

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 JULIE MARIE SHACKLETON WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Julie, would you state your full name, address and in what capacity you appear before us, please.

Mrs SHACKLETON - My name is Julie Marie Shackleton and I live at Spreyton. I am a .6 level one nursing sister in ICU.

CHAIRMAN - Please excuse my ignorance, but what does .6 level one mean?

Mrs SHACKLETON - Six shifts a fortnight - part time.

I wish to read, if that is okay. I wish to confirm my support for Dr Iastrebov to be registered. In the past two years I feel he has proven himself beyond all doubts; his commitment to provide the best possible care to all patients, regardless of age or race, has been witnessed by his coworkers time and time again. Regarding the question of all overseas doctors registrations, I feel that each doctor should be assessed on their merit and the present system be revised.

As a voter I wish to state that I feel the Tasmanian Parliament should be able to override the Medical Council's decision, and I have great difficulty in understanding the policy of temporary practising rights. Surely if one is deemed competent for a period of, for example, twelve months, one must be competent, full stop. Perhaps the Medical Council are able to explain why, after a period of time set by them, a person's competence is then questioned.

It appears to me - and please correct me if I am wrong - a lot of opposition regarding Dr Iastrebov comes from the south of the State. One can only wonder how many of these people who oppose him have ever met him or had an opportunity to witness his expertise. I feel that the people in southern Tasmania have an unfair advantage over people in the north-west coast; they have the choice of four hospitals to attend. In Devonport and surrounding areas we have no choice, and the loss of an intensivist will once again result in more patients being transferred, with extra stress and financial burden to relatives and extra cost to the community.

While we have some excellent anaesthetists on the north-west coast who are more than capable of immediate resuscitation, it is the care of the critically ill post-op or the long term multiple organ failure patients that concerns me. This is where we witness the intensivist expertise knowledge, dedication and commitment of Dr Iastrebov. That is all I have to say.

CHAIRMAN - In relation to the north versus south bias that you brought in there, I do not believe that is the real reason. I know I was against it because I do not believe the Legislative Council - and this is my prima facie view - should be acting as a defacto registration board, I think that should be left to the experts. What we are looking at are ways of making recommendations - and strong recommendations - to the experts to enable the rural and regional areas to be properly serviced, so there is a difference. But in relation to the way you say that each overseas doctor should be assessed and revised, that is what we are all about - how should they be assessed and revised.

Mrs SHACKLETON - I feel you have a major public teaching hospital in Tasmania - a hospital where I trained and worked for ten years - and I feel that they all should work there for a period of time, be assessed and then allowed to go to the areas that they wish to go to.

CHAIRMAN - Right. I do not want to cut you off, but are you saying that Stan, for example's sake, should have at first gone to the Royal Hobart Hospital, been assessed by whoever down there who is a specialist in anaesthetics, and then be placed into the area of need?

Mrs SHACKLETON - Yes, I am, and I feel that that could happen throughout every State in Australia.

Mr SQUIBB - Is there not a risk there that they would keep him in Hobart?

Mrs SHACKLETON - Of course they would with a man like Stan, but at least I feel they would be getting a better deal. In the past few years we have lost a lot of expertise: we have lost an eye specialist because he did not fit the qualifications and needed to go through the system. We have lost an orthopaedic specialist. They are ones I can bring to mind quickly, there are probably many more. I feel if you went through a system that was uniform throughout Australia, it would be a better system.

Mr SQUIBB - Julie, as an alternative to that - and it has been suggested to us by a number of witnesses - perhaps there ought to be a system, a process provided in the State, whereby overseas-trained doctors who were not prepared or able - it is not just a matter of being prepared, it is also a matter of being able - to study and sit the exams, that they be able to be assessed by their peers. Your suggestion differs somewhat to those we have heard in the past, where you are suggesting that the applicant ought to be going to a capital city or to a particular hospital -

Mrs SHACKLETON - Or to the major teaching hospital.

CHAIRMAN - I do not agree that what should happen is that Hobart, Launceston or whoever should have that person, the only reason that person would be coming down would be to fill the area of need at Latrobe. He or she would have to fulfil that criteria first, then do the training at Hobart or Launceston and then they are put back to that area of need that they came over to fill in the first place. Is that what you are saying?

Mrs SHACKLETON - I am saying I believe they all should go to the major teaching hospital with the university attached where they have people who are able to assess them, and then grant them their registration. Then they can really apply to work wherever they want to work. So if you have an application from ..., China, who wants to work on the north-west coast of Tasmania, before he can do that he must spend six months or a period of time and an assessment in a major teaching hospital, be it the Royal or wherever the major teaching hospital is.

