UNEDITED TRANSCRIPT

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, HENTY HOUSE, LAUNCESTON ON FRIDAY 17 APRIL 1998.

Dr JOHN CRAZE HENRY MORRIS, PRESIDENT, AND **Dr JOHN CHARLES STEWART**, SENIOR MEMBER, THE MEDICAL COUNCIL OF TASMANIA, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIRMAN (Mr Wilkinson) - Doctors, can you state for the transcript please, your full name, addresses and in what capacity you appear before us.

Dr MORRIS - Dr John Morris, President of the Medical Council of Tasmania, 6 Pen-Y-Bryn Place, Launceston.

Dr STEWART- John Stewart, member of the Medical Council of Tasmania, Post Office Box 57 Riverside.

CHAIRMAN - You are both appearing before us in your capacity as the president and also a member of the Medical Council of Tasmania?

Dr MORRIS - Yes.

CHAIRMAN - Thank you. Now please, if you wish, give your evidence and give it in a way that you feel most appropriate and do not feel hindered by anything that we say at the moment.

Dr MORRIS - Thank you very much. You have Medical Council's submission, I gather?

CHAIRMAN - Yes, we have, thank you.

Dr MORRIS - I thought perhaps I would go through each section, particularly sections 1, 2, 3, 5, 8 and 9. I wonder if I could ask if the member of the Australian Medical Council is appearing before you?

CHAIRMAN - We would hope to be able to get him to give evidence at some stage, yes.

Dr MORRIS - Right. And also the College of Anaesthetists?

CHAIRMAN - The College of Anaesthetists. Again, we hope to -

Dr MORRIS - I do not want to repeat things that they would say.

Under terms of reference 1, ... provisions of the Mutual Recognition Act 1992, it appears that there was an agreement just a few years ago, 1992, between the State governments that registration in one State would mean that they were registerable in all other States and Territories.

Mr SQUIBB - That is full registration? Full registration in one State?

Dr MORRIS - The type of registration they had in one State would be an equivalent type of registration in another State. If it was conditional here it would be conditional there.

Mr SQUIBB - And the same conditions?

Dr MORRIS - The same conditions. There is a problem in that when the conditions, say, 'practise in Tasmania' whether they could practise elsewhere but I understand that that would be quite likely and possible, though how it would affect where that person could work would depend on the hospital or the area if they were under conditions here.

Mr SQUIBB - Through you, Mr Chairman - if it was to actually state rather than 'within Tasmania' if it was to actually state 'public hospitals in either Burnie, Latrobe, Launceston or Hobart' would you see that then as not contravening the Mutual Recognition Act? Because there is no way they could practise in Western Australia under those conditions, or any other State.

Dr MORRIS - I do not think I could answer that. It would depend on the AMC view of that wording. Having spoken to a number of the people on the AMC I think they would say that the conditions are to work in a major hospital or provincial hospital in other States.

CHAIRMAN - It has obviously been - as I say, I do not want to hinder you in any way, but we have your recommendations before us, section by section. But it is obviously a problem in other States as well where doctors are just not wanting to go to rural areas it would seem. What do you believe are the best ways of making sure that those rural areas are catered for?

Dr MORRIS - It is a difficult question. I think there will be improvements. A lot of it is you have to provide incentives and make people want to go to less-popular places. I think health departments and hospitals are too tied in to a certain remuneration, for example, not allowing provision for some enticement of conditions; someone to help with the work in the practice, offering a house. There are some areas that have been very progressive in this way and they have no problems getting doctors. I think in Tasmania we have difficulty getting people even to Launceston and Hobart, let alone the rural areas. Unless special incentives are made to come across the water then I think we will continue to have some problems.

CHAIRMAN - The special incentives though would still only lead, it would seem, with your overseas doctors to conditional registration unless they sit the examination that is stated by the Council, which would allow them then full registration. One of our concerns, as you probably realise, is that people come across and act as a specialist in an area for two years and then after those two years suddenly somebody is saying, 'Look, you're not a specialist any more', even though they are probably now more experienced than they were two years previous.

Dr MORRIS - But they lack the training. When they are registered under conditional registration for the first time they are told what they need to do to get registration where they would be able to continue to practise and many of them do that. They do not have to pass the exam in two years, as long as they are progressing. For example, if someone applied now to sit the AMC exam, they probably would not be able to have an exam for another year. But if they were enrolled we would allow them to continue.

Mr SQUIBB - But some do not even have to do that. Some are being granted full registration just from having peer assessments.

Dr MORRIS - You are talking about specialists?

Mr SQUIBB - Yes.

Dr MORRIS - If a person comes here from overseas, having been a specialist elsewhere, they will be assessed by the relevant college or organisation dealing with that particular specialty. If their training and experience is of a standard that is comparable to Australian, then they can be registered

straightaway. If not, they will be told how much they need to do, which may be another year or two years or three years, even four years, depending on what their training has been. While they are undergoing that training, if they are progressing through it, then they will still be able to be registered.

CHAIRMAN - I hear what you say that they have not had the training, but they have had enough training, it would seem, at the start of their employment to work for two years in that area of need even though, as you say, they have not had the training, they did not have the training, one might argue, in that scenario prior to them commencing their work and therefore the training they have had it would seem, especially with the peer reports you get as to how they are going, it would seem they would be in a better position than they were two years prior.

Dr MORRIS - They might have more experience; it does not mean they have more training. There is a big difference. For example, in the realm of anaesthesia if they are just giving anaesthetics - and a lot of overseas people have never had the scientific background training that Australian doctors require, so they have never had it and no matter how long they are giving anaesthetics they will still have that deficit.

Mr SQUIBB - So why allow them in the first place?

Dr MORRIS - For the very good reason that we do not have enough in Australia and we are dependent on overseas people to fill the gaps. But if we allow them to go on and on and never bring their training up to standard, it means the general standards of care and the safety of practise in Australia will diminish and Tasmania would be particularly affected by it.

Mr SQUIBB - But some of these specialists hold qualifications which prior to 1992 - which year was it when there was mutual recognition between Australia and the Commonwealth -

Dr MORRIS - 1992.

Mr SQUIBB - 1992 - they hold qualifications which were quite satisfactory then.

Dr MORRIS - At that time I would not say they were satisfactory.

Mr SQUIBB - Well, they were allowed to practise.

Dr MORRIS - They were allowed to practise because of their experience in the face of the fact that no one else was available. If two people apply for that position, one an Australian graduate or had gone through the college pathway of registration, they would get the job. The overseas person is really a fill-gap.

Mr SQUIBB - So where are all these doctors going to come from on 1 January 1999 with the qualifications to replace those that we are going to say are no longer eligible to practise in this State?

Dr MORRIS - There has been no evidence of any drying-up of people wanting to come to Australia at least for a couple of years. It varies a bit. Tasmania perhaps finds it a bit harder to get these people but there is no evidence that they will not still appear.

Mr LOONE - We had evidence yesterday where one facility spent in excess of $100 000 seeking a particular specialist for their particular area and did not get one response.

Dr MORRIS - For the one specialist?

Mr LOONE - Yes.

Dr MORRIS - I think the question is whether it be covered by another area and also going back to the question I mentioned before, the incentives.

Mr SQUIBB - How can you offer an incentive though when there is a two-year limit?

Dr MORRIS - I think they are prepared to come for two - but remember, while they are here if they really want to stay they can advance to full registration.

Mr SQUIBB - By undertaking a variety of paths?

Dr MORRIS - Yes.

Mr SQUIBB - I put the emphasis on variety because there appear to be a variety of avenues available to overseas-trained doctors to gain their full registration.

Dr MORRIS - There are two avenues: one is doing the exam and one is assessment by the college.

Mr SQUIBB - And that seems to vary between the colleges and within the colleges. We have received evidence that the procedures adopted between colleges varies.

Dr MORRIS - Oh, yes.

Mr SQUIBB - We have also received evidence that even within colleges some overseas-trained doctors have been granted full registration purely on peer assessment, rather than having to do the examination.

Dr MORRIS - The peer assessment being the college, the college would say, 'Your training and your training post and your experience are such that you are equivalent to Australian standard.' If they are not of Australian standard then they are told what they need to do to come up to that standard.

Mr HARRISS - Is that rather arbitrary, doctor?

Dr MORRIS - It is a matter of standards; that is the arbiter.

Mr SQUIBB - Does that relate to the basic training or the specialty training?

Dr MORRIS - If they are doing a specialty basic training means university and intern -

Mr SQUIBB - Their basic medical -

Dr MORRIS - No, in Australia they usually have two years before they start the specialty. But if they have done the specialty training that would be what would really count.

CHAIRMAN - We heard of three doctors - one in cardiology, one a respiratory physician and one in orthopaedics - who did get their specialty recognised without having to sit the written examination. That seems to be the biggest problem, this written examination, because a lot of people argue - and I know I am law trained, I have not done a commercial transaction for twenty years, why should I then, even though I would hope that I would be classed as competent in the area that I do a lot of and probably do more than most people at, why should I then have to go back and sit examinations asking me questions in areas that I am just never going to train in?

Dr MORRIS - That is not how it happens. The examination is in the specialty in which they are wanting to practise, so they -

Mr SQUIBB - That is the second stage of the examination. The first stage , do they not have to go back to a basic one? The evidence we have received is that they do.

Dr MORRIS - Oh, no. Only basic training in the specialty training, not the basic training as a doctor. For example, in anaesthesia if they had not done it elsewhere they would be required to do the section of training and the scientific basis.

Mr SQUIBB - We had a particular specialist who indicated that he would need to go back to the stage 1 examination and be examined in the very basics of things like obstetrics and gynaecology, areas which he has not practised in and has no wish to practise in. In order for that person to be able to come

up to speed, it would place quite a burden upon him and his family because it would mean giving up work for a period of time to be able to go and get up to speed.

Dr MORRIS - Anyone going in to medicine has to give up time for training. But this is for a general practice, not for a specialty, he is talking about. Although that is true you cannot have a person in general practice who, when a pregnant person comes to him with a lot of pain in the tummy that may be a matter of life-saving, to diagnose what is going on and not be able to diagnose it, particularly in a rural area. So they do need to have, not a specialist's knowledge in obstetrics and gynaecology, but the level of undergraduates when they become registrable, as an intern would have. So the degree of knowledge is what is required if you are in general practice.

CHAIRMAN - Do you believe that those people should be able to teach medical students?

Dr MORRIS - Yes, in some areas if they have an expertise in a certain subject. For example, if someone from China came here and had seen thousands of cases of somebody that we have only seen twenty of, yes.

Mr SQUIBB - But that expertise is not recognised.

Dr MORRIS - Not recognised to do all things in medicine.

Mr SQUIBB - That specialist skill, experience and training is not recognised to be able to practise that specialty in Tasmania, but yet he or she is allowed to teach and instruct our Australasian-trained students.

Dr MORRIS - In a narrow area, but those Australian students would then have many other areas they are going to be examined in, not just that one area.

Mr SQUIBB - It seems strange that a person in such a position be not allowed to practise but be allowed to teach.

Mr HARRISS - In the specialty.

Dr MORRIS - To be a physician you have to know all sorts of a variety of diseases. It may be someone has a special interest in a type of liver disease that they have had more experience in because the condition it is not so common in Australia. It would be appropriate to use that expertise in teaching, but that does not mean they are teaching physicians right across the board.

Mr SQUIBB - No, but they are teaching them in that specialty, yet that same person is not able to be registered to actually practise that specialty.

Dr STEWART - But one suspects that the specialist would be giving instruction, not in the total broad sweep of a specialty but within some particular sphere in which he was expert. Being expert in one narrow sphere by no means guarantees even basic competence in other areas of the same specialty.

CHAIRMAN - It was interesting, a couple of days ago we were told of a doctor who was a specialist in paediatrics - I spoke with you outside about him. There is obviously going to be people in that position. He was a specialist in New South Wales and he - as I understand it, and there does not seem to be any dispute - is classed as a very good specialist in his area. He is in the north-west coast, he is working in an area of need with a conditional registration. It was only because of an anomaly that he now is not classed as a specialist in Tasmania.

