

**THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE BURNIE COUNCIL CHAMBERS, 80 WILSON STREET, BURNIE ON WEDNESDAY 15 APRIL 1998.**

**Dr LEONIE VERONICA KATEKAR**, DIRECTOR OF MEDICAL SERVICES, NORTH WEST REGIONAL HOSPITAL, BURNIE, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIRMAN** (Wilkinson) - Leonie, prior to commencing your evidence, I understand that at the end of your talk with us you want to say some things in camera -

**Dr KATEKAR** - I would, yes.

**CHAIRMAN** - so please let us know when that is, and then that will be in camera and we will be the only people that have that and it will not be published. It will be on the transcript but again it will not be published. It will just be in house amongst the committee. Please let me know when you want that to occur. Prior to commencing, could you please state your full name, your address and the capacity in which you are before us.

**Dr KATEKAR** - My name is Dr Leonie Katekar; I am a medical practitioner and hospital administrator. I work at the North West Regional Hospital, Burnie, in the capacity of Director of Medical Services, and I reside in Burnie on Round Hill.

**CHAIRMAN** - We have all read your letter to us. Do you want to expand on that?

**Dr KATEKAR** - I actually had a kind of presentation and some dot points, and I would feel more comfortable if I could go through that and then have a question time at the end, if that is okay.

**CHAIRMAN** - All right.

**Dr KATEKAR** - I have some overheads which I will show, and then there is some information in these notes which I will hand out.

**Mr SQUIBB** - Are they copies of the overheads?

**Dr KATEKAR** - No, they are not.

This basically follows through what I have on overheads, except in a bit more detail basically. I have the main points on the overhead and then the specific points that I will be talking about I have mentioned in writing here, and what I actually say will probably be expanding on that again.

I have had a look at your terms of reference. I have not actually annotated specifically towards those terms of reference that you have, but I have tried to keep as closely as possible to them. Then where I diverge from your specific terms of reference I just would like to go through a few case examples at the Burnie hospital, and from those examples explore the issues of the role of parliament and just some general comments and perhaps some options that the council may consider. I have not specifically made any recommendations, but just different kinds of options from a practical perspective that you might like to go through.

Burnie, like the Mersey Hospital, is a rural hospital and has great difficulty in attracting and retaining medical staff. We are a specialist hospital, so most of the comments I will make are towards specialist

recognition and registration rather than general RMO or junior hospital medical officers and general practitioners, in which my experience is limited, although I do have a broad understanding of their registration issues in that I have to go through that process before I go through the specialist recognition process. So I have not addressed the junior doctor issues, although I am happy to answer questions on those kinds of issues, because any decisions you make on registration for Dr Iastrebov will possibly impact on general registration for junior doctors.

Overseas-trained specialists: in excess of two-thirds of our specialists at Burnie Hospital are overseas-trained doctors, and most of these are people who were recruited a long time ago, before the 1996 act came into force, and also most of them before the 1992 National Mutual Recognition Act.

**Mr SQUIBB** - Can I just interrupt there? Does that make any difference from the point of view of how long they can retain their provisional registration, or are they in the same boat?

**Dr KATEKAR** - No, they are in very different boats. I will just go on to that in a minute, if you like.

**Mr SQUIBB** - Fine.

**Dr KATEKAR** - Recruitment of Australian-trained doctors to rural areas is very difficult. If you wander round all the GP practices and the hospital you will find that most of the doctors in the north-west are either from the UK or from South Africa. I have taken my new specialists around to those GPs and I would say that 80 per cent of them are from overseas, but that is only a guesstimate from what I have seen. In the last two years I have recruited approximately ten specialists, and four of those have been Australian: a general surgeon, an anaesthetist. My final point is to say that overseas-trained doctors actually provide essential services at the hospital. You can name a specialty and it is bound to be that I have recruited a doctor into that specialty to provide an essential service.

**CHAIRMAN** - They are on conditional registration?

**Dr KATEKAR** - Yes. I currently have five doctors on this conditional registration.

**CHAIRMAN** - Is part of the conditional registration that those doctors be overseen by another doctor acting in the same field?

**Dr KATEKAR** - Well, I think in theory that is what is supposed to happen, but in practise I have a solo urologist who remains on conditional registration. Our ophthalmologist who was previously on conditional registration now has full registration, and he in theory was overseen by practitioners down in Launceston until he got his full practice. In anaesthesia we have someone who in theory is overseen by the other anaesthetists, but what actually happens in practise is a different issue. We have two paediatricians and both of them are on conditional registration and they do not have any supervision, except each other and me, I suppose, as my role is maintaining quality of services at the hospital.

**Mr SQUIBB** - How many fully registered anaesthetists do you have?

**Dr KATEKAR** - We have four. And we have one locum who is an overseas-trained specialist on a locum basis, and she is going to be replaced in August by an Australian-trained anaesthetist, Hobart-trained.

**Mr HARRISS** - Just to pursue that matter of supervision, because it is an important issue, is any lack of supervision, which was a prerequisite to conditional registration, a detriment to full registration down the track, from your experience? Does the Medical Council look upon that poorly?

