# 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 PETER LAJOS ILLES,** CONSULTANT CARDIOLOGIST, LAUNCESTON GENERAL HOSPITAL, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIRMAN** (Mr Wilkinson) - Doctor, thank you for coming along. Can you please state your full name and address and in what capacity you are before us?

**Dr ILLES -** My full name is Peter Lajos Illes and my address is 3 Lime Avenue, East Launceston. I appear before you as a colleague of Dr Iastrebov and a consultant cardiologist at the Launceston General Hospital.

**CHAIRMAN -** Thank you. Please give your evidence in the way you feel most comfortable, and the way you want to present it.

**Dr ILLES -** Just reading through the terms of reference, I would like to state firstly my support for Dr Iastrebov. I have had some contact with him in a professional capacity whilst I have done sessions at the Mersey Hospital and I have always found him to be professionally very good. I have no reservations about his ability to function as an anaesthetist. I have spoken to a number of my colleagues as well who are surgeons and have worked with him there, and they feel that he is very competent as an anaesthetist.

On a more general line, I feel the way overseas-qualified physicians are handled in this context is a little disturbing and a little discriminatory in some aspects and I would like to quote a few examples to back myself up. I am in a similar situation to Dr Iastrebov in that I am an overseas-qualified person, having applied for a job in Tasmania as a consultant. Most of us perform duties in areas of need and we take up jobs where no other Australians will work, for whatever reason. I do not know the reasons. People do not come and work here for their own reasons, and all the jobs have been advertised nationally and internationally with very few Australian takers, if any.

For myself, I accepted a job but was not able to be assessed and the Australian Medical Council would not even assess me before I applied for permanent resident status and before I brought my family over. So we all had to be here, have permanent resident status and only then would they assess my qualifications as to whether I was permitted to stay or not. You can understand, I have moved my whole family over a continent - I came from England and am originally from South Africa. I did cardiological training in England under the president of the British Heart Foundation, which is probably one of the best recommendations I can get, having worked there. I came here not knowing what I had to do, having been told that I may be exempted based on my experience and my qualifications.

**CHAIRMAN -** So you were told that, prior to you coming, that you may well be exempted?

**Dr ILLES -** May well be, but whoever I spoke to, no one would make a commitment at all. I sent CVs, I sent everything and no one would make a commitment. All they said was, 'Once we have a formal assessment we'll tell you what to do', but that was not allowed to take place until I got my landed immigrant status. I had two jobs: I had one in the UK offered to me as a consultant cardiologist and the one in Tasmania. I needed to make decisions. I thought the Tasmanian one, just for the way of life; I think this is a fantastic place compared to England. But at my age, having sat numerous exams, including South African - I can show you all I have. I am fully qualified in South Africa as a cardiologist and a specialist physician; I have American qualifications, I have Canadian qualifications and I am accepted in the UK as a cardiologist.

**CHAIRMAN -** Right. Prior to 1992, I think it was, you would have immediately been accepted in Australia as a cardiologist.

**Dr ILLES -** Yes. The college has actually in writing told me that my experience and training is equivalent to any Australian graduate, yet I still have to do an exam.

**CHAIRMAN -** Do you have that in writing with you, please?

**Dr ILLES -** I do not think I have that, but I can supply it. I have had to send them the copy of that for my exam stating that but I can supply it, that is no problem.

**Mr SQUIBB** - So you are going to undertake the exam?

**Dr ILLES -** I have two options. I have to take the line that at the end of this year, according to my reading of the rules, we may not be eligible for registration. I am in a situation that if I am not registered, what do I do? I would love not to do the exam because it is horrible and it is going to take six months of book work. I have done all the exams, I work at a full-time job; I work overtime and I do one in two which no guys on the mainland do, and yet I still have to squeeze in a program of study.