That anomaly is that because he was registered in New South Wales and no other State, and because he was not practising in New South Wales in 1985, they cut off his registration. He continued to practise in paediatrics. If he had got his registration in paediatrics in Tasmania he would still be able to practise in any other State, but because New South Wales cut it off because he was not practising at the time within New South Wales he now is conditionally registered. He sat his exam and he did not pass it, and in fact they found that nobody passed that exam. To me - and I do not want to be disrespectful - it seems bloody ridiculous that we have that type of situation.

Dr MORRIS - He used to be registered as a paediatrician?

CHAIRMAN - Yes.

Dr MORRIS - Conditional registration.

Mr SQUIBB - No, full registration.

Dr MORRIS - Then he was not practising since 1985.

Mr SQUIBB - Not in New South Wales.

CHAIRMAN - From 1978 to 1985 he was registered and practising in paediatrics, but he was also assisting with AUSAID; he was in Papua New Guinea, writing papers and doing a number of different things. He came back to Tasmania because he did not like the political situation in Papua New Guinea. He applied for registration and they said, 'You can't have it, you've got to go through the proper practice, that is sitting your exams'. He sat his exams and did not pass.

Dr MORRIS - Is he now registered?

CHAIRMAN - Conditionally. But if he had been registered in Victoria, Queensland or Tasmania prior to the new laws coming into being, he still would have been registered now -

Mr HARRISS - He would have been reinstated.

CHAIRMAN - He would have been reinstated as a fully-qualified specialist.

Dr MORRIS - He may not have been. If a person has not been practising for a number of years - say, five or ten years -

Mr SQUIBB - Anywhere, or in a particular State?

Dr MORRIS - In any State. The question is whether they require some updating and training before they can go back into practise.

Mr SQUIBB - This person was still practising.

CHAIRMAN - His past experience - if I can assist - is eighteen years as a practising paediatrician; ten years as a lecturer in child health; six years as an expert on indigenous child health; child health project design for AUSAID in Cambodia, Vietnam, Philippines and Papua New Guinea; adviser to Menzies Research Centre in Darwin on otitis media in indigenous children; adviser to Torres Strait Islander and Aboriginal Health Commission; adviser to RACP on assistance to PNG; registered New South Wales 1977 to 1985. So he has continually worked in paediatrics and he is being asked now -

Dr MORRIS - But out of Australia. He is practising along the coast now, is he?

CHAIRMAN - Yes.

Dr MORRIS - So what is the problem?

CHAIRMAN - He is only conditionally registered and that will expire at the end of this year.

Mr SQUIBB - And cannot be renewed.

Dr MORRIS - I think there is a misunderstanding about not being able to be renewed for all the doctors under this scheme in Tasmania at the end of this year. It depends how long they have practised in Australia. Over the last two or three years everyone who comes here under these conditional requirements are told what they need to do to get full registration. One of the problems is the goal posts have been changing -

CHAIRMAN - That is what concerns me about those changing goal posts.

Dr MORRIS - and in Tasmania some of these people should not have been registrable under the act, if you are very literal about it, two years ago. But we felt that they should have fair warning to be able to update their training and we gave them two years' notice. I think some of the papers say that as at 31 December - it is actually 19 or 20 January next year - some of those may still be registrable. But for those who - and that is not to mention the paediatrician - would possibly still be registrable under the very section that this act is pointing at in terms of public or community interest.

A lot of these who have not made any attempt to come up to Australian standards will not be able to practise anywhere in Australia, not only Tasmania. They have been warned and some of them have chosen to go along that path; some have not and that is their choice. There will be some who it might be unreasonable to expect them to do it, and if their job is of such importance and they are unlikely to be replaced then we would certainly give sympathetic consideration to registering them under this public interest.

CHAIRMAN - I understand there is a convention that has been entertained between the Health ministers that the conditional registration can only be two years and that is the cut-off point, unless you go -

Dr MORRIS - It is not quite as black and white as that. All the same, I do not want to diminish the fact that there is a problem there for those who cannot be replaced by someone else, or their expertise is of public interest to retain. The background to all this is that a lot of doctors who come from overseas have very variable backgrounds, and even in a place like Germany their training of undergraduates would not compare with anything like our students here. Our fourth-year students would be better than a lot of final-year students in Germany. Germany is a pretty remarkable country in medicine and science and yet there is a problem in their training compared with our standard.

Either we have to lower our standards or we have to ask these people to come up to standard, and they have time to do it. If we do not do that, the general standard of care is going to be inequitable from place to place around Australia. It is not fair to Australian graduates and it is not fair to those overseas people, which number hundreds and hundreds, who have gone through this process.

Mr SQUIBB - Can I ask a question in regard to the Australian standards. If they go down the pathway of doing the examination, what is the pass mark? What percentage of the questions do they have to get right?

Dr MORRIS - The pass mark is the same as it would be for a final-year medical student.

Mr SQUIBB - Are you aware of what that is? Is it 70 per cent or 80 per cent of the questions right?

Dr MORRIS - It depends a little bit on the paper.

CHAIRMAN - And numbers?

Dr MORRIS - I do not know, I cannot answer that. They make a graph of the marks because examiners have different standards of marking, and you can tell from the graph where the pass mark ought to be.

Mr SQUIBB - It seems that that is as moveable as some of the other -

Dr MORRIS - It is a fairer way because one person one year will have a hard examiner and another person might have had an easier examiner. If you are going to maintain a standard you have to have some way of comparing them.

Mr SQUIBB - Exactly.

Dr MORRIS - I am not au fait with how they work it out, but if they are near the pass mark they will look at their papers again and remark them; they will make every effort. Mind you, they give every

effort to help these people. For example, we are the only place in the world that offers overseas students a book which the AMC has published. It gives all the questions that have been asked in the papers for the last so many years and gives them the answers. In addition to that, they have -

CHAIRMAN - Can they take that in with them?

Dr MORRIS - I do not know whether they are allowed to take it in but they can have a good swat over the time they have. They also have videos to show what they are expected to do in sections of the exams and they are given training resources. That is another thing I have suggested to the department here that they ought to provide more support for these people wanting to do these exams, in terms of tutoring, and so on. The people who come from good training countries usually get through.

CHAIRMAN - We have heard otherwise.

Dr MORRIS - I think the AMC have given you various country breakdowns.

CHAIRMAN - A lot of my mates who wanted to get a specialist degree went to the UK to get that degree in the 1970s and early 1980s. What happens now, as I understand it, is that those people, if they got that degree in the UK - and the UK, I take it, was classed as being an excellent training centre - if they come to Australia with a specialty - let us call it cardiology - they can be a specialist in cardiology in the UK and have references from people who are classed to be the best in their field - or one of the best in the field in the world - and yet they are not classed as specialists in that field in cardiology in Tasmania.

Dr MORRIS - That would depend on the college assessment of their training. If they were up to Australian standards, they would be.

CHAIRMAN - I would question that, if I could, because it is a situation where we have had evidence to say that that was not the case. Here is a person who was classed as a specialist - and no question about it - in the UK -

Mr SQUIBB - And other countries.

CHAIRMAN - And other countries - and yet has come to Tasmania and is not classed as a specialist in the field.

Dr MORRIS - If he had had that background, I would not think he would need much training to come up to Australian standards. But mind you -

CHAIRMAN - He was told he had to sit the written exam.

Dr MORRIS - Well, he could not have been up to standard.

CHAIRMAN - But if he had not sat the written exam in the first place, how do they know whether he was up to standard or not? He was told, and all the evidence from those people suggested that he was up to standard - practically - when judged by his peers.

Dr MORRIS - I can understand when someone tells you that it seems fine. But when you sit on the other side of the table and actually look at the background of some of these people who come here and say they are specialists, it is a different matter, I can assure you. The evidence is that it is not a closed shop; we are not trying to stop these people practising here. In no way is that the basis of it. The only basis is standards. What country they come from, what race they are, what sex they are or anything else, is not taken into consideration. It is only the standard. It may be that in some areas the Australian standard is particularly high.

CHAIRMAN - Can I intervene because I think it is important for you to answer the question. I will not embarrass the person involved, but if you would not mind just reading that letter please because it would seem, without a doubt, that that person is up to standard when you look at who wrote the letter. I am not asking you to act as a registration board; please do not think that I am asking that.

Dr MORRIS - Well, if he has had the experience and the expertise he has got that would be a pushover. I see no problem with that.

Mr SQUIBB - But he has still got to do the exam?

Dr MORRIS - Yes.

CHAIRMAN - But as I understand it, you are saying that people who had that necessary qualification and who were trained in a country that had recognised capabilities, they could come to Australia and not have to sit this exam. Taking into account that if you sit the exam - it is a hard thing, I take it, after 20-odd years to get back to the books again. You have to work; because of the person you are you might be working twice the amount of time that other medical people are working around Australia in that field - or in any field - and it is very hard for you to suddenly get back to the books and learn about things that you may not use again.

Dr MORRIS - Well, it is not so much that. If each wanted to be appointed a cardiologist, cardiology has advanced so greatly in the last few years; a textbook by the time it is printed is out of date. I do not think it is unreasonable a fact that the person who passed these exams some years ago would not require testing of his current ability. Mind you, all Australian-registered cardiologists have to undergo a process of reassessment continually.

Mr SQUIBB - What form does that take?

Dr MORRIS - It is a variety of things.

Mr SQUIBB - Obviously not the examination.

Dr MORRIS - No. Well, it could be - if he is wanting to be a fellow of the college.

Mr SQUIBB - Yes. But in the case of Australasian-trained ones, surely they would not have to resit the exam as part of their re-evaluation?

Dr MORRIS - No, but there is a requirement to show that you are up to current standards.

Mr SQUIBB - Most professions have that now, not just the medical profession.

Dr MORRIS - It is pretty solid.

Mr SQUIBB - Where you need to retain a certain number of points.

Dr MORRIS - But he has not, apparently, been under such a process for some years, so it is not unreasonable to require him to see if he is up-to-date.

CHAIRMAN - Do you think there has to be more flexibility? I know you have to say, 'Look, I've got to set the ground rules'. If you ease for one somebody is going to say, 'Hey, that's discrimination. You're easing for one therefore you should ease for me as well' - that type of argument. But do you think there is room for more discretion to be allowed?

Dr STEWART - Allowed to whom?

CHAIRMAN - Allowed to any person who comes from a recognised country, with recognised training, with recognised experience; who comes, let us say, and trains in a hospital, or practises in a hospital, for six months; who has glowing reports from their peers and all others. Do you think that that person should have to sit the exam - black and white; 'Yes, got to sit the exam' - or do you think that there should be some discretion to allow the Council or the college to say, 'Look, this is ridiculous. This person is obviously up to scratch. He should be, or she should be, a specialist. To say otherwise is just ridiculous; he is better than me'?

Dr MORRIS - It depends what this man had been doing in the last few years. I would believe that if he had been active in a specialist cardiology unit where they were doing arteriograms of the heart,

cardiac catheters and things like that, and he was currently doing it, then I think they would probably be flexible and say, 'We accept your standard'.

CHAIRMAN - So you say there should be some flexibility?

Dr MORRIS - There is flexibility - a lot of flexibility. This man, they might say, 'Well, look, we're not too sure about one or two things; we think you ought to have this clinical exam'. He does not have to do the written exam.

CHAIRMAN - Would the Medical Council go into bat for those type of people - and have they gone into bat for those type of people - or is it a situation where the college, as you say - like you might be saying it is not the Legislative Council's position to look into something which is medical because you do not have the expertise. Does the council say, 'Look, we don't really want to step on the college's toes and therefore we won't go into bat for you?'

Dr MORRIS - There has been a softening approach to quite a degree over recent years, and that evolution is probably still going on. As far as what we are batting for, we are hoping next month at a meeting in Melbourne to promote a bit of a change in the AMC requirements for general practitioners which would, we believe, soften ... for the types you were talking about before, about the ... exam. This book I mentioned has only been available the last year or two. So all the time there is an attempt to make it fairer and more open.

