people so they are quite good doctors. But the doctors who seem to be coming through are staying six months and going other than those people who have been here before. He has said that he will stay and I am pretty well certain that I would believe that having spoken to him personally but, as you say, I cannot tell.

Mr LOONE - You obviously are a very skilled and experienced clinical care nurse or sister -

Mrs DOLBEY - Thank you.

Mr LOONE - and you have raised a point that has come out in evidence previously from overseas doctors who are having trouble getting through the exams. In many cases it appears to me that they are very good surgeons, good doctors but they are not getting through the exam papers. Whether it is because they are do not quite understand the English guidelines - what I am trying to say is the written exam is a big problem yet they are very skilful surgeons and doctors or intensifists, like Dr Iastrebov. Would you, from where you sit and the experience you have had in working with specialists, consider that it would be an option that the doctors be judged by their peers on their skills, rather than have to go through an intensive examination and re-training like Dr Iastrebov of three years to four years would need to go back before he would get the qualifications. Would you think it would be reasonable and fair that they be judged by their peers on their qualifications when applying for full registration?

Mrs DOLBEY - I think that this is a good option. I am not a doctor, I am not their peers and I can only judge from a nurse's point of view. I think that that is possibly a good option. However, are there sufficient peers available to be watching over the numbers who come through, I do not know. I think that possibly maybe the larger hospitals might be a better option than - at our hospital resident medical officers are on at night time, one single medical resident officer for the entire hospital. If that medical officer is not necessarily a good one or is particularly brilliant it makes no difference, they are the person there and they are not necessarily being watched by their peers.

Mr LOONE - One point that is continually raised and concerns me - and I know it does the other members - is that a doctor is given temporary registration, he is accepted as having good enough qualifications, he serves for two years or three years in a particular hospital and, in this case, we keep referring to Dr Iastrebov but that is just as an example.

Mrs DOLBEY - Yes.

Mr LOONE - He has shown outstanding qualifications and yet at the end of that two years he is then told 'Your qualifications aren't good enough, you now have to go back to school or go back to college and re-train' and yet he has served for two years without any problems whatsoever. That is one part that I cannot understand.

Mrs DOLBEY - I think that is extremely poor and that is the thing that has come out amongst the nursing staff, particularly within our hospital - how come this man has good statistics, has been registered more than once to work in charge of intensive care, in charge of patients' lives until, for example, December in which case he then becomes a resident medical officer and has to work under supervision for four years before he can practice. It is a double standard and an unacceptable one, in my opinion.

CHAIRMAN - Thank you very much, Debra, that was helpful. Thanks for your interest and thanks for coming along.

THE WITNESS WITHDREW.