**CHAIRMAN -** I think it is unfair prima facie, but do you think it is unfair for a person to come out with, 'We believe that you'll be able to practice as a cardiologist. I can't promise you anything but a nod's as good as a wink. We believe because of your training and your expertise you'll be able to practise as a specialist down here, ad infinitum'. You come out under that belief and then, because the laws change as they appeared to change just recently, you have to abide by those and sit this new examination. Do you think it would be much fairer for people who have come out since the laws have changed to sit the examination, but people who came out prior to the laws changing to not sit the examination but rather be judged by their peers?

**Dr ILLES -** I think this is the point; I think that is absolutely fair. If you go to the US, there is no hypocrisy: you do not get a post until you go through the whole lot. There is no area of need, there is nothing. If you want to work in the US you know what you are in for. Finish, that is your choice. You have to go through from your house job, everybody has to do it and you do it, if that is what you want to do. In the UK, if you compete in a fair system and you get a consultant post based on your interview and peer review, they are interested in your qualification, but if you get a job based on your interviews and your experience then you do not have to do another exam. I was in that situation: they accepted whatever I had done, as I was competent enough to do a consultant post there, and I would not have had to do another exam.

I would be very happy if someone said to me, for argument's sake, 'Let's see how you do over three years with peer review. You can work there and we'd be very happy. If you're a duffer then you're out, but if you're a hard-working chap who's competent then we can make a case to have you registered'. I think that would be very fair.

**Mr SQUIBB** - There seem to be some specialist colleges that do in fact allow that to happen. One of the things that has intrigued me through this inquiry has been the inconsistency, not just between colleges but within colleges. I note from your submission that you refer to a Dr  Motia who has been granted full registration, I understand, without the need to sit the exam. Can you elaborate on those circumstances?

**Dr ILLES -** I think Rod Motia just arrived a little earlier than I did. What he had to do was a year as a registrar in Hobart under supervision, but he is doing all the stuff there. He was exempt from his exam; under peer review they felt he was all right and he was fully registered. So there is a precedent for that. Rod trained in Durban, South Africa, and he -

**Mr SQUIBB** - His background has been very little different to yours.

**Dr ILLES -** It has been very different. My advantage really is I worked in the UK with Professor Ronnie Campbell who is now the president elect, so I worked in a very reputable hospital. I can show you the references from him. That is from Professor Campbell, and those are my fellows there. As far as I am concerned, do I need a better reference than that? Anybody here could phone him and chat to him.

**CHAIRMAN -** What do you say to the situation where people come here from overseas because they may have answered an advertisement; they realise that there is a public interest aspect involved, they realise it is an area of need. They therefore come out to that area of need and take up the position. Do you believe that the registration they obtain should be to allow them to practise in that region or in that State and no other State?

**Dr ILLES -** Obviously it is rather difficult. I think initially, yes, because clearly they are in an area of need. I believe a person who applies should provide the service, or whatever, but if after ten years when his children are growing up he wants to move on then I think he should be able to do that, provided he has met certain criteria. Perhaps one of the problems with most of us here is we train medical students, we lecture them, we treat them, we teach them and I in fact examine medical students. I train GPs, I give lectures around the country, so I am responsible for all of that and yet I am told by the college now I have to sit an exam. I find that inconsistent.

**CHAIRMAN -** If that was the case you should not be allowed to give your lectures and to train GPs -

**Dr ILLES -** I should not be allowed to pass on my inferior clinical skills to up-and-coming medical students, so there is a bit of inconsistency over there as well.

The other problem is there is a move to keep us in hospital practice, the public practice, which is fair enough. I would think, if we had limited private practice of some sort, it would make a big difference in keeping a doctor in a region. What many doctors feel - I am chatting to them in Launceston - is that they get employed on a lower rating than they are worth often, and I can quote a few examples where it is almost exploitation. Then when they finally get qualified to practise anywhere, they leave because there is no incentive to stay. I think if you have the ability to build up a private practice, I do not think many people would leave. I think it is a fantastic place to live and a fantastic place to practise, and most people would leave for monetary or financial reasons at the end of the day.

**CHAIRMAN -** And you believe that if they were able to have this limited private practice that that would supplement the income that is given in the public sphere; it would help save the public hospitals money and the Government money; and you would be able to top up to get perhaps not the same amount of money as you would elsewhere but a figure which would be acceptable?