I am happy with the way it is going. I think there are still some things that need to be done. Remember, they are the guardians of standards of the safety of medicine in this land and they would to ensure that those standards are kept up. In fact this is really one of the problems about the present bill you are inquiring about. It is not only this one person but if this one person is allowed you will have lots of people wanting to come to Tasmania, and lots of people already here, who are wanting - and rightly - may have even better reason for wanting a special act. Once that happens Tasmania would become the State to go to if you are not up to standard.

CHAIRMAN - And does that then reflect on the Tasmanian students that come through?

Dr MORRIS - No, because they come through under accreditation of a university course, so it would not affect them. But they probably will prefer to go elsewhere. A lot of them go to the mainland now anyway, although a recent study has shown that a considerable proportion eventually come back to Tasmania, having done their speciality exams and widened their experience.

Mr SQUIBB - Can I just ask some questions in relation to the Medical Council of Tasmania, for the record. How many members does it consist of, and when it makes these assessments, are they always done by the same panel or do you bring in people with a particular expertise?

Dr MORRIS - The AMC runs the AMC exam; the colleges run the assessments.

Mr SQUIBB - So what is your role?

Dr MORRIS - Our role is to make sure that those assessments are there, and if they have we register them. We do not now do the assessment ourselves. We used to. You may know of the TLM, the Tasmanian Licentiate of Medicine, an exam just for here.

Mr SQUIBB - The role of the Tasmanian Medical Council really is just to rubber-stamp the recommendations that come through from the AMC and from the specialist college?

Dr MORRIS - Yes. We want to ensure that the standard is up to the level. Now this does not apply to conditional registration.

Mr SQUIBB - But why would the Tasmanian Medical Council need to ensure that when the Australian Medical Council has already done that, taking into account the provisions of mutual recognition?

Dr MORRIS - We are talking about two different things; we have to be careful not to confuse them. You are talking about full registration -

Mr SQUIBB - Yes.

Dr MORRIS - where the AMC exam certificate would ensure us giving them full registration - and it is full, no conditions - or in the speciality, they would get conditional registration to work in that speciality.

Mr SQUIBB - Earlier on, in relation to the example of the cardiologist, you did indicate that you would need to be sure of. When you said you would need to be sure of, I assumed you were speaking as the Tasmanian Medical Council.

Dr MORRIS - I am also a member of the AMC.

Mr SQUIBB - Right. Is it a full-time position or do you still practise?

Dr MORRIS - No, it is not full time but there are full-time people involved.

Mr SQUIBB - So those people making the assessment are people who are no longer practising medicine?

Dr MORRIS - Oh no, they are practising people - the examiners. You see, they have an examining board; they are people active in the field.

Mr SQUIBB - Fine.

Dr STEWART - But there is the full-time administrative staff.

Dr MORRIS - For people who come here for conditional registration who have not advanced to that degree -

Mr SQUIBB - To get their initial approval to come and work here first up.

Dr MORRIS - That is up to the Tasmanian Medical Council.

Mr SQUIBB - And how do you base your assessment there?

Dr MORRIS - Well, we look at the information they give about their previous experience; we look at the needs of where they are going to work, and then we look at - this is more recent - who can supervise them equivalent to what supervision is necessary.

Mr SQUIBB - The supervision aspect, is that one of the conditions of their conditional registration?

Dr MORRIS - Yes.

Mr SQUIBB - You actually state that they have to be supervised and by whom?

Dr MORRIS - We do now. Sometimes we say 'under supervision' which in a hospital would mean that someone in that hospital - a more senior qualified person with -

Mr SQUIBB - Take the case of, say, an anaesthetist on the north-west coast who has to work under supervision. You would actually stipulate in his condition of registration who the supervising person would be?

Dr MORRIS - Yes. This has come in now; this has not been so until the last eighteen months.

CHAIRMAN - Can you see any way - it seems to me when you put the scenario that there is a person in the field - and take the cardiologist, for example; I am no expert and I do not profess to be in the medical sphere - but it would seem to me that anybody reading the references and hearing the evidence

that you do hear would say, 'Without doubt, that fellow is an expert in the field'. So what happens, because he does not want to sit the exam -

Mr SQUIBB - Or cannot.

CHAIRMAN - Or cannot because of whatever reason - what happens after two years he then waves goodbye. The hospital which needs, I would imagine, a cardiologist - and advertised for a cardiologist, maybe for eighteen months without success - loses out and the community therefore loses out. The hospital loses out, if I could finish the scenario - I think it cost $150 000 to advertise for the anaesthetist on the north-west coast; that is what it cost the hospital, which could be far better used by putting back into the hospital to upgrade facilities, education et cetera. Is it not better to keep that person because you can see, with statistics and everything, that he is working to a degree of competence which is acceptable, rather than go out and hunt for somebody else that may not have the expertise of that person?

Dr MORRIS - Well, there will be isolated situations all around Australia where that scenario would be. But if you are going to advance the quality of medicine throughout Australia so that a person at Woop Woop was going to get a good standard of care, and as good as in the city, then there are casualties, I guess. Remember that those people are given time to upgrade if they choose. So if they do not do that they are themselves choosing -

Mr SQUIBB - But sometimes it is not possible for that person to continue to work in the area of need and to study and to sit the examinations, it is just not possible. They have to move away from that area of need.

Dr MORRIS - If it is in Tasmania he would have to go to one of the training posts, and that would possibly be manageable, but he has not even applied.

Mr SQUIBB - I am just being hypothetical at the moment.

Dr STEWART - Some of your hypothetical questions are so general as to be almost unanswerable. If someone is in non-specialist practice I would argue that it would be quite possible to do such study as is necessary to take the AMC examination to give general non-specialist registration.

Mr SQUIBB - I am talking about a specialist, I did say a specialist.

Dr STEWART - For a specialist it would depend what requirement the college placed to allow him to meet the college requirements, but that probably would require his working in a larger hospital with a bigger department, and specialists to train.

Mr SQUIBB - Why would a specialist college stipulate in the case of one person coming with training in the UK and requiring them to sit the examination, whilst another doctor with the same specialty coming also from the UK with the same sort of training being allowed to be assessed by their peers?

Dr STEWART - I cannot answer that. We cannot answer directly for the specialist colleges.

Dr MORRIS - I would say the training would not be identical. It may seem so to you, but with that training it depends where and when it was and what experience they had. It may seem similar, they may say it is similar but I do not believe it would be. I think if it was similar, if one got it the other would.

Mr SQUIBB - I would think so. If I can just mention another specialty now - orthopaedics, for instance. Are you aware of the case of Dr Anoochawoock?

Dr MORRIS - On the coast?

Mr SQUIBB - Along the coast. It seems there that he has been granted a totally different pathway to some other orthopaedics who have been overseas trained.

Dr MORRIS - No. He went through the same pathway but his experience and training was more acceptable and up to the standard that Australian graduates are required to do. He was not given special treatment, he went through the pathway. You mentioned flexibility, that is where the flexibility does come in. He was up to standard so he gets full registration.

CHAIRMAN - You are talking about casualties, and I agree there are going to be casualties. What we are looking at are ways to try and make sure we reduce those casualties and hopefully get rid of there being any casualties at all. To do that, is there any way that there could be, in certain areas for certain people, conditional registrations continuing, because it is not rule, it is only convention, is it not, for two years continuing on the basis that that person remain in that area of need for a particular time? I do not agree with full registration personally because we saw what happened on the west coast, if you give full registration -

Mr SQUIBB - I do not think anybody is.

CHAIRMAN - No - if you give full registration suddenly the person might take off because of mutual recognition.

Dr MORRIS - I must say this two-year thing has come in partly as a result of that legislation. If you let people go on being registered for years and years and then say, 'You've got to go', that is humanly a big problem. But if you say, 'You've got two years, if you want to stay here beyond that, this is what you are expected to do and we hope you will do it. If you are, there are various helps you can have, but if you don't do that, that's your choice. If you don't do it then I'm sorry you won't be able to be registrable'.

CHAIRMAN - I accept that. If you know the rules before you come, fine, but often those rules are not as black and white as you are saying. It might be different now but a few years ago it would seem that the Australian Embassy, who must have obtained instructions from the Medical Council, was saying to these people, 'There's a great area of need out there, I want you to pack up your family, pack up your house, sell it and go out to Australia because you can get a job' - let us say on the north-west coast or on the west coast - practising in paediatrics, for example. So that person does that and they say, 'Will I be registered?' The answer is, 'You won't be full registered, you'll be conditionally registered but don't worry about that because if they can't find anybody else to practice in the area, that registration will be renewed year in, year out'.

We have, it would seem now because of the overlap with this new legislation, a number of people - and I could not say exactly how many, you may be able to help me - who have come out to Australia with that scenario offered to them, and it seems grossly unfair to use them and that is what has been happening. They have no doubt worked and been paid for the work and have enjoyed their work, but we have used them by putting them into an area where nobody else wanted to train. Then we just say, 'Out you go' because of these rules; rules which were not as strict as they were a number of years ago.

Dr MORRIS - I think we would have to have some flexibility to look at the cases. All these people in Tasmania - and I am not sure what they have done in other States, we have told them what we have done - a lot of them were off at the time the goal posts were changed. We said, 'We don't think that's fair'. We will tell them as from now they have their two years to proceed towards getting whatever is necessary for registration that will be continuous. So there will be cases I am quite sure early next year that we will have to look at, and we cannot promise anything, but we would certainly look at it compassionately and particularly we will be discussing with the department about their staffing, and we will have to look at what is in the public interest.

Mr SQUIBB - That must be of as much concern to the Medical Council of Tasmania as it is to members of parliament in this State in that the majority of specialists working in Tasmanian hospitals are overseas trained; the majority of those specialists do not have full registration and they have all been given notice that their registration will conclude in periods between August of this year and January of next year.

Dr MORRIS - No, not conclude.

Mr SQUIBB - Will not be re-registered.

Dr STEWART - They will not automatically be.

Dr MORRIS - If they have started the process; if they have enrolled or put their name in that they want to update their training, they will be able to continue.

Mr SQUIBB - In the cases of some of those, it is just not possible for them to enter into that sort of arrangement without leaving their particular - I can talk about an anaesthetist on the north-west coast where it is not possible to sit the exam or to do the study. He would have to move.

Dr MORRIS - In the north-west coast of Tasmania?

Mr SQUIBB - The north-west coast of Tasmania. He would have to move. We have had other specialists here in Launceston who, because of the pressure, would not be able to continue in their jobs, so they would leave those positions vacant and would leave this State without those specialists in nuclear medicine and radiology.

Dr MORRIS - We have had a preliminary talk with the secretary of the Department of Community and Health Services about this problem and I think we can work out something to allow them time to do it and some of them may not even have to.

Mr SQUIBB - Why not? They have been told in the past they would have to. Does this mean there is going to be greater flexibility?

Dr MORRIS - There would have to be some flexibility for an interim period.

CHAIRMAN - I think that probably hits it on the head, as far as I am concerned. Do you believe there has to be that interim flexibility for an interim period because of what could be classed as the unfairness of what has happened in the past?

Dr MORRIS - If their continued registration is of public necessity and interest; if they can have a reassessment by the college as of now; if they are prepared - it is not that some of these people could not do it, it is that they would not.

CHAIRMAN - They believe they are going to be - whether they would or not, I do not know - prejudiced against.

Dr MORRIS - I do not believe that for one moment.

CHAIRMAN - But that is a belief which you know.

Mr SQUIBB - I think there has been more evidence from witnesses, not so much on the prejudice side, but the fact that they have been out of regular study for 20 or 30 years and they are required to go back and sit the same exam as those who are current-day students. In some areas - and I mentioned earlier the cardiologist - they are areas in which he has not practised in and has no intention of practising in.

Dr MORRIS - What do you mean?