**Dr KATEKAR** - I think there is some confusion in regard to the kinds of conditional registration you can get. There may be the same subsection in the act, but if I have a locum urologist who is a solo practitioner there is just no way that I can provide a service if I also have to provide supervision; whereas if you are employing a junior doctor in an intern position, or even an intern, there are issues pertaining to supervision that are actually well prescribed in the act and also in the procedural guidelines of the Tasmanian Medical Council. But there are quite extensive guidelines with regard to intern training and things like that, and they are becoming more comprehensive as each year

progresses. But for specialist medical staff there is not a condition that they are supervised that they get the registration, as far as I can ascertain, except it is a responsibility of the CEO. In the act I think it says 'to the satisfaction of the CEO' that they can continue their employment.

**CHAIRMAN** - But in reality those people are acting as fully registered doctors, because they are not in reality under the supervision that is supposed to be there with the conditional registration.

**Dr KATEKAR** - Well, you could say that about interns as well. In reality they make an awful lot of autonomous decisions without direct supervision. But I think one of the major lessons to know as a doctor is 'what you know and what you know you don't know' and, as long as you are confident that the doctor that you have employed can make that judgment about themselves, then you will feel happy about continuing their employment because you know they will not wander into an area where they feel they are perhaps not competent. I think out of all your medical education that is the most important thing to learn about medicine, being able to make that judgment. I do not know whether you can teach that judgment, it is a learning thing. But as someone who recruits and retains and looks after the quality of care, that is the kind of thing that I base my decision on as to whether I will continue someone's employment or not, as to whether I feel, if they are in the Emergency Department, that I can go home and sleep at night because I know if they get out of their depth they will call someone in; they will not continue on treating a patient who really is beyond their capacity to treat.

**Mr SQUIBB** - Have there been any occasions where you have to terminate the employment of an overseas-trained doctor for that very reason?

**Dr KATEKAR** - I have not terminated any medical practitioners. Can I leave that to the private session?

**Mr SQUIBB** - Yes.

**Dr KATEKAR** - National specialist recognition: all the doctors have to apply through a central body in Canberra called the Australian Medical Council. They make determinations in conjunction with the learner colleges, each learner college separately - like orthopaedics is the AOA, physicians the Royal College of Physicians, paediatrics is Paediatrics et cetera, and all those colleges act autonomously from each other and have their own rules. The rules and regulations followed by the AMC and the colleges have changed over time. This has been for two reasons. One is that Australia has only really in the last 20 years been able to train its own specialists. Historically, a lot of our people wanting to be specialists actually went overseas to the UK particularly to gain their training.

I have put in here mutual recognition, and I do not mean to confuse you with regard to the national mutual recognition, but this is a mutual recognition which used to exist between the UK and South Africa. When I say that most of the doctors at our hospital and also in the community are overseas-trained doctors, most of them are from the UK and South Africa, and when they came to Australia - and I think it is even as recently as 1992 - their specialist and their basic qualifications were mutually recognised between those countries. I can go and work in England, just pay their General Medical Council \$1 000 and they will register me. If you are a UK graduate you can no longer come to Australia without doing the AMC examinations, but that loss of mutual recognition has been only in the last few years, so most of my doctors that have full registration were employed when there was that international mutual recognition.

**Mr SQUIBB** - And they retained that full registration.

**Dr KATEKAR** - Yes, they have retained that full registration. And the other reason that there have been changes and tightening up of the national specialist recognition procedures and pathways is because there has been an increasing number of overseas-trained doctors, and there has been a particular concentration of those in New South Wales, and the loss of the recognition from the UK and South Africa has been precipitated by the fact that there have been challenges, I believe, in the courts that this is discriminatory between countries, that it is a racial discrimination, so therefore you cannot recognise UK training and South African training because that is a racial thing, if you do not recognise Egypt and Russia and all the other things. So, as I said, the procedures have not been in place for a long

time, and they do change according to the development of Australia and also the development of the other countries.

**CHAIRMAN** - So your knowledge of it is that it has not changed because of a lack of service of these overseas-trained doctors. It has changed more for a legal purpose.

**Dr KATEKAR** - Well, I think the legal premise is that it has been challenged, yes. We aim to train our own specialists, and also there has been an influx, or what is believed to be an over-supply, of overseas-trained doctors, although people say that these are concentrated in New South Wales, particularly Sydney. And in order for colleges and for the Australian Medical Council to be seen to be non-discriminatory, they have to enforce rigid rules about registration in order that they can be seen to be treating everybody the same. They used to be, I think, a lot more lenient with interpretation of the laws and there are certainly pathways that you can go round toward examination and things like that, but those pathways are being gradually tightened because of this perceived discrimination.

**Mr SQUIBB** - But there still seems to be a discrepancy between the various colleges.

**Dr KATEKAR** - The colleges do not work in conjunction with each other. They work in conjunction with themselves.

**Mr SQUIBB** - Some have a much more severe regime to work through, where others - we have heard recently of specialists who have been granted full registration simply on the recommendation of a supervising peer, whereas you take anaesthetists, for instance, where they are quite strict in that there is a need to do the exam.

**Dr KATEKAR** - We have an Irish-trained anaesthetist called Katherine Stewart whom we have employed since August 1997 and she managed to get through without doing the exam.

