

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE CONFERENCE ROOM, GOVERNMENT OFFICES, 68 ROOKE MALL, DEVONPORT ON THURSDAY 16 APRIL 1998.

Mrs KERRY ANNE HARVEY, NURSE UNIT MANAGER, MERSEY COMMUNITY HOSPITAL WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

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

Mrs HARVEY - I am Kerry Anne Harvey of 9 Kermode Street, Port Sorell and I am speaking to you as the Nurse Unit Manager of the Critical Care Unit at Mersey Community Hospital.

CHAIRMAN - Thank you. Please do not think I am trying to hurry you because I am not and please feel free to say what you wish to say. We are fairly constrained to time limits because of the amount of people we are seeing this afternoon, so what we are endeavouring to do is to hear what you wish to say within twenty minutes or thereabouts.

Mrs HARVEY - Certainly, that will not be a problem.

CHAIRMAN - But I say that without in any way wanting to restrict you so you walk away saying, 'I didn't say everything I wanted to say and they should have listened to everything I wanted to say'. So please have those parameters.

Mrs HARVEY - As nurse unit manager my submission is based very clinically, so I am coming at that from a clinical point of view. I would just like to speak, as you are well aware of, in support of Dr Konstantin Iastrebov.

I did notice in the letter that I was sent that his name has been spelt wrong. I hope that has been fixed, has it? It is spelt with a 'Y'.

Mr SQUIBB - We have had it both ways.

Mrs HARVEY - It is definitely spelt with a 'Y'.

I have worked with Dr Iastrebov closely over the past two years in the critical care unit at the Mersey Community Hospital and it has been a real privilege to work with someone of his expertise and professionalism. I would also like to say at this point that he is a very caring person and really cares about his patients and their families. His clinical expertise is displayed by statistics that have been collected in our unit of patients survival rate suffering from multi-system organ failure, and I have copies of reports here that I would like to present to you regarding that, please.

CHAIRMAN - Is this on the Apache score method?

Mrs HARVEY - Yes. I am a member of the Confederation of Australia Critical Care Nurses and I keep myself well read in current therapies within the critical care area. I also attended the International Intensive Care Conference in Hobart last year and this exposure of current therapies has highlighted to me that at the Mersey Community Hospital we are providing treatment equal to any other leading hospital.

Dr Iastrebov is dynamic and innovative in his treatment therapies and I would like to also present a paper written by Dr Iastrebov on bilateral lung ventilation to support this statement. This paper has been circulated worldwide and has been translated into eight different languages. It outlines the life-saving treatment given to a 58-year-old patient within our critical care unit. I would also like to submit that. It is very dynamic therapy. It is very nice to have Mersey Community Hospital written on the back of it.

When a patient is critically ill it is a very stressful time for the patient and his family and since we have had the advantage of having Dr Iastrebov's expertise with us we have been able to keep the patient close to his family and friends without having to send them away. This aids in the patient's recovery by decreasing the need for stressful separation when they are experiencing a very stressful time. Dr Iastrebov has an excellent rapport with the family and the patients. He always explains fully the risks and the treatments to the family. He talks to them on a daily basis to explain their progress and he is also honest and very open to questions. The family respect and appreciate his professional approach.

Dr Iastrebov is also an excellent resource person. My staff have increased their expertise and gained the knowledge and skills necessary to provide advance treatment therapies within our unit. We now do treatments that were not available prior to Dr Iastrebov coming to our hospital - things like cardiac output monitoring, transvenous pacing, new ventilation support modes and continuous venovenous haemofiltration which are treatment therapies that we are able now to provide at Latrobe that we were not able to do before.

We have learnt so much from Dr Iastrebov. All the staff have gained the skills and ability to be able to manage these treatment therapies. Other doctors at Mersey Community Hospital often seek Dr Iastrebov's opinion in treatment of their own patients. They also seek his clinical expertise when it comes to invasive procedures. Dr Iastrebov is so excellent at putting in invasive lines and clinical expertise, his aseptic technique and everything is so good, that because he does it so quickly and efficiently it reduces the trauma to the patients.

In conclusion, I would just like to say as Nurse Unit Manager at Mersey Community Hospital Critical Care Unit I feel it would be a great loss to the community and the north-west coast and the State in general to lose someone of his ability.

CHAIRMAN - Thanks, Kerry. I know the committee have heard a number of people speaking in glowing terms of Stan and how he certainly increased the medical expertise of the Mersey General Hospital. Do you believe that it should be part of a politician's role to be able to register a person such as Dr Iastrebov or do you believe that because we have not the medical expertise, we should not enter into registration itself?