Mr SQUIBB - The study would not be relevant to the specialty in which he is wishing to work.

Dr MORRIS - No one in a specialty is required to do study in an area that is not part of their specialty. I fancy he was talking about doing the AMC exam.

Mr SQUIBB - Well, is that not part of it?

Dr MORRIS - No. If he was a cardiologist, he will not be expected to do obstetrics and gynaecology.

Mr SQUIBB - I either misunderstood some previous witnesses or -

Dr MORRIS - Or they have misunderstood. That has never been so and has not been so for many years.

Mr SQUIBB - I need to take further advice on that one.

Dr MORRIS - Well, I can tell you this is true.

Mr LOONE - Perhaps I am being a little bit repetitive, but I would just like to clear this point with you. In the submission you put to us, one paragraph reads:

'The role of overseas-trained doctors is to provide emergency local relief in positions for which no fully registrable applicant is presently available and where medical services available to the community otherwise would be reduced to an unacceptable level at that time. In this way, areas of unmet need receive some support'.

We have been talking about different people who have been before us saying that they have varying dates as to when their registration will cease and that is, I think, from August through to March next year. I will stand corrected, but I think there are five people we have heard from who are in that position. If they do not have their registration renewed - and the understanding from you the two-year period is up that they were allowed to have conditional registration - and they may have to vacate those positions, there are a lot of people in northern Tasmania - and this is where we have taken this evidence - who are going to be left at very serious risk.

Services have been provided on the north-west coast presently that have until the last two or three years been provided will be lost and the care will decrease and will be nowhere near the level it is presently getting. What is the position of the Tasmanian Medical Council and the Health department - with which you work very closely - how are they going to feel and act when there are people who lose their lives and their families are distraught because the care has been taken away by these regulations? People are going to be moved on when really they should not be moved on, and should be left where they were practising and are accepted.

Dr MORRIS - I do not think the Medical Council is wanting in any way to diminish the availability of care anywhere in Tasmania, and we would have to look at how that can be maintained. It may be that for some of these people their registration would be extended. I must point out it is not part of our function to say what is an area of need, that is for the department. If the department says that Oatlands is an area of need then that opens the gate for us to register people in that area who would not be registrable otherwise.

The other thing is, if their registration runs out in August because they originally came here in August, their registration will still go on until two years after they were told, or at least until 19 January next year. So it will not stop in August. The other thing is they have been told - if they have been here the best part of two years - what they need to do if they want to stay. If the crunch comes then we would have to look at bringing some flexibility into the situation. We would certainly not want - and I am sure the department would not want - an area not to be sufficiently supplied.

Mr LOONE - The time has arrived though when it is very, very serious. These people who believe their registration will not be renewed obviously are looking for alternative employment, whether they go overseas or they move into some other area. They cannot wait until the day of the expiry of their registration before they start looking elsewhere for employment. So when is this decision going to be made?

Dr MORRIS - The decision has been made. If they have not applied for an extension and given reasons why, and their preparedness to advance towards doing the AMC exam - or whatever is required - then we would be very flexible about it.

Mr SQUIBB - Were they advised that there was a possibility of extensions being available? The letter I saw did not -

Dr MORRIS - No, there was no advice about that because there was no need for us to. We were giving them warning that they had so much time - and it was ample time - to at least enrol in the AMC exam.

Mr SQUIBB - Can I just qualify the comments that Mr Loone made earlier that he had heard from five. That is only this morning, not to mention earlier in the week.

Mr HARRISS - Dr Morris, you started out your presentation by identifying some key points from the terms of reference which you wanted to cover. I just raise the question at the moment as to whether you feel you have covered those -

CHAIRMAN - He has not had a chance.

Laughter.

Dr MORRIS - Well, I probably have not covered any of them.

Mr HARRISS - because there are some important things there where we focus specifically on the north-west coast, the north-west region - term of reference 6.

Dr MORRIS - We have been very flexible as regards the north-west coast is concerned. If you only looked at the number of people with conditional registration on the north-west coast you will see that the council has been very flexible about there. But there comes a point where we do not want to continue a situation where there are a lot of questions asked about the safety and the quality of care. We are pleased, for example, at the number of people the North-West Coast General Hospital have got through the AMC exam. I think it is a great credit to them, and we will continue to help them to have people doing the exam there.

What we are not happy about is people who have known for years and years - for example, the anaesthetist at the Mersey has known for six years what he needs to do if he wants to remain registered in Australia or registered as a specialist and he has done nothing towards going along that pathway. We feel that we have given fair notice and we feel he has not done his part. The hundred and something thousand dollars spent on advertising is a bit different to what I heard presented about the advertising at the Mersey Hospital where that figure was said for all the specialists, not just anaesthetists -

CHAIRMAN - We were told yesterday $100 000 to $150 000.

Dr MORRIS - Yes. That was not for the anaesthetist; that was for a variety of specialists. That is what was stated -

Mr LOONE - Well, I understood it to be - and I think the other members did too - for the one particular position.

Dr MORRIS - No. I suspected that was -

Mr SQUIBB - Over a number of years.

Mr LOONE - Over a number of years, right.

Dr MORRIS - Yes. I think that figure is a bit misleading.

The other thing is that I am assured by the department and by the College of Anaesthetists that they would not see the Mersey stuck if his registration is not continued. I have been assured about that.

Mr SQUIBB - How can they guarantee that?

Dr MORRIS - Well, they have given a guarantee.

Mr SQUIBB - By bringing in another overseas-trained -

Dr MORRIS - Or from somewhere else in the island.

Dr STEWART - Second someone from one of the general hospitals.

Mr SQUIBB - Well, most of those are overseas-trained with conditional registration.

Dr MORRIS - Well, if they are still registrable. I was assured by the secretary of the department that they would not see the Mersey stuck, and the College of Anaesthetists would do what they can. I think if they were asked they would probably - I cannot answer for them - do what they could to arrange for a person there to be one of the nine training posts for anaesthetists in Tasmania.

He has done himself a lot of harm because even if this act is passed and he stays in Tasmania for the next five years, he will still not be a specialist anaesthetist. He will not be a specialist anaesthetist if this act is passed anyway. He will be able to give anaesthetics but he will not be classified as a specialist anaesthetist. That is going to limit him if he wants to go elsewhere. Where he will go - he will end up in a small place somewhere but he would not be credentialed for appointment at most of the major hospitals unless he does what he has been asked to do.

Mr SQUIBB - But his situation is no different to a dozen or more across other specialities that we have spoken to this week.

Dr MORRIS - Yes. Our view in talking with a lot of these people is they just feel it is beyond their dignity and they do not want to do this and they will not. I can understand that; I would not like to do it if I went to another country. Mind you, I would have to if I wanted to practise there. We are not the only country doing this. If I went to England, if I went to Germany, if I went to Russia, I would not be able to demand that I be registered.

CHAIRMAN - What would occur in those countries as you have said?

Dr MORRIS - Well, I would probably have to go through a similar process.

CHAIRMAN - Is that a fact in the UK? If you are a cardiologist - I have been using that all the time - if you are a specialist here as a cardiologist, you then went to the UK you would not be immediately allowed to practise?

Dr MORRIS - I would have to go through a process.

CHAIRMAN - Right.

Mr SQUIBB - Resit the exams.

Dr MORRIS - I may be if they accepted my standing as equivalent to theirs; they may.

CHAIRMAN - So their rules are not as strict as ours?

Dr STEWART - I think they probably are as strict but we do not really know with detail how they apply them.

Dr MORRIS - The UK have a problem with people from all over the world wanting to go there to practise, and so does Australia. Countries that are very nice places to live in, people want to go. A person in India looking over the sea to Australia, if they are highly qualified or qualified, I think they would like to come here; it shows good sense.

Mr HARRISS - In the case of Dr Iastrebov - the specific reason the bill arose - is there a danger of compromising the high level of medical care which has been delivered at the Mersey General, based on not only evidence which we have heard but many testimonials of his peers, you could argue, is there a danger of compromising that high level which has been raised as a result of his practice there as both an anaesthetist and an intensivist?

Dr MORRIS - We believe he is safe. In an area of need where people are coming in that are not fully registrable, we have to ask the question: 'are they safe? Is their experience such that they are safe for

that situation?' We have judged that he is safe to a degree, in the hope that he would be upgrading himself, but he has not done that.

Mr HARRISS - But we have allowed him to practise there unsupervised.

Dr MORRIS - Well, we have not allowed that -

Mr HARRISS - The system has.

Dr MORRIS - Well, we are a bit concerned about that.

Mr HARRISS - I would expect you ought to be a bit concerned.

Dr MORRIS - Yes. We would have made a fuss about it by now except it would have looked as if we were being prejudicial.

Mr HARRISS - And yet the Apache monitoring process, which you would be familiar with - a process which tracks the success rate of a facility - shows the Mersey General in front in 1996-97 of the Australian average in mortality rates for serious illness.

Dr MORRIS - We are not saying he is not safe, but we are saying that to continue to be safe - you see, once a person has gone through this pathway they are then subject to monitoring - all Australian anaesthetists, all the overseas people who have gone through the process then have monitoring to make sure they are maintaining standards. If he does not go through that process there will not be any monitoring, or we will have to devise one. It is a bit hard to ask the college to do something when the person has not been cooperative enough to even try to qualify.

CHAIRMAN - Is there now a stand-off between the two - the college and Dr Iastrebov?

Dr MORRIS - Oh no. The only thing is they have told him what he should do and they have not heard from him since. There is no stand-off. If you pass this act you will have at least 40-odd people in Tasmania who would have an equivalent good reason for applying for registration and would have to have another act for each of them.

Mr SQUIBB - I think it is fair to say that at this point in time the bill has been removed from the Notice Paper in the hope that we can put in place a procedure in this State where people in a similar situation can be granted extended provisional registration to enable them to continue in jobs that they have been in, in the case of some specialists, for ten years or more.

Dr MORRIS - Well, providing there is an assessment of their standard. There is nothing wrong with the present procedures.

Mr SQUIBB - Well there is from their point of view, in that it is an annual reapplication.

Dr MORRIS - Yes, in the hope that they are prompted to progress towards full registration. We would like to see Dr Iastrebov fully registrable. It would be in his interest, it would be in Tasmania's interest, but he -

Mr SQUIBB - I am not just talking about Dr Iastrebov.

Dr MORRIS - No.

Mr SQUIBB - There are some extremely experienced and long-serving specialists here in Launceston -

Dr MORRIS - Yes.

Mr SQUIBB - who have been working for, in some cases, ten years or more on the tenure of twelve months.

Dr MORRIS - Yes. Well this is the very reason why the two-year thing has been brought in so this will not happen in the future and it was prompted by your earlier legislation.

CHAIRMAN - But that was given the handshake really of the medical council.

Dr MORRIS - The medical council can only act according to what is law, and if it is made law, we act under that.

CHAIRMAN - Yes. But I do not think the Parliament would have been so ready to allow that legislation to pass if we were not told that there was no real argument from the medical council or the AMA.

Dr MORRIS - The situation had arisen because of our compassion for the people and our concern for the people in the west coast areas, particularly the Fingal valley. We were aware - or became aware - that that is not the best way to go and certainly now under mutual recognition we cannot.

Mr SQUIBB - I guess we are looking for a procedure which would enable that amount of flexibility so that there will be no need for acts of parliament in the future, and there will also be no conflict with mutual recognition and surely there is a way around that.

Dr MORRIS - Well there is. As I say, there will have to be some interim flexibility, but that does not mean that the process that is now in place is not the best way to go.

CHAIRMAN - Can I ask, when you say 'some interim flexibility', what you envisage - and I am sorry to keep you, but it is interesting and it is helpful.

Dr MORRIS - For example, that specialist in Launceston - and I think I probably know who it is - he or she, whoever it may be -

CHAIRMAN - I thought you knew who it was.

Laughter.

Mr SQUIBB - There are a number.