**Mr SQUIBB** - How did she manage that, or would you rather speak of that in camera?

**Dr KATEKAR** - There are two issues. One is I think she applied in 1995 -

**Mr SQUIBB** - Before the deadline?

**Dr KATEKAR** - Yes. And the second thing is there used to be this mutual recognition. And also she had already spent some periods in Australia as a fellowship registrar, as a senior registrar, so people already knew of her performance before she actually applied for registration.

**Mr SQUIBB** - If she had made her application in 1997, in your opinion do you think she would have been accepted?

**Dr KATEKAR** - I cannot really answer that, but my hearsay evidence to that question is that no, she would not. But I do not know what the real answer is because what happens behind the colleges' doors I do not really know, and what you hear around the street is different from what the college says, and it is very confusing. You can only put your applicant in and wait till they come out the other end before you can really make a proper assessment. That is my experience of the colleges.

I will just quickly go through the Tasmanian Medical Council procedures. It is a new act and already within this new act there were registration provisions inserted - I was not here then; I only started in early 1996 - for particular doctors who were overseas-trained doctors for their registration, so there already has been a precedent of some sort. Otherwise we are in line nationally, as far as I know. The only thing to say is there is some provision within our act that allows restoration to the register. If you have been previously registered in Tasmania for a week, you can come back 10 years later and say 'I want my full registration back, thanks very much'. But in New South Wales that is not possible, as you will see later with one of my case examples.

**Mr SQUIBB** - Can I just pick up on that, because I think just recently we passed legislation which allows overseas-trained medical practitioners to be registered, and I think it was mainly designed to cater for visiting sporting teams with their medical staff with them. Would that mean that a person

coming into the country on those conditions, even though they are only here for a week, can then come back and receive full registration?

**Dr KATEKAR** - I do not know the fine detail of the act. But my understanding from just reading the act is that there is a provision at the back pages of the act, which is talking about restoration to the register, it does not specifically mention how they got onto the register in the first place. All it talks about is restoration to the register.

**Mr SQUIBB** - And there may well have been provided they were registered prior to a certain date.

**Dr KATEKAR** - When I read the register it did not say that, but there may be - I think what is in the act, and they also have their guidelines separate from the act, and there is some discretion in the act, although I think it is fairly limited. But I would not be the person to ask all of those questions, although I would be happy to find them out. I have had quite a lot of experience with the Tasmanian Medical Council and I do know the general answers, but I cannot point you to the section in the act that may define the point that you need.

I just thought I would go through the people that I have employed recently. I have not included all the Australians, and some of these people have been appointed before 1996, although I have had experience with them because their cases had not been settled before I started. The first person is Dr Andrew Hanusiewicz and he is probably also well known to a few people on the committee. He is an orthopaedic surgeon. I think he actually applied in 1996 to commence his AMC registration process, and he was held up because the college would not recognise his qualifications. He has been trained twice. He spent four, five or six years in Poland getting trained as an orthopaedic surgeon, and then he retrained for another six years in South Africa.

**Mr SQUIBB** - Still overseas-trained though.

**Dr KATEKAR** - Still overseas-trained, yes. He came here as a locum for a while and then he came on again as a temporary resident with temporary registration whilst his application was being assessed. During that time the college got to know him as a surgeon and he was supported into the college by a pathway which did not require him to do the examinations. So he did not require any of this kind of intervention to get him through. There is a pathway that the college elected to use -

**Mr SQUIBB** - For that particular college.

**Dr KATEKAR** - For that particular college, yes. That was the College of Surgeons, and they work in conjunction with the AOA, which is the Australian Orthopaedic Association. The other person is Dr Katherine Stewart. She is an anaesthetist, who I mentioned earlier, who previously worked in Australia for, I think, only one year. While she was working in Australia she applied very soon after to have her qualifications recognised, and her application was pending her immigration status. When she applied to Burnie all of those things were wrapped up together and she got her immigration and she got her registration. That was also a college pathway. Because of the things she had already done they said she did not have to do any more.

**CHAIRMAN** - But she did not sit any exams at all, in Australia that is?

**Dr KATEKAR** - As far as I know she did not sit the Australian exams. The other person is Dr Chandler Heraff. He is an obstetrician and gynaecologist - this is all written down in your notes there - and this is an example of how Australia used to send people who wanted to train in obstetrics over to the UK to get their training. We are now able to train our own obstetricians and gynaecologists. However, the obstetric college chooses to continue to mutually recognise English training, so here it was just a matter of going through the formalities and it was all considered pretty much a bureaucratic process that he just had to go through to get his recognition. That was the obstetrics and gynaecology college.

**CHAIRMAN** - Is that still the case?

**Dr KATEKAR** - Yes, he started in January 1997. As I said, these things are changing all the time, and when November 1996 came along with the provider number scam - not scam, the provider number thing or whatever -

*Laughter.*

**Dr KATEKAR** - there were a whole lot of changes, and everybody was very confused about what was happening. The colleges were changing and the national things were changing and immigration was changing. Everything was changing and nobody knew what to do, so all I did was just keep plodding along, and I do not really know. I have not sent another application on to the obstetrics college, but I doubt that they will have changed because there was a very strong relationship between the college in Australia and in the UK in the sense that we used to send all our graduates. Even Ray Jensen, who was our other obstetrician here, did his training in the UK. So unless there is some political pressure on them to change that, they will probably continue to do it.

