

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.

Ms ANNE ELIZABETH CAMPBELL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Anne, can we please have your full name, address and in what capacity you are before us.

Ms CAMPBELL - Anne Elizabeth Campbell, 115 Sheffield Main Road, Spreyton. The capacity I appear before you is as a voter; a taxpayer; a responsible member of the household family; a professional person - I am a nurse currently practising; as a patient that has previously been transferred in a critical condition from intensive care rurally to a major centre; and as a previous nurse unit manager in an intensive-care situation.

CHAIRMAN - Please give your evidence as you feel most comfortable. To some degree we are restricted by time -

Ms CAMPBELL - Yes, I know.

CHAIRMAN - but I do not want you to feel you went away without saying what you wanted to say.

Ms CAMPBELL - All right. I wrote to you briefly as I felt a need to express my concern regarding the registration process of Dr Stan Iastrebov. I felt the need to support him to deem his registration. I also wrote - and I daresay I am reiterating what people have said today; I hope I am - with his expertise and with various qualities that he gives with his care to his patients. I will go through them briefly, if I may -

CHAIRMAN - Yes.

Ms CAMPBELL - and then I will get back to my major concern, which is regarding his registration and the process in which it is about to go through.

Some of the qualities that I would like to reiterate probably have been that his skills and competencies are definitely without question. I have worked in this area since 1980-1981. The rapport that he has with his staff, with his patients, with his relatives, his open access that he has, his availability all the time, his tireless commitment. I think it may have been mentioned to you he at one stage was on call for ten weeks in succession. As I mentioned, his 24-hour on-call virtual open access; he makes himself available when he is around.

He also has been away presenting papers on a national level and on a world level. I do not know of a doctor who has done this before, and I have not worked with one before. When he was away with papers that he presented, he still made himself accessible to us if we needed him in his capacity as

Director of Intensive Care. It is without question that anyone can go at any stage and they can approach him.

His accurate documentation, I have not seen anything so concise and clear before. He verbally makes sure that everyone knows what is going on. His planning process with his patients; I have not seen anyone research and self-evaluate to this extent before. I have found historically that the medical profession, once registered, I do not think there is a reassessment of their skills or their capabilities, or any kind of self-education program that they must comply with once they are registered. I came in late; I believe Julie mentioned this to you previously. To my knowledge, I think once a doctor is registered he can be infinitumly - if there is such a word - registered and practise per se for x amount of years, or as long as he likes. I think this really is a situation that in 1998 we have a responsibility to society that we do self-evaluate and we reassess whether - this is something that I think could be addressed and it does go on to registration as well.

I mentioned to you that he has introduced techniques and his education program to the hospital. He presented himself for the nursing staff every week for lectures. He presented a program for the resident medical officers; he presented a case every week and they went to the ... I hope I am reiterating what people have said to you. You know this already so I will not go on and on. But I would just like to make sure -

CHAIRMAN - If it helps we have had a number of people tell us how good he is. We have no argument with that.

Ms CAMPBELL - Right. I daresay you know; you know the new techniques. These techniques not only were a first for Tasmania. I believe some of them were primarily one of the first innovative ideas in Australia - for example, the nitricoxide and things like that; the ... machine; bio-ventilation - the paper he produced for Draeger.

I really wrote as well because I wanted to question the registration process. I found it difficult to swallow that somebody could practise for three years and look after people in a critical area. Ultimately health is number one with us and mortality, morbidity, is primarily what we do not want to see. This man is able to go to the peak of the echelon and actually look after these people at such a crisis, yet three years later we can deem that he may be not able to continue in such a capacity. I just would like to ask why, or if there is a way around this. To me, as a responsible person, I would just like to express my concern with that.

CHAIRMAN - That is what we are looking at - if there is a way around it - because everybody here agrees that it is an anomaly that has to be sorted out, and we are looking at the best ways to sort it out. So if you can give us any recommendations as to how you believe it should be sorted out, please fire away.

Ms CAMPBELL - If I had that answer - I mean, I think you probably have various ideas. I would feel happy to think that you were actually looking at. Somebody said that we do not want to set a precedent or whatever. Well, if something has to be looked at, that is how things change; you set your precedents. But you can look at something and evaluate it. It is a bit like chopping a tree down. If you are aware, at least somebody is aware that this is a problem.

CHAIRMAN - The question we have asked a lot - and everybody has heard it - is should we, as members of parliament, be able to say to Dr Iastrebov - or anybody - 'Yes, you are now a specialist as a result of an act of Parliament'. Should we have the power to do that and act as a de facto registration board, or should we be able to put forward recommendations and hope the experts in the field of expertise were those people to grant that registration?

Ms CAMPBELL - The simile that was mentioned to me was Dracula in charge of the blood bank. I said, 'That's a really good one; I'll think about that'. You have to be responsible to somebody ultimately. I think that any input from anybody is some kind of benefit. You are asking me, should you have some kind of say? Well, I cannot see. You represent the voters, you represent me, and if I can have a say to you and you go and represent me, that is what the system is about.

CHAIRMAN - Would you like us to register nurses?

Ms CAMPBELL - I would not have a problem with it.

Mr SQUIBB - In respect, we are not suggesting we are going to register. What we are looking at is putting in a process for that sort of thing.

Ms CAMPBELL - The process is what I am asking. We have discussed that. There has been no judgment of peers in the workplace side by side. There are prerequisites which seem pre-Edwardian to me; that you have deemed this and this. I would be interested in what year these parameters were set out in these laws.