Mr SQUIBB - At the present moment, those people coming from overseas are virtually assessed on their CV.

Mrs SHACKLETON - Yes, they are.

Mr SQUIBB - They come to the hospital where there is an area of need. Would it not be possible for a fellow of a particular college to actually work alongside or to come in on a temporary basis, if there was not somebody working alongside, to actually do the assessment, without that doctor having to leave the area of need to go elsewhere?

Mrs SHACKLETON - I see that you could do that in certain circumstances, but once again your number of intensivists in Tasmania that would be senior to Stan in this particular case to be able to assess him would be very few, and I doubt whether they would work under that system.

CHAIRMAN - Plus because of the lack of the number of intensivists they would probably say, 'I don't have the time, I'm too busy elsewhere', wouldn't they? But that is a good suggestion: if they go to the teaching place first and then get the stamp of approval, for want of another word, and then go into that area of need.

Mrs SHACKLETON - I just feel the system is wrong. We employ people when sometimes we have no idea about their English; there is a major problem with documentation sometimes. But in all fairness I must admit that there are Australian doctors whose skills are not adequate either within the system.

CHAIRMAN - There are a number of anomalies. We heard some people becoming a specialist in New South Wales; if he was a specialist in Tasmania for that same period he would still be a specialist, but because he went and worked in Papua New Guinea he is now not a specialist. That is only because the date is from 1992; prior to that you were if you were an English-trained doctor or specialist anywhere - or in Australia anyway - and after 1992 you are not. So there are a number of crazy things that are happening.

Mrs SHACKLETON - That is right, and that is why I really wanted to verbalise that I have difficulty with saying that anyone in any position is competent for a period of time, that can be let loose - especially to the degree of responsibility that Dr Iastrebov has had in this community - and then in December he no longer is able to deliver that care. I find that very difficult to understand. Surely if the man is not competent then he should never have been allowed here in that position in the first place.

CHAIRMAN - We all agree with that.

Mrs SHACKLETON - I think the Medical Council need to address their own standards and their own rules.

CHAIRMAN - What about with the written examinations? A lot of the overseas doctors say - or it seems to me they are saying - they do not have any real problem with the practical type of examination but they have their problems with the written examination which seem to be weighted against them. They might be working in a certain area for x amount of time and then they get this question which is on some very vague disease or illness on which you probably find one or two lines in a text book of 1 000 or so pages and if they do not answer that correctly they fail the exam.

Mrs SHACKLETON - I do not personally feel they should be subjected to a written exam - I will go back to my original statement - providing they have had adequate assessment before they are allowed loose and unmonitored in isolated areas where they are answerable to no one but themselves. If we are talking Queenstown - and we are talking a lot of remote areas - to me they must be seen to be capable before they go there. I do not actually think they should be subjected to a written exam.

CHAIRMAN - Should they get registration - which is a full registration that enables them to immediately turn around and leave the area - or should that registration be subject to them remaining, for instance, at the Mersey Hospital?

Mrs SHACKLETON - I feel should they be assessed and that assessment proves to be an adequate assessment, they should be registered full stop. I would find great difficulty if I was registered as a nurse here - and I have worked in New South Wales and Hobart and small country hospitals and big teaching hospitals - but I cannot go to Launceston and work. I think if you are going to accept somebody's registration then it should be an Australia-wide thing.

Mr SQUIBB - That is the case at the moment with full registration, with people who have done the exams.

Mrs SHACKLETON - Yes, for full registration. I do not agree that you can say, 'You can have a temporary registration for another two years'; I think that is unfair, personally. I think that is an unfair thing to expect of anybody.

CHAIRMAN - The argument against that is that we are opening the flood gates that way; we are getting a number of people who want to really practice in Sydney coming from South Africa, India or from England, the US or wherever it might be. They just come to a place like Tasmania because of the area of need requirement, get their registration and then, as one has already done on the west coast, immediately choofed off interstate.

Mrs SHACKLETON - Then surely there should be more control, if that is the case, on how many people are allowed to come in to practise. I still say I would go back to the initial assessment of them coming in to practise anywhere under any circumstances; that, to me, is what needs changing. You are either good enough to come in, pass x amount of assessment, be it what, and then be allowed to choose - more or less like an apprenticeship somewhere. Where else are you going to get the expertise to assess these people but in major teaching hospitals. I do not see where you can get them.