**Mr SQUIBB** - It must be very frustrating for you as an employer in trying to recruit when there are so many variances between the various colleges. We are told there is a need for uniformity between the States, but there is no uniformity between the colleges.

**Dr KATEKAR** - That is fairly well recognised, and I think this is what the colleges are all trying to do to bring about the uniformity, which is to make everybody who is coming from overseas sit exams. Some people have got closer to it -

**Mr SQUIBB** - Or to go through a like process.

**Dr KATEKAR** - The process - for example, if you are required to do twelve months in a supervised position, most of that is to do with the amount of training that you have had in your own country of origin. The UK and South Africa have training in medical school and then post-graduate training very similar to what we do in Australia, so you have a five or six year medical course and then you have six to eight years doing post graduate training in a specialty. In your undergraduate course you train to be a generalist and then you do your subspecialisation afterwards, whereas other countries have a very different way of doing things. Some countries you train in you only train to be a paediatrician. For example, you do not do obstetrics and cardiology and things like that. You only train in one thing, and that may be six years in total to be a specialist in your country of origin. So those kinds of issues pertaining to supervised training are usually to do with whether your training is considered to be equivalent as what you would be required to do if you went through the Australian system. That is a time thing mostly, I believe. But the other issue is some of the colleges prefer to allow twelve months supervision in that then they actually get a very good picture as to your competency, rather than just a one-off exam. Everybody knows examinations are fallible.

So Dr Michael H... is the other extreme. He sat the Royal Australian College of Surgeons ophthalmological examinations twice. He failed the first time and had to resit again. He is a very stoical character, and I do not think very many people would have done that, but throughout that whole time he was a temporary resident for about three or four years before he finally managed to get his qualifications. He passed it on the second attempt, and there was not any way they were going to let him in without doing an examination.

I have four pending cases here. Dr ... is not really pending because he is a locum. He would stay here, but he really cannot be bothered with all the bureaucracy, so he is happy to stay on his temporary registration as long as we can register him.

**Mr SQUIBB** - How long is that?

**Dr KATEKAR** - At the moment it is till the end of the year.

**Mr SQUIBB** - Exactly.

**Dr KATEKAR** - Well, with some discretion, but he has no intention of proceeding to get his full registration in the sense that he is 65, he has just come here because he likes it here and he would like to spend two or three years here maybe and then go back to his country of origin and retire. So this is kind of his semi-retirement, so he does not really want to have to do an exam or anything like that.

**CHAIRMAN** - Can I ask you with that discretion, you say it is normally for two years, is it not, but then you seem to be saying there is a discretion to extend that and, if so, for how long, in your experience?

**Dr KATEKAR** - The act only commenced in 1996, so it has not been in force for two years. However, my understanding of the interpretation of the act is that a two-year time limit as a general rule has been introduced, but it is believed nationally that you should be able to get your qualifications thoroughly out of the way within two years. If you have to do a year's fellowship here and an exam you can do one in one year and one the next year and things like that. But there is some discretion in that if you are taking longer than the two years to get your qualifications recognised, then they are able to register you for further years.

**Mr LOONE** - Is it practically possible to continue on in practice or working in a hospital and do that study and the exams in the given time? It seems to me the workload would be pretty heavy.

**Dr KATEKAR** - That is a very personal thing for a doctor. Some doctors will say 'yes' and some doctors would say 'no'. I would say as a general rule they would say 'no'. In particular in the rural areas, I have not got to our two paediatricians who are the two people that disturb me the most, there are ... on call and only have an intern or a resident covering for them. They are not like a paediatrician in a big city, where there might be four or five and they have a senior registrar, so they are called in all the time and it is a constant thing, so they do not really have the time to study properly. We are also not a tertiary referral centre. If a patient has something particularly rare wrong with them, then they get referred off to Hobart or to Melbourne, so our doctors do not have the access to the same tertiary referral teaching type material, which is what they are expected to be familiar with when they sit the examinations.

I feel like I am very much a middle person. You have heard everything you possible can here probably from the department of Health and from the AMC and from the other States .. Now what you are hearing probably - most of your other submissions are from individual doctors - and really I am that person in the middle. I understand where those people are coming from and I have the pressure from the people above me. So really I think, I am able to see things from the two sides. Also being a doctor myself I understand the terminology and the repercussions of all the different kinds of registration that you can get and the provider number issue because I have had to deal with all of that with my doctors. I kind of feel I am in that middle range.

**CHAIRMAN** - An expert in the area.

**Mr SQUIBB** - Practical experience.

**Dr KATEKAR** - I feel I have spent two years doing this. Doctor Illes, he actually is in Launceston now but he also provides an essential cardiological service to the north-west. We actually recruited him to the north-west but he is splitting his time now between Launceston and us. He trained in South Africa and has specialist recognition in the UK. He is actually able to do some procedures in cardiology which the other specialists in Hobart are not able to do. But at the same time he has to sit the examinations for the college.