Mrs HARVEY - Personally, I feel that due to the fact that you gather in all this information, that the information itself could be presented to the Medical Council so that they can take a little bit of a step back and look at his actual clinical expertise. We have a lot of new-Australian doctors coming through Mersey Community Hospital and always have done, but none of them have ever met the standards and expertise that Dr Iastrebov shows. He is a very clever person, he has the qualifications in his own country and he excels, and I think that they need to sometimes look at that and perhaps make an exception in certain instances.

I do not believe that all overseas doctors should be registered the minute they come to Australia, but Dr Iastrebov has worked for the past two years in this position and now, all of a sudden, he is not going to be capable of doing it. Nothing has happened to his expertise -

Mr SQUIBB - It is not necessarily capable but not allowed.

Mrs HARVEY - Or not allowed to do it, yes - like, his expertise has not changed.

CHAIRMAN - So it would be fair to say you are saying members of Parliament should not act as a registration board but what they should be doing is putting pressure on the Medical Council -

Mrs HARVEY - I would say so, yes.

CHAIRMAN - to look at registration may be not through the examination system that we have been told about, but through somebody going in there to oversee him and also getting advice from other specialists that have worked with him to corroborate his expertise.

Mrs HARVEY - That is right.

CHAIRMAN - Have you always worked in Mersey General Hospital?

Mrs HARVEY - I have worked there since 1985.

CHAIRMAN - Right. And prior to that have you worked in other rural hospitals?

Mr SQUIBB - Regional.

CHAIRMAN - Regional hospitals - I cannot say too much because I have a Squibb on my left.

Laughter.

Mrs HARVEY - I came from New South Wales and worked at Gosford District Hospital and other hospitals around New South Wales but not actually a regional. I did work at Tamworth Base Hospital, actually.

CHAIRMAN - I am asking you that because what effects have you seen on families that are unable to see their sick relatives at fairly short notice?

Mrs HARVEY - Well, it is very traumatic for them, as I have said in my submission there. Once you have sent them away it is unfamiliar for not only the patient but for the families. It is very traumatic to have to uplift everything. We have had patients that are just so pleased that we are able to keep their family member there within the unit - because the relatives need support too, and once the patient is sent out of that area they do not have that support. They are on their own in a strange place and it makes the patient heal - for want of a better word - much quicker when they have the support of the loved ones around.

CHAIRMAN - I was about to say healing to some degree is mostly physical but partly mental.

Mrs HARVEY - Absolutely.

CHAIRMAN - Do you find that the mental side of that healing is much better if the relatives are able to readily access the patient?

Mrs HARVEY - From my clinical experience you can just see that; you can see that once the patient has loving support there all the time that they do get better much quicker.

Mr SQUIBB - Kerry, are you aware of the Mutual Recognition Act?

Mrs HARVEY - No, I am not.

Mr SQUIBB - It is an act whereby doctor or professionalist, I guess - the question is going to be whether in fact your profession, nursing, was covered by that. But particularly in the case of medical practitioners and a medical practitioner fully registered in one State is automatically fully registered to practice in other States.

Mrs HARVEY - Nursing is the same, yes.

Mr SQUIBB - Nursing is the same. One of the dilemmas we have at the moment, and particularly with the bill I had in Parliament, is that it is claimed that to grant registration on this basis would contravene the Mutual Recognition Act, and one of the things we are looking at is ways of getting around that particular aspect. The granting of full registration - and we are not suggesting for one moment that the Parliament may do that, but what we are suggesting is that Parliament may put in place a process by which registration, either full registration or an extended period of conditional registration; in other

words, the current two-year term, or two-and-a bit I think it has been in the case of Dr Iastrebov because it has been extended from July through until December, that can be extended over a longer period of time.

You have indicated that in your time at the Mersey you have seen a number of overseas-trained doctors come and go and none of them have been of the same standard as Dr Iastrebov. But I was just wondering what your comments would be if the committee was to recommend to the Parliament that a process be put in place whereby after the two years some sort of evaluation could be carried out of those overseas-trained doctors and if they reach a certain level of competency, without doing exams, they could be granted registration just for that particular location, say for five or ten years.

Mrs HARVEY - So these are doctors that are registered -

Mr SQUIBB - Overseas-trained - no, not registered.

Mrs HARVEY - Not registered in Australia but registered in their own countries?