Dr MORRIS - Well, I know there are number. But there is one particularly in a very important area of practice who has just felt it is beyond his dignity to have to subject himself to this process. As I say, I understand that but I think it is a pity because I think he is very capable and would have flown through. The only thing is he has to stay in Tasmania at the moment and that is good.

CHAIRMAN - Well, that is a good thing for us.

Dr MORRIS - But I think under the section of importance and value to the community it may be possible to continue here but that will not apply to all those people - but that is where there would be flexibility.

CHAIRMAN - Do you think that flexibility should lead to a situation where they have registration - they do not have full registration - to practice in the area of need that they came out to practice in prior to these rules being made black and white.

Mr SQUIBB - For an extended period.

CHAIRMAN - For an extended period, however long.

Dr MORRIS - If you are going to extend it, how far do you extend it for.

CHAIRMAN - Well, that is what I am asking you.

Dr MORRIS - Are you going to extend it until they do the exam, or are you going to extend it indefinitely? I do not think it is fair to the people who are prepared to go through the process to let

some go on because none of them want to do it then.

Mr SQUIBB - But there would be a difference. Those that do the exam and pass will have full registration. Those that do not, those who just want to continue to serve in the area of need without having to do the exam would be limited to that area of need.

Dr MORRIS - No. Under mutual recognition they could go to a similar area of need elsewhere.

CHAIRMAN - Unless there was a conditional registration which was extended for a period - let us say five years. I do not want to pluck figures out of the air, but five years to me might seem fair.

Dr MORRIS - I think it would be dangerous to make it five years as an overall figure.

Mr SQUIBB - Well, make it ten then.

Mr LOONE - Or three.

Laughter.

CHAIRMAN - Or a three-by-three situation because it would seem that the hospitals have contracts for three with another three-year optional period. I am not talking about people that might want to come to Australia today and definitely know the ground rules. What I am talking about are people who have come a number of years ago and who were told, 'Even though you haven't got full registration we'll make sure you're still practising in that area each year by' -

Dr MORRIS - Forever.

CHAIRMAN - That was the type of nod and wink they were given, it would seem. Those people, it seems to me - which may be a fair way out for all parties concerned is that their conditional registration continue; it continue in that area of need. If they then want to get out of that they have to sit the exam. Then if they sit the exam and pass it well they become fully registered obviously. But if they immediately leave that area of need they are not registered. Do you think that is fair? I will not quote you.

Dr MORRIS - I am just thinking about the figure on mutual recognition. It is to our advantage to have mutual recognition in Tasmania.

Mr SQUIBB - Is it?

Dr MORRIS - Well, there have been disadvantages. For example, before mutual recognition came in we were about the only State that would register graduates from South Africa. We cannot now unless they go through this process. And from England.

Mr SQUIBB - What have we gained though as a State as a result of mutual recognition?

Dr MORRIS - Just as people can go from here to elsewhere, people from elsewhere can come here who are under conditional -

Mr SQUIBB - What do you mean by that?

Dr MORRIS - Well, if they are given incentives. There is a new initiative here that is working with a group that arranges the contracts for people coming to country areas. I was talking to Dr Checkers last night about this and I am very hopeful that, for example, the Fingal Valley and St Helens will get someone to come in reasonably soon.

Mr SQUIBB - The minister has assured them?

Dr MORRIS - Yes.

Mr SQUIBB - Just as he has assured Latrobe.

Dr MORRIS - I think he will live up to that assurance as far as Latrobe is concerned.

CHAIRMAN - What do you think about the fairness of that? It seems to me that mutual recognition is only really disturbed if full registration is given. But if there be a conditional registration, that conditional registration being that the person is allowed to practise at the Launceston General Hospital, because we are here at the moment, for a period of three years and if he is deemed to be, by his peers, a competent practitioner in his field, a further three years, then that type of method for those people who came with the nod and wink scenario seems to me to be what could well be a fair conclusion.

Dr MORRIS - We would be willing to look at a degree of flexibility that is going to meet the needs of Tasmania. But we will also have to see that we are going to maintain standards in Tasmania.

CHAIRMAN - Without doubt.

Dr MORRIS - So I think we will have to do that for an interim period. We have to be careful about the suggestion saying we have to keep so many valid in Tasmania because I am not sure how the Trade Practices Act, for example, would -

Mr SQUIBB - I tell you what, you would have greater worries in other aspects than what you would of that I would think.

Dr MORRIS - We would have a lot of problems.

CHAIRMAN - But they have conditional registration now so it would seem you would not have any worries because if those worries were going to happen they would have manifested themselves already.

Dr MORRIS - The problem is the goal posts have changed.

Mr SQUIBB - Yes, that is a good point. If these doctors now have provisional registration why does that not conflict with the Mutual Recognition Act?

Dr MORRIS - It does not -

Mr SQUIBB - And so if they continue to -

Dr MORRIS - Up to the two-year period it does not.

CHAIRMAN - But the two-year period is not enshrined in the act, is it? That has only been a convention that has been entered into between the ministers, as I understand it.

Dr MORRIS - It was on the initiative of the State Health ministers that this was brought in.

Mr SQUIBB - That could well be five years or ten years.

Dr MORRIS - At the moment it is two years.

Mr SQUIBB - Yes, but it is not in the legislation as two years.

Dr STEWART - It is not in our act.

Dr MORRIS - No. But it is an agreement between all the States and I gather the ministers and the AMC have now stated that is the basis for registration.

CHAIRMAN - I would have thought that the New South Wales and Victorias of this world would have said - we would hope they would be other than selfish and say to Tasmania, 'Look, special dispensation is required for these areas of need. You have shown that you cannot get people in those areas therefore we are willing to be flexible on that two years for Tasmania.' That would seem to be a fair conclusion it would seem.

Dr MORRIS - We think we have a problem in Tasmania but when you listen to the people in Queensland, Western Australia and the Northern Territory we are by no means isolated; they have as many problems as we have. It is a wide problem. The hope was that it would encourage more people to become fully registerable; that is the aim of it and that is why notice has been given. As the goal posts have changed in the last two years, that is why we have felt it necessary to warn these people that they had two years. If they have tried to advance themselves and while they are still advancing we will continue to register them but it does mean that they have to do their bit too, and I think that is fair enough to expect them to.

There will be a few exceptions to that where say a person is working in a very limited field that no-one else would want to but it is essential or someone who is, say, working at a hospital here in the radiology department that is essential for the ongoing working of the hospital, then we would have to consider those as special cases. So it is not a blanket thing that on 19 January next year none of you will be registered.

Mr SQUIBB - With respect, that is the impression one gets from reading the letters.

Dr MORRIS - The letters were sent out purely as a warning: you have to do something if you want to be registerable. Now it is up to them to do it and I think it is fair enough to put it to them that way. When Tasmania is faced with a situation where we have to say we have to be flexible here with some of these people then we will have to look at that. If we tell these people, 'Look, don't worry too much, we'll look after you because you're essential to Tasmania', we would be doing an injustice both to the people of Tasmania and to them.

Mr HARRISS - But do you not run the same risk, doctor, in terms of introducing - in your words - that flexibility? Do you not run the same risk of criticism by saying, 'This person was treated favourably -

Dr MORRIS - I am sure. We are getting a lot of criticism now. We will get criticism and we will get criticism by some who are allowed to go on and some who will not. That is always the problem if you do not have hard and fast rules. But we also have a responsibility to see that Tasmania is adequately served and so has the department and we would need to work with the department. We have already started discussions with the department and we have particularly discussed the mental health area which is fairly dependent on some of these people.

Unfortunately the Iastrebov situation is not one that would be very prone to this sort of flexibility because he has had six years notification, not two years. He would be doing himself an injustice. We believe that there will not be a gap in the service at the Mersey and so he would not come under the criteria where an exception would need to be made.

CHAIRMAN - I know it is difficult to say but could there be a guarantee in the Iastrebov case that there would not be any problem with the service at the Mersey?

Dr MORRIS - Dr Sparrow told me he would be prepared to go to the Legislative Council and give that guarantee. I do not know if he has, but that is what he told me.

CHAIRMAN - I promise this will be my last question. Do you think it is a worthwhile exercise to have these overseas doctors who come in to, before they practise in the areas of need, go to a teaching hospital and be under the supervision of their peers for a period of time?

Dr MORRIS - Some of the positions in areas of need are not hospital positions.

CHAIRMAN - I understand that.

Dr MORRIS - But they would be under supervision.

CHAIRMAN - So therefore prior to them actually taking up that position - let us say they go to the Royal Hobart Hospital for a period of three months, then their peers have a look at them, see that they are capable of working in the way they would be working in the area of need, because at the moment it seems to be a CV and a couple of references and to the areas they go.

Dr MORRIS - There would be problems about that, both from the hospital point of view and the fact that hospital practice is not the same as general practice in rural areas. We believe we can assess them fairly well. We have had problems and we have a mechanism if there are problems to reassess, not only overseas graduates but our own graduates.

Mr LOONE - Just two quick ones. Referring to Dr Iastrebov before we go off on to another area, is there any way with him that he could proceed with furthering his qualifications by not leaving his post at Latrobe? Is it absolutely essential that he -

Dr MORRIS - I would think he would need to go because there would not be adequate supervision for training at the Mersey. He knowingly did this; he knowingly did not go to a training - he possibly could not get a training post, I think he may have tried at one stage but he has not continued to try and -

Mr SQUIBB - Nor did Dr Stewart.

Dr MORRIS - Who is Dr Stewart.

Mr SQUIBB - Dr Katherine Stewart.

Dr MORRIS - I do not know about her.

Mr SQUIBB - She got full registration.

Dr MORRIS - Through what pathway?

Mr SQUIBB - Through assessment without doing the examination.

Dr MORRIS - As a specialist?

Mr SQUIBB - As a specialist - full registration as an anaesthetist at the North-West Hospital Burnie.

Dr STEWART - This was assessment by the College of Anaesthetists.

Dr MORRIS - The college has adjudged her to be up to Australian standards. They adjudged Dr Iastrebov as requiring - I think at first they said another four years training and later on they reduced that.

Mr SQUIBB - How did they assess that?

Dr MORRIS - He just had not had appropriate training in anaesthesia.

Mr SQUIBB - How do they know?

Dr MORRIS - From information of where he had trained, what he had done, who he was under, what position he was in.

Mr SQUIBB - From evidence we have received previously that assessment was made before they saw any of his CV or information.

Dr MORRIS - No. I guarantee that is untrue.

Mr HARRISS - We have had evidence under oath.

Mr SQUIBB - On *Hansard*.

Dr MORRIS - Before they had seen his CV? How could they give an assessment?

Mr SQUIBB - That is what we wondered.

Dr MORRIS - I have seen the documentation too and that is just not true. I do not know if it is the same as you have seen. I have seen the Medical Board of Queensland's documentation and that is just not true. I am a bit worried about some of the misleading -

Mr SQUIBB - The minister who had access to a department had not seen it.

Dr MORRIS - Which minister - in Tasmania?

Mr SQUIBB - A minister in this State.

Dr MORRIS - Well he could have.

Mr SQUIBB - He said he had not.

Dr MORRIS - Well, he could have asked for it. It was available to us because we were concerned about it and it would have been available to him. I cannot understand some of these - as I say, I am concerned about some of the misleading evidence being given.

CHAIRMAN - Always when evidence is given you have to be, I think, careful with the evidence you obtain, so I would not worry too much about that.

Dr STEWART - May I say a couple of words? Mr Squibb, I get the impression that you feel that there are inconsistencies and inequities in the application of the college's judgment on training that is required or acceptability of training.

Mr SQUIBB - There appears to be.

Dr STEWART - You refer to it as peer review. I do not think so; I think that any one of the Australian colleges has got a set amount of learning and experience that they require to accept someone as a full-blown specialist. Anyone applying who has had overseas experience, they compare that experience with that which they would require of an Australian graduate and then assess whether the two equate or not. If the overseas experience or training is in some way deficient, they then tell the doctor, 'You've got to do that and that in order to match up'. Different people will have different outcomes depending upon the experience and training that they have had. It is not a sort of arbitrary: I like the look of him; we'll let him go through but tell her to go and do another couple of years or something. I mean, it is quite sensibly measured against a yardstick. Obviously some people will be told they have to do four years training and take an exam and there will be some who are told, 'You can come and start now' because they assess them as being equal to the training they would require here.