**CHAIRMAN** - But prior to 1992 he would not have?

**Dr KATEKAR** - My understanding is that the early nineties - I think it was 1992 - I think it was about the same time that the national mutual recognition act came in, they thought they would clean up a whole lot of things. But when I worked at the Alfred hospital and I was a RMO recruiter the people who were already there when I started there in 1993 who were from the UK and South Africa did not have to go through any AMC process. The people I recruited after that, in and after 1993, had to go

through the AMC process. So I believe, although I do not know when it was exactly, it is around that time.

**CHAIRMAN** - So let us call it 1992. Prior to 1992 if he had have trained in Victoria, let us say, he would have been now classed -

**Dr KATEKAR** - If he had been registered in any State.

**CHAIRMAN** - Yes, and he would be classed now as a specialist cardiologist.

**Dr KATEKAR** - He would be regarded as a fully-registered specialist cardiologist.

**CHAIRMAN** - But because of years passed, let us say, before he was registered, he has now got to set the exam.

**Dr KATEKAR** - Yes, that is correct.

I have two other doctors, they are both paediatricians. If we do not have any paediatricians in our hospital we cannot run paediatrics, we cannot run our obstetric service and it would have implications through the whole hospital for any paediatric ... and the emergency department and everything. So that would have a big impact on our hospital. Dr Kumar is Indian-trained and he sat examinations in India, he sat further examinations in the UK and he sat further examinations in the USA but he is still required to sit the examinations here.

Dr Edwards, he was previously registered in New South Wales for seven years but he cannot get registered in Tasmania. If he had been registered in Tasmania he could get re-registered automatically because in New South Wales the Tasmanian act does not permit him to be re-registered.

**Mr SQUIBB** - What about the New South Wales act, does that allow -

**Dr KATEKAR** - No, they do not have a permission for restoration to the register because this is where the problem lies, is that there are all these people going on hunger strikes in New South Wales, overseas-trained doctors saying that these rules are discriminatory and biased, whatever, and unreasonable and unfair. That is where all the pressure is coming on to be very strict about how you allow doctors to practise because the pressure is on up there. We did apply for him to be restored to the New South Wales register but their view was that there was no reason for them to do so.

**Mr LOONE** - So that means a mutual recognition does not work both ways.

**Dr KATEKAR** - In this case it does not, no, because our act has the provision for restoration to the register that New South Wales does not. That is just something I found out through this particular person.

**Mr LOONE** - With Dr Kumar and Dr Edwards, were they recognised as specialists when they left the United Kingdom and the USA?

**Dr KATEKAR** - Yes. Dr Kumar never actually worked in the USA, he is on his way there probably after he leaves Burnie. That is my feeling.

**Mr LOONE** - But they were recognised as specialists?

**Dr KATEKAR** - They are recognised as specialists, in particular Dr Edwards. When you are in England you get an MRCP which allows you to practice as a paediatrician but to actually get an FRCP, which is a fellowship, only a minority of those are elected to that level of speciality recognition because of outstanding service and ability.

**Mr HARRISS** - Importantly, on your information there, he is an adviser to the college itself.

**Dr KATEKAR** - Yes, they have asked him to provide them with information on paediatric services, but they will not register him.

**CHAIRMAN** - Excuse my slowness with this but Dr Edwards seems an interesting point and if I can just expand that a bit please. He is obviously a specialist in the UK, he came out to New South Wales in 1978 and became registered, was a registered specialist in New South Wales between 1975 and 1985. He then obviously left New South Wales and went to Papua New Guinea.

**Dr KATEKAR** - He only worked in New South Wales for a short time. He continued on his registration because he always worked in conjunction with Australia for quite some time and always felt that he would come back to Australia eventually. He spent most of those seven years, or whatever he was registered, actually in PNG and he was required by the New South Wales Medical Board to cease his registration because he was no longer practising in New South Wales. Although he did not wish to do so, they required him to do that. His understanding was that he would always be re-registrable. But then in 1992 or 1993 New South Wales again introduced another law saying that they were not going to re-register people. It is a very complicated thing. Now, you see, the paediatric college have said they are not going to let anyone in unless they sit the examinations.

**CHAIRMAN** - So therefore he was not re-registered in New South Wales because of what happened in 1992-93?

**Dr KATEKAR** - They do not have a provision in their act to allow re-registration overseas.

**CHAIRMAN** - He came to Tasmania, when?

**Dr KATEKAR** - He started in January 1997; I recruited him in August 1996.

**CHAIRMAN** - Did you recruit him from Papua New Guinea?

**Dr KATEKAR** - Yes he was working at that time in Papua New Guinea.

**CHAIRMAN** - And he then immediately tried to get re-registration or was he aware of the problem?

**Dr KATEKAR** - We applied through the normal - I have not brought this committee together. I have struggled along through the normal processes, yes. Probably myself I would not explore these kind of issues. We are still persisting with the college on these questions. We have not given up hope that they will see that perhaps they are being a little bit unfair and that they will register him.

But as I said, the pressure on - the colleges, remember, are not situated in Hobart and they are not situated in Burnie; they are situated in Sydney where you have people standing outside the Medical Council starving themselves because they want to get registration. Those people will challenge any decision that is made by the college that could appear to be discriminatory in any way. So they are very sensitive to allowing people in in any other pathway, other than the examination pathway.