Mr SQUIBB - Yes, not registered in Australia, but doctors such as Dr Iastrebov and others that have come along. From the comments you have been making I would suggest that you would probably support such a process in the case of Dr Iastrebov. But, on the other hand, would you see incidences where we may, as a region and a State, end up with some doctors that do not meet the standard if we implement such a system? You do not believe all overseas doctors would meet the standards required in Australia?

Mrs HARVEY - It would have to be all judged on an individual basis. I do not really think that you could have a blanket.

Mr SQUIBB - Right. So if we were to look at proposing a system of extended registration, you would suggest that it should not be automatic, that there ought to be some review process after two years.

Mrs HARVEY - Yes, absolutely.

CHAIRMAN - How should that review process be?

Mrs HARVEY - In the case of nursing, if I have somebody working in my intensive care unit and their work is not up to scratch and I have not done something about it, it looks very poorly on me that as the nurse unit manager I have not addressed the problem. I think that -

Mr SQUIBB - Could I just butt in there, that is slightly different, that nurse who would be working for you, she would be registered in some way, would she not?

Mrs HARVEY - Yes, she would be.

Mr SQUIBB - So you would be making a judgment -

Mrs HARVEY - She would have to meet a standard.

Mr SQUIBB - But if she does not she could leave and because she is registered she could go and work anywhere else in the State or anywhere else in Australia.

Mrs HARVEY - Yes, but the Nurses Registration Board have just changed the way that they look at that too, and so if I let her go without giving them notification that she was not up to scratch they then will come back to me and say, 'Look, this nurse is now working in this hospital and she is not up to scratch and you've said she's a competent nurse'.

Mr SQUIBB - Right. So when she leaves your hospital and goes somewhere else there is a mechanism whereby the other hospital is alerted, or the Nurses Registration Board is alerted.

Mrs HARVEY - That is right. It is up to me that if I am not happy with her skills I try to bring her up to scratch. If I cannot do that I have to then let the Nurses Registration Board know and they try to

bring her skills up to scratch. If I let her go to another hospital and have not addressed that, that will fall back on my shoulders, and I think the medicos need to be a little bit responsible also.

Mr SQUIBB - After she had left your hospital and went somewhere else and had not brought her skills up to scratch, the new hospital in the process of interviewing and recruiting her, would be alerted to the fact that in the opinion of Mersey she was not up to scratch. There would be something on her registration certificate, would there?

Mrs HARVEY - Yes, unless she has been through the process and the Nurses Registration Board have themselves brought her up to scratch and they would say that now she was satisfactory.

Mr SQUIBB - Right.

Mrs HARVEY - The point I was trying to get to was that at the end of the two years the overseas doctor should be assessed by their peers.

Mr SQUIBB - Right, that is the point we are after.

Mrs HARVEY - They are the ones who should be responsible to see that they have the clinical expertise and knowledge. They are the ones who are in the best position to judge that, a far better position than I am.

CHAIRMAN - How should those peers assess them? Should it be both theory and practical -

Mrs HARVEY - Absolutely.

CHAIRMAN - or should it just be practical? Because a lot of the doctors - Stan included - do not like sitting that written examination because they believe it is unfairly weighted against them.

Mrs HARVEY - Right. If it is just going to be done by the peers that they are actually working with in the hospital at that time, they would have to set their own standards, surely, and be accountable for their decisions. They would see the doctors clinically - doctors write notes. If you cannot judge them from their clinical competence in the workplace, I think that you would be able to do that.

Nurses do not sit exams every couple of years to prove that they are competent. They show that they are competent by their clinical expertise and all the other skills that are brought into the nursing practice, like you note writing and all the other skills that you are using constantly.

Mr SQUIBB - Under the system that you just referred to for nurses, what safeguard is there for a nurse who may be considered substandard? What safeguard is there in the case of, say, a personality clash?

Mrs HARVEY - That is why it has to be referred on. Say I was having a personality clash with that person, she is quite at liberty to ask for another person to do her assessment.

Mr SQUIBB - From where - from another hospital or the same hospital, or from the board?

Mrs HARVEY - From the same hospital or from the Nurses Registration Board itself.

Mr SQUIBB - Fine.

CHAIRMAN - What happens if you see a doctor who you do not believe is acting in accordance with the way that he should act, do you report that doctor to anybody? And I say that because, prior to being in Parliament, I was involved with the law and I was acting for a client who had a problem with a psychiatrist. There were drugs that were being prescribed, the patient died and a lot of nurses said afterwards, 'Look, you should have asked me this or you should have asked me that' - which was something that was completely foreign - 'But you should have asked me this or you should have asked me that then I would have given you the answer that you were after'. It was a closed shop as far as the nurses were concerned. They did not want to speak out against the doctor. The doctors did not want to speak out against the doctors. It is different in the law they all try and cut each others throats.