Mr LOONE - To follow through what you are saying there - to give everyone who comes in full registration and there are no restrictions on where they can practise - we have the same problem we have now where we cannot get specialists into Tasmania. So if someone comes from overseas and wants full registration, we are just glutting the market, I might say, there are too many doctors in special areas and none in rural areas. We have to try and come up with a scheme whereby we can attempt to retain the types of people we want in Tasmania.

CHAIRMAN - And retain them in the areas -

Mr LOONE - Retain them in the areas of need.

Mrs SHACKLETON - I understand what you are saying.

Mr LOONE - One proposal that has been put up is that each doctor has a provider number - whether it is a general practitioner, or whatever - and the provider number be allocated to areas of need. There could be so many for Devonport or the Latrobe area, one for Deloraine and one for Westbury and one for Hagley, or wherever it may be, with the idea that that provider number is only available to a doctor who practises in that particular area.

Mrs SHACKLETON - So you would be expecting him to say that he would do that for x amount of time.

Mr LOONE - That is right. So that he came there, practised in that particular area and he has his provider number. But if he ups and goes he does not take the provider number with him, he has to go wherever there is another provider number available.

Mr SQUIBB - And he is aware of the implication of the provider number and without that he does not have access to private patients and Medicare.

Mrs SHACKLETON - So then after his time, if he is given a provider number for twelve months at Sheffield and he has served his time, what then do you propose?

Mr LOONE - If he chooses to move he has to go somewhere else where he will get a provider number.

Mrs SHACKLETON - Do you not think that is unfair? That is telling you where you must live and where you must practise.

Mr LOONE - It is, but we are trying to get specialists into Tasmania and be able to retain them. In giving them open registration we will get what happened on the west coast. A doctor came before us and he pleaded and he emotionally broke down how he needed to be registered, and he wanted to stay on the west coast. He had not hit the west coast and he was gone once he got full registration.

Mrs SHACKLETON - Did he not sign a contract to stay on the west coast in that pleading?

Mr LOONE - No.

Mrs SHACKLETON - I would think that with the amount of privatisation in hospitals throughout Australia the contracts that would be available - and let us face it, at the end of the day most people work for their money - that you would be able to offer moneys to attract the quality.

Mr SQUIBB - It has not worked yet, unfortunately.

Mrs SHACKLETON - No, but we are growing more in private hospitals and we are getting more competitive with it. Really you have never been able to say, 'Okay, I'm still going back to my original' - there must be some sort of assessment in the beginning. If they prove to be what they claim to be then I think, as more privatisation goes on, you will get salary offers and you will gradually get these doctors. You can only have so many orthopaedic specialists, eye specialists, or whatever, in Main Road, Sydney or the Gold Coast before they will not be making any money, then they would be looking for areas where you would make money.

Mr LOONE - We had evidence this morning where in excess of \$100 000 was spent on advertising for a particular specialist and not one application was received.

Mrs SHACKLETON - But do you not think that was because of the system?

Mr SQUIBB - Exactly.

CHAIRMAN - Then do you think it is unfair - sorry, you seem to be under the Bunsen burner at the moment - for a hospital like the Mersey General Hospital, the ACOA hospital, do you think it is unfair for them to expend \$150 000 over a period of, I think, around about eighteen months looking for a specialist in anaesthetics and intensivists medicine and finally there was only one applicant - being Stan. Finally, after spending all that money, they get him here - let us say he has a contract for two or three years, which I understand is the normal contract - and then he choofs off somewhere else.

Mr SQUIBB - And gets full registration.

CHAIRMAN - Yes, he gets full registration and then goes somewhere else. That is unfair on the hospital as well, and the people who have actually expended all the moneys and who have done the best job for themselves and for the community by getting a doctor of that standing into the community. The doctor's only reason for coming here is because, as it stands now, of the public interest and the area of need aspect under the act. Then immediately to get the full registration and say, 'Thanks for your help, I'm off. I want to go to the greener pastures and I want to go to the sun up in north Queensland', or somewhere.

Mrs SHACKLETON - If someone came to me and said, 'I can offer you a nurse unit manager's job at \$200 000 a year', I would be a mug not to take it. Surely he has the right and surely the hospital employing him should review their contract situation - tie up their contracts of five years.

Mr SQUIBB - That does apply at the moment, of course, any fully registered doctor can do exactly that. The problem we have is with overseas-trained doctors who are not fully registered.

Mrs SHACKLETON - I know what you are saying. You are saying that if we say yes, he can register, he is going to leave.

Mr SQUIBB - Exactly.

CHAIRMAN - We are not saying he will.

Mr SQUIBB - No, we are not saying that, but the possibility exists.