**Mr SQUIBB** - Roughly how old would Dr Edwards be?

**Dr KATEKAR** - He is forty-nine. He got his qualifications twenty years ago.

I just wanted to clarify that. I think he has probably been told by every authority that there is no role for parliamentary intervention into registration - the Department of Community and Health Services - of which I am a representative - and the AMC, various other parties from the State and things like that. I think it is extremely difficult for parliament to be involved. To a certain extent I have been advised that if I have any problems with the colleges that there are other legal avenues such as Trade Practices Act, discriminatory legislation, things like that. If Dr Edwards and Dr Kumar really wanted to persist in those pathways then they would have to take that upon themselves to explore those kind of avenues rather than a parliamentary one.

As I said, we have not gone that way. We are still in correspondence with the paediatric college in regard to their registration status. I really believe in the long run that that is the best for them and for us as well. I have not given up on that, although I am not optimistic. Certainly I have written to the Tasmanian Medical Council advising them that I wish to employ these two doctors for another twelve months. Verbally they have said that there is a provision to ... that.

**CHAIRMAN** - A restraint of trade had opened the floodgates far more than a special circumstance-type argument like your Dr Edwards argument would be.

**Dr KATEKAR** - As I said, I have spoken with quite a few people in the college and really they are basically saying that they do not want to let anybody in other than the examination pathway because it leaves them open to criticism and they are under enormous pressure. They do not see him as an individual, they see him as just another overseas-trained doctor trying to get around the system.

Dr Edwards will talk to you himself, I think, about the way in which he has approached the college and what has happened to him. At the end I am happy to say a few more things about his particular case. But it is not really in my grounds to expose Dr Edwards to a public hearing, other than what I have been happy to -

**Mr HARRISS** - Just pursuing that matter then of the Parliament's role and the general feeling of which you have announced there, it was not that long ago that Parliament took it upon itself to in fact deliver registration to some doctors from the west coast. Were you -

**Dr KATEKAR** - I was not in the State then. Actually I was in the State but I was only working as a doctor then I was not working as the hospital administrator. I have read a little bit about it. I think it is extremely difficult.

**CHAIRMAN** - If it assists it has to be remembered that that was at the end with a pat on the back from the Medical Council - in other words, they guided us through the process.

**Mr SQUIBB** - After some pressure.

**Dr KATEKAR** - I think it is extremely difficult even just allowing people to be registered on an area-of-need basis, because once you have those doctors working then just you say to them at the end of two years, 'Thank very much but actually we don't think you are competent to be recognised now as a specialist even though we have said to you, okay you provide that specialist service to the community'. I think there is a parallel that you can draw with the challenges at the colleges have been going through with regards to unregistered positions where it says registered positions.

It used to be the case that it was not uncommon for registrars in accredited positions for training were doing the same thing - or almost the same thing - as people in the same hospital, basically doing the same thing. However their position was regarded as being unaccredited and the colleges have been challenged on that kind of footing. I think it is the same, you can draw the parallel with this area of need in registration in that they are actually doing what a registered doctor would do but they are not registered for it, if you see what I mean.

I can understand the difficulties. Like the Tasmanian Medical Council has said to him, 'Yes, we say that you are okay to be an anaesthetic', and then on the other hand saying they are having to draw the line and say, 'We can't actually say any more that you're okay'. I think it is a very difficult situation. If you start saying that you do not allow area-of-need registration to avoid this dilemma, then where would we be? I have had to rely on an awful lot of overseas-trained doctors to come in on a temporary basis on an as-needed area.

In July, August, September, November 1996, I did not have a paediatrician at my hospital. I had to have, if I wanted to continue service provision, an overseas-trained doctor on an area-of-need basis.

**CHAIRMAN** - Are you able to say now, or later, what you believe the best way out would be?

**Dr KATEKAR** - I will just keep going if you like.

**CHAIRMAN** - Yes, we will not ask you any more questions until the end, or I will not, that is a promise.

**Dr KATEKAR** - I just wanted to clarify a few points. We have covered some of them in the - this is a professional judgment, a professional judgment about competency of a doctor is not actually made by

the Tasmanian Medical Council in their initial registration of a doctor. I can register someone for three months. I provide a CV and some references to the Tasmanian Medical Council. They have guidelines as to what usually counts as adequate training to be regarded as a specialist and they will register those people, usually on the recommendation of someone like me or Bob Walsh or whoever it is, the CEO or the Director of Medical Services at the relevant hospital.

Like with Dr Iastrebov - I do not know anything about Dr Iastrebov's CV, so I am only talking about him as an example from the way his registration has gone through. The CEO of the hospital makes the assessment as to his competency to advise the Tasmanian Medical Council whether they want this registration to be continued and that is an annual thing and then ultimately it is supposed to be the learning colleges that make the final decision as to whether that person is competent to work as a specialist in their chosen field.

**Mr SQUIBB** - But it would appear that Dr Stewart has been granted a less onerous pathway than what is being demanded of Dr Iastrebov.