Mrs HARVEY - Things are changing, though, nowadays.

CHAIRMAN - What is there in place now if you, as a nurse -

Mrs HARVEY - As a nurse, say a doctor orders a drug and you know that it is a dangerous amount or dosage or whatever, you are just as accountable as they are if you do not question it. That is our role as nurses, we are to question.

CHAIRMAN - But at the end of the day the doctor has the final say, does he not?

Mrs HARVEY - I would take it to his superior. If I was unhappy with that I would question him first - definitely question the doctor who is making the order in the first place - and if you still have no satisfaction well you would have to go to his superior and we would do that.

CHAIRMAN - Who would be, for instance, Stan's superior at the Mersey General?

Mrs HARVEY - Dr Iastrebov's superior, good question. That is a good one.

CHAIRMAN - So therefore who would you take it to?

Mr SQUIBB - Medically, it would probably be an administrative thing.

Mrs HARVEY - Yes, medically you would probably have to go to the Director of Nursing, I would say from a nursing point of view, if I wanted to question any of Dr Iastrebov's orders. He is the Director of Intensive Care so he is the overall person. If I have problems with other doctors he is the one I go to. But problems with him has not actually arisen but I would have to go through the correct nursing channels with that problem and go to the Director of Nursing.

CHAIRMAN - With the other doctors that you have had from overseas that have come into the hospital, have their been any complaints at all about their treatment of patients?

Mrs HARVEY - As from whom?

CHAIRMAN - From either the nursing staff, the other medical staff -

Mrs HARVEY - We do question their treatments and it does go to their superiors and they make the overriding decision. We often do question.

CHAIRMAN - Do you?

Mrs HARVEY - Yes.

CHAIRMAN - Is that more so with overseas-trained doctors than Australian and New Zealand trained doctors?

Mrs HARVEY - We do not have any resident medical officers from Australia and New Zealand at Mersey Community Hospital. They are all overseas trained.

CHAIRMAN - What about when you were at Gosford and Tamworth?

Mrs HARVEY - At Gosford and Tamworth - look, honestly I cannot remember. I was much more junior then in those days. It was quite a while ago.

CHAIRMAN - What I am trying to understand is whether you believe that a number of the overseas - because this is not just about Dr Iastrebov, this is about a lot of people -

Mrs HARVEY - That is right.

CHAIRMAN - and Stan has been the spark that has lit the fire that we are in now. So you have found, have you, that you have had more reason to question the treatment that overseas doctors give to

patients than you have from Australian or New Zealand trained doctors with their treatment that they have given to patients or is that just because -

Mrs HARVEY - That is a really unfair question I think. I find it hard to answer that. I am really sorry. I mean, like I said, we have mostly overseas doctors and any treatment that I was not happy with I would question whether it was an Australian naturally or an overseas doctor. I cannot say that.

CHAIRMAN - What we are looking at is the expertise on both sides, the 'Australian expertise' and the 'overseas expertise'.

Mrs HARVEY - I know. I mean a lot of the doctors that we have had come to the Mersey Community Hospital have a problem with English. That causes a problem straight up when their interpretation of our protocols and procedures - it is very different, it is very hard for them. No, we have not had a lot of experience with Australian resident medical officers, sorry.

CHAIRMAN - Okay.

Mr SQUIBB - I was going to ask the one about the importance of a command of the English language and to be able to communicate with patients and how important you felt that was and should that be considered when taking into consideration registration of overseas-trained doctors?

Mrs HARVEY - I think it should be, yes, definitely. It is really hard for the patients and hard for us, too, as nurses. It certainly should be taken into account.

Mr SQUIBB - In the period of time that you have been at Mersey - and bearing in mind your comment that most of the medical officers you have worked with have been overseas-trained - have you experienced any problems with the language barrier between the nursing staff and the doctors, or between the doctors and patients and their families?

Mrs HARVEY - Yes, between the doctors and patients. If I have a problem with the language barrier I will question it until I am satisfied, but family often will not do that. When the doctor has gone out of the room they say, 'What did he say?' They do not question, it is a problem. I think that they certainly should be able to speak English, especially in our hospital because we do not have much of a foreign population.

Mr SQUIBB - Do you know whether that is an important aspect to take into consideration when your hospital is recruiting?

Mrs HARVEY - No, I do not know. I have nothing to do with that.

CHAIRMAN - Thanks, Kerry, very much for your input. It was most helpful.

THE WITNESS WITHDREW.