Mr SQUIBB - We can only make comment on the evidence as presented before us.

Dr STEWART - Yes.

Mr SQUIBB - The evidence that was presented in the case of Dr Anoochawook, for instance, it was quite clear that he received a different - he was able to proceed down a different pathway and was treated far more leniently than several other applicants for full registration as orthopaedics.

CHAIRMAN - With the proviso that he entered into a contract to only practise in that certain area. He had to sign a contract -

Mr SQUIBB - So we found out later.

CHAIRMAN - to practise within - to only practise within a certain area.

Mr SQUIBB - At the Burnie hospital.

CHAIRMAN - At the Burnie hospital.

Dr MORRIS - From the college?

CHAIRMAN - I cannot exactly recall the evidence. I do not want to mislead you but something along those -

Mr SQUIBB - We cannot recall who from but it was -

Dr MORRIS - If he had conditional registration, say as a specialist, in Tasmania, if it was an area of need thing, one of the conditions of registration would be to work say at the North-West General Hospital.

Mr SQUIBB - Which would be provisional, would it not?

Dr MORRIS - But if it became necessary for him to also to go to the Mersey, he would apply to the Medical Council to have it extended to include the Mersey Hospital. We are doing that all the time.

CHAIRMAN - This was a contract he signed, as I understand it from what we were told - I have not seen the contract so I do not know.

Dr MORRIS - If a person signed a contract we are not in the process of telling them they can do something outside the contract. But in the ones we have done, if the Mersey Hospital said, 'Look, we are happy for this person to also go to the Mersey' and he has applied for that, we will extend the conditions to that. We are always doing it; we do it frequently.

CHAIRMAN - They can always change a contract if there is mutual agreement.

Dr MORRIS - Yes.

Dr STEWART - Am I to understand this mention of contract in some way ties the signing of a contract to the granting of specialist recognition; is that what is implied by that?

CHAIRMAN - That was inferred, yes. I can get the evidence and show you exactly when we get the transcript, but it was something along the lines that he became a specialist without having to sit the examinations and it would seem that the orthopaedics are probably more lenient than others with these written examinations, from what we have heard. Part of the condition that he received, it would seem, full recognition and his specialty in the field, was that he signed a contract stating that he would only practise in a certain area.

Mr SQUIBB - Would you not still call it the north-west rather than Burnie. I think Burnie was stated but -

Dr MORRIS - Was that before he got his full registration?

CHAIRMAN - I do not know whether he signed it before or after, it was not said.

Dr MORRIS - I think that would be before because the conditions would not preclude him to any particular area once he got his specialty through the -

CHAIRMAN - I would not have thought so.

Dr MORRIS - So I think he would be talking about prior to getting the specialist recognition.

Mr SQUIBB - Are you in a position to be able to give us further information on the details and conditions surrounding that particular registration?

Dr MORRIS - We could if you wish it. Is this the orthopaedic person on the coast?

Mr SQUIBB - Yes.

Dr MORRIS - I think I know it well enough to say that when he first came, prior to full recognition he would be there as a conditional registrant in an area of need. The usual thing of that is he has a position at the north-west hospital so we give him registration with that. The contract would be with the

hospital, but once he got his specialist recognition through, we then advise him and send him a certificate for registration to work as an orthopaedic surgeon wherever he likes. But if he is contracted to the hospital that is between him and the hospital.

Mr SQUIBB - I understand he was South African trained?

Dr MORRIS - Yes. We expected him to get full registrability and he did.

CHAIRMAN - Because would the area of need situation have been fulfilled once Dr Fletcher went to that area - and that would have meant it would seem that Dr Hanusiewicz would not have continued on with his conditional registration because Dr Fletcher went into that area and he being an Australian graduate who obtained his speciality overseas, I understand, is that right?

Dr MORRIS - Some graduates have priority for appointment against a person who has full registrability. But he would be equivalent now to an Australian graduate.

CHAIRMAN - Yes. So therefore when he went back into that area there was no more area of need because he was servicing the area, is that right?

Dr MORRIS - Oh no, he would be going there fully registrable so he would not need area of need registration.

CHAIRMAN - Sure, but Hanusiewicz was there because of the area of need.

Dr MORRIS - Initially, before he got his speciality recognised.

Mr SQUIBB - The arrival of Fletcher would remove the need to have the area of need registration.

Dr MORRIS - I think it was recognised that he was probably going to get the full registration anyway.

CHAIRMAN - But it is easy to talk about specific cases and everyone differs, I accept that.

Mr SQUIBB - Except that have there been other cases where South African-trained orthopaedic surgeons have not been granted full registration?

Dr MORRIS - Not that I am aware of in Tasmania, but I do not know elsewhere. That is because their standard of training is near equivalent or equivalent to, say -

Mr SQUIBB - Is near?

Dr MORRIS - It may be equivalent to. If another South African came with the same credentials then it would be likely he would also get - you mentioned before about someone with the same training getting it and someone else appearing to be the same training did not. I can be sure that they would not be the same.

Mr SQUIBB - Certainly the same accreditation.

Dr MORRIS - Same process?

Mr SQUIBB - No. A person coming from another overseas country with the same accreditation, not necessarily the same training.

Dr MORRIS - Oh, yes. But you know if you come from Russia, or even from England, there is a wide variety of training programs and some would be acceptable and some not. It may appear on paper to a lay person that they are equivalent but to a specialist assessment it may be far from equivalent.

Mr HARRISS - Just two quick ones if I might gentlemen. The two-year ceiling which is placed on conditional registration - I understand from your submission that that is as a result of an agreement between the States - how practical has that been in practice? We have asked the question of people with conditional registration as to whether it is possible or practical even for them to participate in enough

study to prepare themselves for the exam and so on. Do you have an opinion as to how practical it has been in practice?

Dr MORRIS - There is a problem and we have suggested to the department that it would be in the interest of Tasmania if they provided some help so these people can be relieved and have time. I think that is another way in which the Government can help these people. I think there is still a lot that can be done. Our problem in registering people is, do they come within the provisions of the law and the agreement by the heads of State and we have to work within that.

If you pass this act we have to register this man. We can only work in the law, we are the servants of the State. But there are immense problems involved in going along this pathway.

Dr STEWART - You asked about how successful this two-year -

Mr HARRISS - Or the practicality of it.

Dr STEWART - Obviously this is not totally practical for the reasons that we have outlined, that if you apply it with utter rigidity then the State is going to lose people it cannot do without. So there has to be some flexibility.

On the other hand the real purpose of it is to be an inducement to overseas graduates to take the trouble to take the exam and become fully registered. Obviously if you say at the beginning, 'You have only two years of conditional registration, but of course at the end of that time we will extend it for you', then the whole exercise is a waste of time. It is an inducement to try to ensure that conditionally-registered people either demonstrate or achieve the standard required for full registration.

Inevitably it cannot be applied with total rigidity, there has to be some flexibility at the end of it. The flexibility I would have thought would most frequently apply in the case of specialists who are of a rarer breed.

Mr HARRISS - The written component of the examination process, if an applicant is successful in that, but not in the clinical assessment process, how long does the written success stay on the table?

Dr STEWART - How do you mean, 'stay on the table'?

Mr HARRISS - Before it expires, before they have to redo the written -

Dr STEWART - I think they have to complete the whole caboodle within five years of starting it, haven't they?

Dr MORRIS - Something like that, it depends -

Dr STEWART - There is a time limit from first attempting the exam to passing the final clinical part. I think a pass in the written paper is valid for as long as you are permitted to attempt at all, so it would be five years.

Mr HARRISS - Just finally, is the rural doctors incentive program been of much benefit to Tasmania in enticing people to the areas?

Dr MORRIS - I think it has helped but I think they have to go further. For example I have just mentioned that where you suggested to the department that they ought - and they believe they can fund this - give these people opportunity to do some work, but say half-time to prepare themself for the exam. If they did that and also in doing it say to the people, 'This is a priority, you stay here for the next five years or something', it would be good for Tasmania. I think there is a lot more that can be done if they are prepared to fund it and prepared to consider some of the ideas. The rural program has helped.

Mr LOONE - Just quickly, the rural problem. We are having a lot of troubles here - as elsewhere in Australia - of getting doctors into rural areas, lots of areas are being unserviced. This is an idea I would like to put to you: can you see any huge problem by allowing a provider number for a given area - like,

the Dover area is without a general practitioner, the Fingal area has to have another practitioner and so on - making available a provider number for that area and when the doctor goes there he has his provider number and he practises. But when he chooses to leave that area he cannot take the provider number with him. So there is always a provider number there for a practitioner when he will move into the area.

Dr MORRIS - I agree with that and I think the Commonwealth has started doing that. When people graduate, when people do their AMC, they cannot get a provider number for ten years now. But if they go to an area such as Dover they will be given a provider number. Every doctor, actually, if they move from an area loses that provider number and they have to get another number. A number only applies to that -

Mr LOONE - Is that actually in practice now?

Dr MORRIS - It has been all along. If you practise at two different addresses you have to have two different provider numbers.

Mr SQUIBB - But it has been a formality, hasn't it?

Dr STEWART - It has been formality.

Dr MORRIS - When they brought in this embargo of giving provider numbers to overseas people for ten years, part of that was that is in over-doctored areas. But if those people would choose to go to the country, there are plenty of provider numbers are available. Tasmania has the added problem of being seen falsely on the mainland as being remote. It is nowhere as remote as some of the places in Queensland. It is regarded as Antarctic and the truth is we have the best climate in Australia, perhaps -

Mr SQUIBB - Some times we have anyway.

Laughter.

Dr MORRIS - On the north-west coast. I think we have to sell Tasmania more. I think we have to provide more assistance in bringing people here providing they are prepared to stay for a reasonable period. I think we have to provide locum relief so they can have a holiday. We have to provide incentives that I believe would change the situation a lot.

Dr STEWART - I agree with your notion of a provider number tied to a locality. I am not an expert in the Commonwealth aspects of the law so I do not know what it is at the moment but I would have thought that is not a bad inducement. I also just toss in the memory that forty years ago this State used to have district medical officers in the out of the way places where a house was provided, a car was provided, a reasonable salary was provided and what you made out of normal working hours was added income. That certainly got people into places like King Island, Flinders, Rosebery -

Dr MORRIS - Dover.

Dr STEWART - Dover as well, yes.

CHAIRMAN - Doctors, thank you very much. Sorry to keep you but it was helpful. We have read your paper that you forwarded to us and that is why we thought it important to ask you questions and as you could tell we had a number of questions to ask. If you wanted to say anything outside what is in your paper though, please do. Please do not walk away saying, 'I wish I had said this and I did not have the opportunity to do that'.

Dr MORRIS - I would have to go through my notes to see.

Short break - witnesses reading submission/papers.

CHAIRMAN - Please continue.

Dr MORRIS - Just one or two things. Tasmania was probably the first place in the world to set up a registering process, in 1837. So we are very proud of the fact that we were the first in the world to make sure the population was treated by people who came up to a standard. In fact at first it was an examination body, but that has eventually been taken over by other people.

Our concern is firstly a maintenance of standards. Secondly, to make sure Tasmania has an adequate supply of doctors; thirdly that there is adequate education going on in the hospitals and in the community, and we have various other functions. If we have reports of people not up to standard because they are sick or something we can do various assessments of them. So we have a number of purposes, but the one of registration is to ensure that people are the people they say they are, and that they have achieved certain standards. The AMC exam has shown very clearly - and you would have the results of those - that there are some countries whose graduates uniformly do well and there are some that uniformly do badly, so it just underlines the fact that you cannot accept that because a person has graduated somewhere else that they really are going to give adequate service here. Having worked with some of these people in the hospital, I can assure you that is true.