**Dr KATEKAR** - Yes, and I am sure that the college has very good reasons for doing that. I really do not want to say on their behalf, I can only interpret what has happened to her. One is a time thing when she applied; the second thing is she has already done a fellowship year, which is still required, from what I understand, even now if you are a South African or an Irish person, not only do you have to be exam but you also have to do a fellowship year. And that is for every overseas-trained anaesthetist who applies today. They do not just require you to do the exam, they usually require you to do a fellowship year as well, that is my understanding of their current -

**Mr SQUIBB** - Fellowship year is -

**Dr KATEKAR** - It is a senior registrar year, minimal supervision but in a supervised capacity.

**Mr SQUIBB** - Is it possible to do that on the north-west coast at either of the two hospitals?

**Dr KATEKAR** - Yes it is because we have other anaesthetists who hold Australian qualifications, yes, but if we only had overseas-trained doctors we could not ask for our registrar position. We have an accredited anaesthetic registrar currently working with us in Hobart and we could put an overseas-trained anaesthetist in that position to work as a registrar. It would just be a matter of calling in a fellowship year rather than just a registrar year.

The only point which, I think, makes Dr Iastrebov's position a little more complicated is that you do not actually have to be a specialist to practise anaesthesia. We have one GP anaesthetist in Burnie and there is another one down in Queenstown. His case is actually very complicated and it is difficult. If he could get recognised as a general practitioner that would not preclude him from acting as an anaesthetist, that is just a wild card.

**CHAIRMAN** - Would or would not, sorry.

**Dr KATEKAR** - It would not preclude him from practising as an anaesthetist because you can have GP anaesthetists.

**CHAIRMAN** - So, just for example sake, if he was registered as a GP in Tasmania then he could act as an anaesthetist in any area in Tasmania and also Australia for that matter?

**Mr SQUIBB** - He would not get a provider number.

**Dr KATEKAR** - The provider number is a different issue.

**Mr SQUIBB** - Not that he is seeking that but -

**Dr KATEKAR** - Yes, my understanding is that, although I would have to clarify exactly whether they need to have a diploma in anaesthetics or something like that. In our general practitioner has a DA which is a diploma of anaesthetics from the UK, but I do not know what, is it McGushin -

**CHAIRMAN** - McGushin, yes, from the west coast.

**Dr KATEKAR** - I do not know whether he has any post graduate qualifications in anaesthesia which allow him to practise as a GP anaesthetist and I do not know whether there are rules in place now because I have not actually had to look into that. But the issue is you do not actually have to be a specialist or have specialist recognition to practise as an anaesthetist, so that would just be another factor that you might need to consider.

I have talked already about anaesthetic services on the north-west coast. We have already talked about that in that it is a discretionary deadline. I just wanted to mention about precedence, we have already mentioned that there is a precedent with these general practitioners, although there has not been a precedent in regards to specialists in the State as far as I know. And just to say, this is probably my biased point of view, but Dr Iastrebov is not the only specialist medical practitioner on the north-west coast that is providing essential medical services.

I will just go through this last one, these were just a few ideas that I had. I am a very practical person, these were just some ideas about how to go about providing registration to Dr Iastrebov, plus any other people that you think you needed to include. Basically, I think if you are going to change the act then whatever you do you have to make sure that your criteria is explicit, it allows in the people that you want to get recognised but not let in other people that you do not want to recognise. There probably needs to be a cut-off point so that you do not leave it open-ended so desperate doctors starving themselves outside Sydney do not come to Tasmania saying, 'We can get registered here and then we can go back to New South Wales'; we do not want to open that door.

**CHAIRMAN** - Do you think that if we register people like that, forgetting about whether we have the expertise to do that or not, we do open that avenue for people to realise and, as you say they are desperate, they would be finding out what is happening in other parts of Australia, do you think they then would come to Tasmania -

**Dr KATEKAR** - I think if the door was open and somebody found out about that it that you might and it would certainly create an awful lot of bad feeling between New South Wales and Tasmania. I do not know whether there is a possibility with other States to do that. For example, whether I can get Dr Kumar, Dr ... and Dr ... over to the Northern Territory for a week and get them registered over there and then say, 'Okay, I'll have them back here, thanks'. I do not think it is possible to do that but it may be, I have not really explored it as another option.

I have spent tens of thousands of taxpayer's money advertising and I have not had any applicants, or not many applicants, from those people in New South Wales. They have not been interested to apply for my positions and I have had to bring in overseas-trained doctors because they are not even interested in coming to Tasmania to work even for a couple of years or whatever on a temporary basis. They want to stay in Sydney. So I think if it was found out that you could come to Tasmania, get your registration and then go back to New South Wales then I think that we would possibly have an influx. I do not really know whether it will work like that but I think that it is safest not to leave that door open.

So I just said you can either do nothing, which is always the safest option, and certainly -

**CHAIRMAN** - Not always the best.

**Dr KATEKAR** - Certainly the option that the Department of Health and everybody else I would have said has strongly recommended that you do not intervene. You could argue to register Dr Iastrebov alone, however I think that that would create a very poor precedent. I think my understanding of how my doctors compare with Dr Iastrebov there would be great difficulty in distinguishing between the two of them and if you registered Dr Iastrebov, as you say, very many other specialist doctors in Tasmania would also begin to challenge parliament in the way that this has also occurred.

So if you are going to register Dr Iastrebov then you need to set down some criteria that some doctors will be eligible for and that you can defend in a clear and precise way. As I said, you may have your own ideas about doing that, I am not familiar enough with Dr Iastrebov's case to be able to tell you. I

can tell you all about my own doctors and how I feel about them and the cases that they have but I cannot tell you about -

**CHAIRMAN** - Would you feel uncomfortable employing a doctor who did not go through the normal process of becoming a specialist but rather went to parliament and, let us say, asked non-professional people in the field of medicine to give them full registration?