Mrs SHACKLETON - Sorry, excuse me, he would have the right to leave. Verbally I believe he has committed himself to another three years should he be registered. I cannot speak for what will happen, I would hope that he would stay.

CHAIRMAN - It is not just him, but any doctor.

Mr SQUIBB - And we are looking at putting in place a process in the system whereby the specialist needs of regional Tasmania can be met forever and a day, hopefully. If we put in place a system which makes a fast track method of getting full registration, some of us doubt whether in fact that is in the best interest.

Mrs SHACKLETON - Once again, the standing that is in existence now has been there for so long, it is time it was adjusted, reviewed, or whatever. You do not know -

Mr SQUIBB - Which system is it that has been in place for so long?

Mrs SHACKLETON - This overseas register, the partial registration. It needs to be reviewed and how are you ever going to know if something works unless you try it?

Mr SQUIBB - It has been changed in more recent times in that prior to 1992 anybody coming from England - British-trained -

CHAIRMAN - And South Africa.

Mr SQUIBB - And South Africa - or the British Commonwealth, I suppose it was, but certainly England and South Africa - had virtually mutual recognition. That has changed now since 1992, and there are only those who have received their training in Australia or New Zealand who have that available to them.

Mrs SHACKLETON - Do you think that change was a bad thing or a good thing?

Mr SQUIBB - I am not sure I am in a position to say whether it is a good or a bad thing, but what we are saying is that as a result of the lack of Australian-trained specialists to come and work in this area, unless we can encourage and provide a system for overseas-trained people to come and work here on a more permanent basis, we are always going to have that problem. Otherwise we have Australian-trained ones coming to work here now.

CHAIRMAN - Should we be trying to make sure that there are jobs for our Australian graduates as much as possible?

Mrs SHACKLETON - Yes, I think you probably should. If you are going to train people then I would certainly agree that positions should be made available for them, but also I believe that there should be some system where Australian doctors are upgraded and have some sort of continuing assessment. If I am out of the system for five years as a nurse, even though I have been a nurse for 23 years, I have to go through a retraining scheme. I am not familiar with a lot of the doctors' rules but I do not believe that happens with doctors; I think doctors can continue on and there is no age group for retirement. Our problems with a lot of the doctors are not just overseas doctors, it is Australian doctors as well.

CHAIRMAN - Have you noticed any difference between overseas doctors and Australian-trained doctors?

Mrs SHACKLETON - I have noticed that we have let two very good doctors go through the system because of the way it is.

Mr SQUIBB - Australian doctors or overseas-trained?

Mrs SHACKLETON - Overseas doctors. I certainly respect the South African doctors, I have never seen a bad one and I have worked with a few.

Mr SQUIBB - Are you aware of the present system in the case of overseas-trained doctors, where even though they may well be on a three year contract with a particular employer, each year their position has to be advertised and if there is an Australian -

Mrs SHACKLETON - No.

Mr SQUIBB - The system is that if an Australian-trained person puts in for it they get it even though they may well have been granted a three year contract.

Mrs SHACKLETON - Well, I think once again that is a system that should be reviewed. Any job that is advertised and any applicant that applies, it should be on their experience and their expertise not

whether they are overseas or whether they are Australian.

CHAIRMAN - Other than, of course, making sure that jobs are still available for Australian-trained graduates.

Mrs SHACKLETON - Well, that would come back to how many you let in. I mean surely you can long-term how many overseas applicants are allowed in per year and how many students you train per year.

CHAIRMAN - How do you believe we can entice more Australian-trained graduates into the rural area?

Mrs SHACKLETON - I am not sure what has happened to the Family Medicine Program and Basic Physician Program. When I worked at Hobart those doctors, especially the basic physician trainees were very bright doctors and they had to come through for three months at a time but for some reason they never came to the Mersey under the public system and once again I think that would be an asset. You have bright, young, keen people coming through, working three months, bringing their expertise and knowledge, updating other people's skills and may be some of those will come back. The Family Medicine Program once again. As I say, I am no longer sure now whether that continually happens through Burnie and Launceston but it never happened at the Mersey but that to me would be one answer.

If you can prove - like three years ago the Mersey was just a little country hospital. Health Care of Australia has greatly improved the Mersey, its quality of care etc, we all know that, that is a fact, and I think if you had people coming through on a basis, six months, three months and can see what is there and what is available, of course you would be attracted back.

Mr CHAIRMAN - Thanks. I do not want to cut you short but I know we are going over Thanks for a couple of very interesting views and I think the view of having a six month assessment or whatever with overseas-trained doctors is a very good one for a teaching hospital. Thanks for coming.

THE WITNESS WITHDREW.