These people have been warned. We have been probably more flexible than any other State in warning people - so they are not suddenly going to get the chop - to give them time to do the exams. For the past two years, when they register they sign a paper to say they understand that their registration can only last a certain time unless they have upgraded, because they say afterwards 'No one told me that'.

The AMC have bent over backwards in a way to try and make the standard as realistic and flexible and fair as possible. They have provided all sorts of assistance and if people have really got the ability and background they should be able to pass. They do not have to pass first time, they can have another go at it. Actually if they have done the first written part of the AMC exam, even before they have fully finished the exam they can be registered in areas of need, which again is a concession to try to help rural areas.

I would submit that it is unfair to Australian graduates, and also particularly to overseas graduates who have brought themselves up to a certain standard, to see other people getting in under the hurdle. It is unfair to them and also unfair to the people who are being served in that they are being served by people who have not come up to Australian expected standards. There is flexibility. People who have been here only a year will not be chopped off on 19 January, they will continue until their two years are up and if they have enrolled to do the AMC or are going through the process and training of the colleges, their registration will be extended. But we are unhappy about registering people who deliberately and of their own choice persistently refuse to do what the law and requirements are for registration in this land, and I think it would be wrong for us to go to another country and expect them to say, 'You come from Australia, you're okay'. It is true that quite a number of other countries have similar requirements. Europe, UK, Ireland, France, I think, Russia probably. I do not know what the position is in Russia at the moment, but all these countries - and New Zealand - have similar requirements if we went there.

It is not a closed shop. It is not to try and keep the foreigners out. We welcome the people who come up to standard, and they have equivalent rights as anyone else graduating in Australia. We have a role to be guardians of the standards to ensure quality of care and protection of the public, and we do expect people who have been told what they need to do to come up to standard, to at least make the attempt and not to come and say 'It is beyond my dignity to do this. Please let me go on.' We think that is unfair to the people who have done what is required.

I have mentioned already that if Dr Iastrebov does this exam, then there is a process of monitoring that is available for people who are fully registered. There is no process at the moment for monitoring the people who are not, because they are expected to come up to the standard which would be in a way their monitoring. If he remains there - extension of his registration - this will not be applied, which again is unfair to all the other anaesthetists who are fully registered along the coast. They have to show that they are maintaining standards, and he does not.

CHAIRMAN - Are they intensivists as well?

Dr MORRIS - Yes. All areas of doctoring, and it is pretty extensive. I had to agree that they would write to 15 other doctors in Launceston for their assessment of me. They were able to come and look at my records, and I had to show that I had attended a number of congresses and meetings and lectures through the year. I had to show that I had kept up my reading of journals and so on.

Mr SQUIBB - Can I just clarify that point you made in relation to the north west anaesthetists? They are all intensivists as well, every one of them?

Dr MORRIS - Yes. There is a two-pronged pathway actually for them to be both.

Mr SQUIBB - So the fully-registered anaesthetist at the Mersey is also practising and fully registered as an intensivist as well?

Dr MORRIS - He would be registered to do that.

Mr SQUIBB - Whether he is doing it or not is a different matter.

Dr MORRIS - It is a demarcation dispute, in that anaesthetists claim it is their area and the intensivists claim it is their area, so it has not been fully sorted out, I must say. But if he got his qualification in anaesthetics he would be able to do intensivist work, but probably not the other way around.

Mr LOONE - Doctor, before we move on, while we are on Dr Iastrebov - and it worries me that we keep coming up to him because he is not what this inquiry is about; it is about the registration of overseas doctors, not Dr Iastrebov, although he is probably the trigger - I was on the North West Regional Hospital select committee that looked into health issues on the north west coast some years back, and one of our recommendations from that committee was that the Mersey Hospital be privatised, because at that time it was absolutely on its knees. The care had dropped right away and it really was not travelling at all well. Since it has been privatised - we get it from everywhere, and I hear it from the public - it is now a top class hospital and providing very good care at all levels. When you talk to the people of the area and you talk to other professional doctors and GPs and specialists, they are all saying the leader in that has been Dr Iastrebov. He has been the leader, he has been the mark-setter, the one that has got everybody up and going, and he has created a different atmosphere in the hospital itself. I have never heard of anybody who had so much patting on the back from staff with whom he works, because usually there are some you get on with and some you do not, but he seems to have about a 99 per cent strike rate in support.

I am going a long way round about saying it, but what I am trying to get round to is, is there any way that some process can be put in place by sitting down and talking with him and working through it that we can retain him in that area, and yet he can still go on and do his studies, and even if he has to go away for three months at a time that he can still hold down that position while he does these studies?

Dr MORRIS - I would not be in a position to answer that. You would need to ask the College of Anaesthetists, because it would be in their hands whether that could be arranged. Have they given evidence yet?

CHAIRMAN - Not yet, no.

Dr STEWART - From our point of view we can go on registering him if the need is there, but as far as how he could get the training necessary to gain full specialist registration, that depends on the college and I suppose it depends on the possibility of getting someone to do a locum for him while he is going away doing further training.

Mr SQUIBB - Which is an added cost to the hospital.

Dr MORRIS - One of the sad things from his point of view is that he was made director and he is not being supervised. Consequently the time he has spent there will not count for his time of training. It is just sad, but it is his own fault. He has been told -

Mr HARRISS - Who should have monitored that?

Dr MORRIS - Well, it would have been monitored if he had applied to be assessed by the college.

Mr HARRISS - Who should have ensured, though, that he was under supervision, because that was a precondition, was it not, of his initial registration?

Dr MORRIS - He was supposed, by the Medical Council, to be under supervision and he should not have been, in my view, made director. But I am not sure whether the typist left off 'under supervision' or not - there is some doubt about it - so I do not know if that was on his certificate. But it is a routine for all area of need people, overseas people, to have that on their certificate.

Mr HARRISS - So he may in fact have been done a disservice by the system in that appropriate action was not put in place to ensure supervision?

Dr MORRIS - Oh no, he would have been told, and the management of the hospital should have ensured that he was under supervision anyway. There were people who could have supervised him along the coast.

CHAIRMAN - Because they say that he was under supervision - that was the evidence - but it is from a fellow who is a bit rusty around the edges, to say the least.

Mr SQUIBB - Past retirement age.

Dr MORRIS - I have no doubt that he is a very able person, which makes it more sad that he has not undergone this process. I have spoken to the president of the Medical Board in Queensland about him and they were exasperated because he would not undertake any advancement. They tried to get him to do it.

Mr HARRISS - Hence Mr Loone's query, I guess. The fact is that he is highly regarded.

Dr MORRIS - Yes, I know. Anyone can be highly regarded if you do not know how to assess his expertise. I know before that one of the physicians from the hospital said 'what a wonderful anaesthetist'. A physician would not know how to assess an anaesthetist anyway and patients would have no idea how to assess their expertise.

Mr LOONE - But as an intensivist, though, he has a wonderful record also and the percentage on the table we have showed that their work is first class.

Dr MORRIS - Well, his pathway would be in anaesthetics anyway, because the registration for an intensivist would not allow him to be registered for giving anaesthesia and that is what he wants to do.

CHAIRMAN - It would seem to me that what might be a fair way out, considering, is that he go to, whether it be the Launceston General, the Royal Hobart or a place of training, rather than sitting this exam which - I do not know about that. But to me, if I want to be classed as a good lawyer, I do not think exams really tell. I think what really tells is how you act and respond with your clients in court and the results you get. If it can be seen by a fellow person who is well respected in the field that you have got what it takes then I would hope that that would be enough. I just wonder whether that could be available to Dr Iastrebov, but I know it is out of your hands because it is really in the College of Anaesthetists' hands.

Dr MORRIS - The problem is if a lawyer loses a case well bad lack, but if you lose a patient -

CHAIRMAN - Because the other saying is that doctors bury them but lawyers leave them hanging so they are always there for people to see.

Laughter.

Dr MORRIS - But in anaesthesia particularly there is very few other fields where things can suddenly go disastrously wrong and you have a few seconds to right it. He has not had any training in the basic sciences that all Australian graduates require to be an anaesthetist and if he wants to go on it is in his interest to go along that pathway. I am just sad for him because I can see he is a capable person and we

would like to see him fully registrable but he has to do his bit and if he is that capable he should have no trouble. But an anaesthetist has to be prepared to do all sorts of things that are unexpected because they are the only one in the area, such as ... of the heart, he may have to have thoracic surgery or something piercing the chest. To give anaesthetics for thoracic surgery requires experience and expertise and I do not know if he is doing this or not, but he certainly would require more training than he has had to do that sort of service, and you may not have time to send him up to Launceston or elsewhere. You can get along all right day to day but we need to ensure that he is capable of handling emergencies, whatever may come. So we are not saying he is not a good anaesthetist but we would say he is not up to Australian standards -

Dr STEWART - He has not demonstrated -

Dr MORRIS - or he has not demonstrated.

Mr SQUIBB - Can I just confirm that the certificate issued by your council for his current period makes no reference to being under supervision.

Dr MORRIS - No, I had a feeling that had been left off by the secretary; I asked about it recently and she was not sure.

Mr SQUIBB - It is certainly not on there.

Dr MORRIS - But that does not matter. The hospital, knowing that he was a conditional registrant, he should have been under supervision anyway, particularly if he wanted to get full registration. Tasmania is unduly dependent on area of need for registrations and if we go on this way we are going to become more dependent on it and that is not in the long term good for Tasmania. But we certainly do fear that if that act goes through you will be faced with what you are looking at now of the Legislative Council putting themselves up as a registering authority and you will get away with some but sooner or later disaster will occur and it has happened in the past here in Tasmania.

CHAIRMAN - Is this with Dr Rattan?

Dr MORRIS - Yes, and I saw people years after who had had a lifetime of misery -

CHAIRMAN - Appendicitis.

Dr MORRIS - When I was a student I saw a lady in a Melbourne hospital who had all the signs of a appendicitis and she said, 'Oh no, I've had my appendix out in Tasmania' and being a Tasmanian I said, 'Who by?' and she said Dr Rattan. So I said to the surgeon, 'Excuse me, Sir, but Dr Rattan didn't always take the appendix out' and he said, 'What!' He did not believe me at first. Anyway, he said 'Well, I had better operate' and there was the appendix inflamed and about to burst. It does take it upon yourselves if you go this pathway. You may be lucky, but sooner or later you will not be.

CHAIRMAN - That is what all of us are concerned about as you can see and there is a problem where any non-professional body acts as a de facto registration board. What we are hoping we can do is put forward recommendations that will be taken on board really to allow fairness. I think in some of the situations from what we hear, if what we hear is correct - and we can only believe what we have heard as far as the evidence is concerned - there has been some areas where people have been given an indication that they could remain in areas for unspecified periods of time so long as there was not another Australian graduate to take their place and therefore they have packed up, lock stock and barrel, come across to the other side of the world to train and now they are being told, 'Sorry, we've used you, out you go', which to any fair-minded person is just not right.

Dr MORRIS - That is why we felt to some extent through the fact that we would have people go on and on and on that there was perhaps some human justice in the other four but it has not served Tasmania terribly well doing it.

Mr LOONE - Dr Morris, just one other thing that I mentioned slightly, with all the different faculties of medicine, whether it be obstetrics, paediatrics or whatever, does each medical school in that

particular profession set their own guidelines as to the way in which they accept registration and accept the level of speciality? With most things there is a common ground or uniformity but with all the various medical schools it just appears to me from what we have heard in recent times that they all act independently, there is no broad terms as to how they are assessed.

Dr MORRIS - The AMC do assess all universities in Tasmania and New Zealand on a regular basis so that goes on. But universities only do undergraduates. When a doctor finishes university, to get full registration he has to do another year and better two years in a hospital under supervision and learn a tremendous amount more, more than all the rest of his course.

Mr SQUIBB - Even if he is going to be a country or rural GP?