**Dr KATEKAR** - When employing a doctor I really look at their competence so if that is not an indication of their competence, that is a different factor.

**CHAIRMAN** - But their qualifications no doubt would be a degree of their competence to some degree.

**Dr KATEKAR** - Yes, their qualifications are. I have not seen Dr Iastrebov's CV but I have not had a single one of the doctors -

**CHAIRMAN** - Forgetting about Dr Iastrebov, just anybody. What I am saying is that as an -

**Dr KATEKAR** - If a colleague said to me that the doctor that I wanted to employ needed to have three or four or five or however many years supervised training before they were allowed to sit an exam then I would say then perhaps I had better not employ this doctor as one of my specialists.

**CHAIRMAN** - What about if somebody said to you, 'Look, he went to Parliament, got his registration through Parliament, will you have him as a specialist?' as opposed to somebody that is getting their registration through the normal fields.

**Dr KATEKAR** - As I said, I think that is a separate issue from the competency. I would only employ someone who I thought and I could determine that I thought they were competent or not. If they gained their registration through Parliament or not, well I do not think that anybody should be able to do that by political manipulation of their circumstances that they should be able to gain registration in that way.

However, if a doctor did get the registration in that way - and there are plenty of doctors who did not have to go through all this stuff that have registered today - and, as I said, it is a question entirely on competence for me as an employing doctor, but that is me and I do not think all administrators would feel the same. I think that if you register Dr Iastrebov and if you register those other four doctors that I would be truly grateful of receiving registration for, they will have a black mark against their name, yes. Whether there is anything that anyone will do anything about that, I do not know but I think that they will have a black mark against their name.

**CHAIRMAN** - And does that black mark then transfer to other practitioners who have obtained a degree in Tasmania?

**Dr KATEKAR** - Unless the other States say, 'Well, okay Tasmania, if you're going to do this kind of thing then we are going to take you out of the Mutual Recognition Act or we are not going to recognise your doctors or' - they might do it that way and 'We are not going to recognise these doctors' but they would have to specifically legislate for -

**Mr SQUIBB** - But at the present moment they have provisional registration or temporary registration - conditional registration.

**Dr KATEKAR** - Yes.

**Mr SQUIBB** - And that does not affect mutual recognition. If the Tasmanian Parliament was able to come up with a system whereby they could still continue to have conditional registration which was quite specific, not full registration, that enabled them to continue to practise in this State beyond the two year period and whereby they would not be seen as being fully registered by the other States, would not that overcome a lot of our problems without creating -

**Dr KATEKAR** - Yes, that is one of the options I have said here is to extend this area of need registration in the sense that you were giving them some kind of area-of-need conditional registration that restricts them to Tasmania.

**Mr SQUIBB** - Yes, or parts within Tasmania.

**Dr KATEKAR** - Or parts within Tasmania, yes. Even with Dr Hanusiewicz when I applied to the college that was the basis upon which I applied. I said, 'I do not want you to give him registration anywhere in Australia, I want him in Burnie and Devonport. I do not want him in New South Wales' but they said there was no legal avenue for them to be able to do that. They either had to give him everything or nothing.

They put it to the AMC to give him registration only in Tasmania and they said they couldn't accept that, so then they had to take it all back to their college and say, 'Okay then we're going to give him registration'. But that is an option for all of the overseas-trained specialists or whatever is to change the area-of-need registration such that you do allow more long-term registration. There are lots of options for doing that. In theory the Tasmanian Medical Council would say that you do not need to do that because the end point is not final. The fact is that if I re-advertise and I cannot find anyone else that is fully registered then why should I not -

**Mr SQUIBB** - The whole process starts again.

**Dr KATEKAR** - Yes - or why should I not employ this person as opposed to another person. But what is actually written in the letter is not the same as the spirit and it also depends on the goodwill of the Medical Council. Certainly my perspective has been that, generally speaking, they have been very helpful within the parameters that they can work.

The only other thing I just said was that this getting - well, in particular it is Dr Edwards that sticks out to me like a sore thumb but I cannot seem to manage to persuade the college anything about that, it would be at least to get him registered. I do not know how many other doctors are in the same situation that have previously been fully registered and now cannot get re-registered. The only thing about that is that I would not leave the door open for other people.

**Mr LOONE** - Would it not be appropriate for the AMC to have a more flexible approach as far as dealing with areas of need, like Tasmania seems to have perhaps as much or more than anyone of serious areas of need, that they would be more flexible? Would it not be feasible -

**Dr KATEKAR** - The final decision for specialist recognition is not in the provision of the AMC; it is to do with the college. They have the final say for specialist recognition. For general medical registration like AMC stuff, Wooldridge has said that they are going to allow a hundred places in medical schools. So I think they are trying. I think they can see that the examination system is not perfect and they are trying to explore other options of getting these overseas-trained doctors in to be practising in other ways. I think the difficulty is there is no perfect or obvious right answer and I think the situation for Tasmania is different than New South Wales.

**OFF THE RECORD.**