CHAIRMAN - What happened, as you probably know, people from England and South Africa prior to 1992 who were a specialist, there was mutual recognition; they came to Australia and were immediately specialist because of a date. Now they are not; they have to go through this exam.

Mr SQUIBB - Or those who came prior to then still are; those who have come since will not.

CHAIRMAN - Those who came prior to 1992 are, but the ones who came after are not.

Do you believe that rural regional areas need special ways of dealing with their problems, as opposed to the capital city areas?

Ms CAMPBELL - Most definitely.

CHAIRMAN - So therefore do you believe that if a strong recommendation was put forward that people who come from overseas and who have conditional registration, that conditional registration go outside the two-year period, that they have got a convention; it is not part of a rule, it is just a convention that they have come to. Do you believe the Council should have the ability to extend that and extend it on the basis that they remain in that area of need?

Ms CAMPBELL - Well, that is one way around the supply and demand, I suppose.

CHAIRMAN - Do you think it is unfair on the doctor?

Ms CAMPBELL - Yes, I do really. It is sort of selecting areas that you deem work. I cannot think of the exact word, but that would be some kind of - what am I trying to say -

Mr SQUIBB - Restricted trade.

Ms CAMPBELL - Yes. Not only a restriction but it does seem unfair. If you asked me if Dr Iastrebov was registered and he moved on - and I have said this before - I am so impressed with his work that I would think it was a dreadful loss for us. But mankind gained anyway; Australia gained or whoever. To solve the rural problem, there is a problem not only with the supply and demand; there is a problem all throughout with facilities that are available. It is not just medicine and that kind of thing. To encourage them to come to Tasmania I suppose you would have to have some kind of incentive. I do not know the exact figures, but I would say we are not putting through enough people in the Medical School for the supply and demand situation.

CHAIRMAN - There seems to be a glut in certain areas of Australia; in certain capital cities a glut of medical practitioners. But even though there is this glut and they say they are starving, they do not want to go out into the rural areas.

Ms CAMPBELL - Yes, there would have to be some incentive for it, I presume. You know the problems, you have no schooling, you have to send your children away, if they are young families. The reasons people leave Tasmania or move to the cities that is the whole area. There would have to be some kind of incentive, I guess, for that.

CHAIRMAN - Some say the wives control it, not the doctors. It is the wives that say they want their children to go into these other places because of schooling and those type of facilities that you are

speaking of.

Mr LOONE - I put this question to the previous witness. The basis of this select committee is to try to find ways and means of providing medical practitioners of high quality to the rural areas - or the regional areas, as Mr Squibb refers - in Tasmania. That is the reason why we have come together. I put the question and I put it to you, how would you feel if a provider number was allocated to different areas rather than to a doctor? If you want to practice in Latrobe there is a provider number there and you can practise. But once you want to leave Latrobe, or leave Launceston, or Campbell Town, you leave the provider number and you have to go somewhere where you could pick up another provider number. Could you see that working?

Ms CAMPBELL - That is an interesting concept that I have not really thought about. Off the cuff, yes, but I would have to think about it and discuss it. But, yes, I could not see why that would not work.

Mr SQUIBB - Just in relation to Doctor Iastrebov, you referred to some of the new techniques that he has tried at Latrobe. I assume that when you are saying 'new techniques' they were new so far as Latrobe was concerned.

Ms CAMPBELL - Yes, some of them were new for Tasmania.

Mr SQUIBB - Right. Are you aware - and I guess we have later on today to ask him - I was just wondering whether you were aware whether he had actually tried those in some of his previous positions, or whether he had picked those techniques up when he attended training courses overseas?

Ms CAMPBELL - No, I am not aware. He would answer that for you.

Mr SQUIBB - He also indicated that he was the director of the department at Mersey. Does he have an assistant or a deputy?

Ms CAMPBELL - No.

Mr SQUIBB - He does not.

Ms CAMPBELL - No, not that I know of.

CHAIRMAN - So all the things that he brought to the Mersey hospital were tried in other places.

Julie put forward what I thought was a good idea that what normally happens with people who come from overseas is they come as a result of their CV and probably a couple of references. Therefore they immediately become a doctor in that area as a result of their CV and the references and not because of any doctors seeing how they work and seeing whether they work well or not. As you may have heard she said, 'Why don't they first go to a training hospital or teaching hospital? They would be under the microscope for six months and then they would be put into that area of need and get suitable registration'. What do you think of that?

Ms CAMPBELL - I actually mentioned that but I did not elaborate. I said there was no peer judgment of them or no assessment. It appeared to me as if they had various tests on the spot, like we did as nurses years ago, and then they were deemed whether they could get their registration. But this would be an ideal situation where somebody who was qualified and experienced and had that expertise could assess and make a recommendation as well.

CHAIRMAN - Do you believe they should have to sit written examinations?

Ms CAMPBELL - Yes, I suppose there is an element of how you are going to test this person, whether they can understand and they can correlate the information and they can present it on paper. Yes, I do believe in written examinations to a degree. I do not think they should hold such high importance on the registration process.

CHAIRMAN - Is it fair to say that what you are saying is, 'Yes, there should be a written examination, but it should not have the same importance that the Council deem it to have now -

Ms CAMPBELL - No, no.

CHAIRMAN - and the practical examination should be the most important.

Ms CAMPBELL - I think as we mentioned, their work at the time, if that could be assessed. And by working with other medical people that can assess them alongside and regularly update and report to whoever is necessary, on their work..

CHAIRMAN - Thank you, Anne, very much for your interest and your input. It has been nice talking to you, thank you.

THE WITNESS WITHDREW.