Dr MORRIS - I think another thing the Government should do is to provide an opportunity for training people for rural medicine. After two months of graduation I was suddenly sent to Flinders Island and -

Mr SQUIBB - We were pursuing the prospect earlier on of these overseas-trained doctors, not just the specialists, the doctors doing a period in a training hospital prior to going to the area of need. You indicated then you did not think it was appropriate that that happened because they are not going to work in hospitals, they are going to work in rural situations but yet the Australian system in fact does exactly that from what I gather.

Dr MORRIS - Well, it does to an extent although the rural doctor program is altering that quite extensively. What is happening is an evolution of changing requirements because some of the things in the past have not been satisfactory, such as what you have just suggested. What has been unsatisfactory in the past has been allowing doctors to go on year after year being registered when they have not shown they are up to standard and obviously they have just looked good and that is why. The two years is not an absolute period, it is a time in which they can either get their qualification or at least have started. There is not any of them that could not at least start in two years. There are problems in general practice of time and I believe that has to be addressed but even they, if they know, can do a lot under the present book that has been published that tells them all the questions that are going to be asked, tells them what answers are expected -

Mr SQUIBB - So what is the good of that?

Dr MORRIS - Well, it brings them up to the standard, they know it. A lot of them do not know it now. It is bending over backwards to help these people.

Mr SQUIBB - I would have thought it would have been more logical to actually have seen whether they are capable of doing the job rather than whether they have got a good enough memory to remember the answers that were in the book.

Dr STEWART - The multiple choice questions run into 200 to get a broad scan of their general medical factual knowledge and then there is more specific examination in actually examining people and arriving at diagnoses and things. But you were asking about hospital training suiting people for general practice.

Mr SQUIBB - The proposal the Chairman put -

Dr STEWART - Yes, I know - I personally would have thought that a three month supervised spell in hospital for unknown quantity overseas graduates would at least give a chance to assess their general medical capacity. I would have thought that would be not unreasonable if it could be arranged. It would be some safeguard. I would also point out that now you cannot be a principal in general practice under the Medicare arrangement without having done the training program of the Royal Australian College of General Practitioners -

Mr SQUIBB - I understood that doctor - the gentleman here anyway - to have said to us earlier on in response to the question from our Chairman in relation to rather than just the assessment based on CVs and references, whether in fact they ought to come into a training hospital and be assessed here in this

State before going to the area of need and my recollection of the response was that that would not really be appropriate in the case of those going to rural -

Dr MORRIS - It would be appropriate if it was designed in a way to do it.

Mr SQUIBB - But I suppose the alternative to that would be for those that are going into hospital situations that would be the procedure. For those who were going into rural GP situations in the same situation as what is currently being proposed for those.

Dr MORRIS - A lot of these are possible if they can be funded; you see they would have to be supernumerary in the hospital. They would be working there but under supervision and then they would be there for three months and go, so it would have to be supernumerary so that would need funding. But that would certainly be an advance.

CHAIRMAN - Because Dr Bosanac, the radiologist, was talking about when he first came to Australia he had to spend a year in the hospital and spent nine months and that nine months he was on the dole whilst he was working in the hospital showing them that he was a competent doctor.

Dr MORRIS - I am sure he would have had no problem with the exam but he just felt it was below his dignity to have to do it and I can understand that, but he has come to a new country and he knows the rules. But he would be one -

Mr SQUIBB - He knows the rules if he wants full registration but if he does not want full registration, if he just wants to continue to work where he is, those rules have changed.

Dr MORRIS - They have changed in the last two years. They changed about September 1996 where this two year thing came in.

CHAIRMAN - But to me, he seems to be one of those doctors who they would be looking at very closely to give him registration without sitting the examination. That is the way I understand your evidence.

Dr MORRIS - He could be given registration in this State under that special section, I think.

Mr SQUIBB - Other than on an annual basis?

Dr MORRIS - No, because if an Australian graduate came and offered for the position -

Mr SQUIBB - Is that Federal or State legislation?

Dr MORRIS - Mutual recognition.

Mr SQUIBB - Mutual recognition is but the one regarding the Australian-trained person having preference.

Dr STEWART - By definition, if somebody is registered under an area of need it ceases to be an area of need if a locally-qualified, fully-registrable person is available to do the job.

Mr SQUIBB - Right.

CHAIRMAN - And you have to have two criteria -

Mr SQUIBB - Which was the case there in the off-peak season at Burnie.

Dr MORRIS - They say to the department, 'We can't get anyone. We've advertised and we haven't got anyone, but we can get this person and he is not fully registrable but he has a lot of experience and ability' and then he can be registered under conditional registration under the area of need.

Dr STEWART - But what Mr Squibb is getting at, someone who has been given area of need registration and given good service and kept us out of trouble for ten years, are we really going to pull

the skids from under him if an Australian graduate comes on and if we do not feel like pulling the skids from under him, how do we go on registering him when it is not an area of need any more. We do not have a simple answer.

Laughter.

Mr SQUIBB - Can you see that there is a need to address that?

Dr STEWART - Yes, I do.

Mr SQUIBB - And that would need to be legislation at a State level or a Federal level?

Dr STEWART - State, I would think.

Dr MORRIS - It has not been discussed at the AMC fully yet. I have discussed it recently with the prisms of the other registration boards and we all see it as a problem but there is no unanimity as yet how to cope with it. But I think that they will fall back as we would need to fall back, initially anyway, on that public interest section.

Mr SQUIBB - But is it really necessary for every State to have the exact criteria -

Dr MORRIS - Under Mutual Recognition -

Mr SQUIBB - No, for the area of need?

Dr MORRIS - I think we need to because supposing a person came to South Australia and spent a year there under an area of need and then came to Tasmania under an area of need, he does not get another two years, he only gets another year, so there is a uniformity.

Mr SQUIBB - But is there a case that we could put that because of the problem we have in Tasmania in particular - and Queensland could probably put it for regional Queensland - they make provisions under taxation laws for variance between States, why could there not be an agreement, or do we have to have an agreement even, that Tasmania could not extend their period of provisional registration outside of the annual thing and the two-year maximum to, say, a five-year one without the need to have that job put in jeopardy because an Australian-trained person came along.

Dr MORRIS - I cannot answer that at the moment because I think it is under discussion -

Mr SQUIBB - It is under discussion, is it?

Dr MORRIS - I am going to a meeting on 11 May in Melbourne with all the other presidents and later on a meeting where there will be other people represented and this whole area will be under discussion. I think there will have to be flexibility because of the sudden change in the conditions and there will have to be an interim period but how that will be applied I could not say.

CHAIRMAN - In your experience, what do you believe would be the best methods of applying that flexibility?

Dr MORRIS - I think if the States could have the ability to do their own thing where the registration did not apply under the mutual recognition, that then raises the problem of Tasmania and Queensland having a standard of medicine in their State less than desirable.

CHAIRMAN - But it is better than -

Dr STEWART - Than none at all.

CHAIRMAN - Yes, but I do not know whether to say that.

Mr SQUIBB - If mutual recognition only applied to those who were fully registered I could understand that quite simply, but we are looking at those that are not going to be fully registered, are

we not?

Dr MORRIS - You see, this came about not from doctors but from the Commonwealth, and they said 'We want Australia to not be dependent after two years on these people from overseas'. It is impossible, quite frankly, and we were all aware - the AMC were aware - that it was impossible. But we have not yet determined, but we have to fairly quickly now, what we do over the next year or so. A lot of these people under conditional registration in Tasmania at the moment, their two years will not be up all at the same time, but there will be some, and particularly people who have been here for many years.

The Medical Council in Tasmania will be as flexible as they are able to be, but we do have to take note of the Mutual Recognition Act. We do have to take note of the needs of medical service in Tasmania, and we are wanting and have started talking with the department about this problem that is about to occur. As I say, we have talked with them about the medical health people and we have told them we would be flexible about that. Having said that, we would have to be flexible about other areas too, but we also have to be conscious of maintaining standards, and we also have to be conscious that we are trying to move to a point where Australia is not dependent on all these people from overseas.

CHAIRMAN - But with that flexibility still, I really would like if you could your ideas as to what should be done. When I say that should there be, for example, a further three year period of a conditional registration for Dr Iastrebov to solely act at the Mersey General Hospital?

Dr MORRIS - I would like the department to have funds to be able - people say in general practice their time is running out, they have not had time or ability or could not afford to do the training - to take them into hospitals, as we mentioned before, for a short time to give them a chance to get fully registered.

CHAIRMAN - Do you think three months would be a fair time?

Dr MORRIS - I would think three months would be fair enough, with the other assistance they are given, and also provide some ongoing tutoring. Some of that may have to be done via television.

Mr SQUIBB - That would be based on assessment rather than exam, would it, if they are going into hospital work? Or are you bringing somebody into their position?

Dr MORRIS - We are talking about general practice time - AMC candidates. The problems in a hospital - we will still have plenty of people wanting to do AMC in a hospital, and the record has not been too bad in Tasmania for those where they are in a hospital, can get tutoring and get help. These other people, you see, have been ignored in a way.

CHAIRMAN - So that is one: more funding to get that to be done. Any other examples that you could give?

Dr MORRIS - You asked what can be done about these people. I think it will have to be done on an individual basis. I think if you have an overall thing there could be dangers in that. We have some problem people who really it would not be good for them to go on.

CHAIRMAN - I understand that. Are there any other areas that should be looked at, like conditional registration continued for that area, conditional registration continued because there is no expertise in the field in Tasmania and there should continue to be the expertise in Tasmania? Funding?

Dr MORRIS - The trouble is having enough funds, isn't it, these days? But whether some agreement with the Commonwealth about providing more training - they are having an inquiry at the moment, it may have ended now, about the number of training posts in Australia for various specialties, and the Federal Government has promised to increase the training posts to fund them in those special areas where there are no sufficient training posts, and that will vary in different specialties.

Mr HARRISS - Are you aware whether the full allocation of budget funds for the rural incentive program has been taken up. We had heard a suggestion that it probably had but it was only anecdotal.

Dr MORRIS - Well, they have cut back on the funding, I gather, quite considerably. In Launceston we have a very good centre, and in fact do provide long distance education to all Australia from Launceston with videos and television. But they had a number of projects and had them funded. I think there were nine different projects and now they have been cut down to two in recent months.

Mr HARRISS - I was just thinking, Dr Morris, if that funding has not been taken up then we could do a lot worse than somehow lobby the Feds to allocate the funds nonetheless, but in a more practical way.

Dr MORRIS - Yes, if you can talk the Federal Government into altering it, because of its importance.

CHAIRMAN - Because what we have to look at are proposals. Whether they can be funded or not - it would be terrific if they could be funded, but we have to try and forget about that, to put forward proposals which we believe are good proposals, fair proposals, continue with the standard of medicine without denigrating at all from that.

Dr MORRIS - When we put this suggestion to the secretary of the department a month or two ago, he thought it was a good idea and he felt that there were some unused funds that could be used for training some of these people in general practice and perhaps putting them in a hospital for a while, but it was not spelt out in great detail and I do not know what he has done with it since. But he seemed to think there were some unused funds that he could use. I have forgotten what it was, some funding that may have been for overseas people.

CHAIRMAN - Any other things we should look at? I am really turning you upside down and shaking you.

Dr MORRIS - I think perhaps you have heard enough from me. I think the message I want to get over is that we are wanting to keep the standard up and not let it drop by an increasing number of these people, particularly those who are not prepared to upgrade. We are pleased they have been given fair warning to upgrade. We are not expecting them to finish it within two years.

CHAIRMAN - So how long should it go on for?

Dr MORRIS - Well, it could be five years.

CHAIRMAN - So two to five years.

Dr MORRIS - Whatever. It depends on the specialty, but in anaesthesia it would be four to five. It depends on what they have done before, but a maximum would be about five years, but it could be three or four depending on what level they have achieved before.

CHAIRMAN - Thank you very much indeed. Most helpful.

Dr MORRIS - We would be happy to come again if you want us to answer any further questions.

CHAIRMAN - Thanks a lot.

THE WITNESSES WITHDREW.