**Dr ILLES** - Yes, I would think so. At the moment most of us get paid overtime, which is a fixed overtime rate. It does not matter whether I am on call one in two, one in three, one in four. A dermatologist gets paid the same overtime as I do and I am on call every second night. Okay, I chose that; it is an area of need. But there is no facility at all to improve on that as well. Anyway, that is financial, which is not really what this is about.

I think there are a few inconsistencies in the system and I think there is some discrimination in the system. It is almost, to me, as if the college is a club which you have to join.

**CHAIRMAN -** Yes, we have heard that.

**Dr ILLES -** It is not based on your ability; it is based on your acceptance. The problem with examinations is there can be - I mean, as an examiner I could fail anybody if I wanted to. It is very

easy; you just ask them the questions that are obscure. I am sure anybody, if they really wanted to, could fail me in an examination, based on some sort of really obscure conditions - if that is how they want to rig an exam. My colleagues have sat exams - and I merely talk from what I have been told by them - where they felt the standard is reasonable. For instance, if an Australian candidate sits an exam he sits it as a registrar - okay - and then he is at a registrar standard. But because I am practising as a consultant, that standard would not be good enough, and they would question me on a consultant standard. The qualifications are the same.

**CHAIRMAN -** So there is a different exam for people coming into cardiology as opposed to people wanting to remain in cardiology if they are from overseas?

**Dr ILLES** - Yes. So it is a different exam. The other sort of inconsistency, that I do not mind because I think I can handle most things in cardiology, but why do I need to handle things in neurology and GRT? I chose not to do that so why must I go back to that? So all of those, it just means I have to go back and relearn and spend hours on that sort of thing after hours. It is all after hours for me because I do not have a free moment during the day. So those are the inconsistencies and those are the problems that we face and also the insecurity. I have brought everyone here; we have actually bought a house. 'Can I practise; can't I practise; what's going to happen?' It is a little bit of insecurity as well.

**Mr LOONE** - Doctor, I have asked this question before. I do not think you were here when I asked it previously and I would just like to hear your side of it. We are finding over and over again since we have been taking evidence that there are varying standards set by each medical faculty. Obstetrics, paediatrics or whatever, in some cases they will grant registration simply by assessment. in other areas there has to be a set examination and so it goes on. We are talking about uniformity right across the Commonwealth, but here we have a number of different medical faculties who have all got separate standards and separate ways of granting registration. Do you have any opinions as to why that is or what should be done to correct it?

**Dr ILLES** - I probably know my theories as to why that is rather than how to correct it. I think to correct it will be difficult. Why that is I believe is many faculties have a quota. For example, Tasmania has a quota for two cardiothoracic surgeons, so no more will be allowed in, and for radiology as well there is a fixed amount probably Australia-wide. So the specialities that are deemed to be adequately staffed would be very much more difficult to get recognition from than specialties where there is an active need to get into the region.

But more than that, a colleague of mine, Dr Hanusiewicz, you may have been involved with him - Andrew Hanusiewicz, an orthopod up the coast - got registration from the orthopaedic college but he had to sign an undertaking that he would not practise outside Burnie, by the other orthopaedic members. He had to do that so he would not go into competition with them. It was not a thing of any more of standards; it was a thing of limiting competition. I mean, I know there is a protectionistic element as well and -

**CHAIRMAN -** Do you think that is a good thing?

**Dr ILLES** - What I believe - I think that consultant posts should be linked to a public hospital. I think you should not be able to practise in a consultant capacity or anything unless you have a part-time appointment to a hospital. That way I think anyone can apply for the job; I think anyone with suitable qualifications could get the job, and there would be only so many jobs available, and there would not be this problem.

The protectionistic problem is that once you are in you can do whatever you like and go wherever you want to. You just perpetrate the problem in regional centres. So people would go to Melbourne, Sydney, whatever. Once they are in the club they would move there. However, if their consultant post is linked to a hospital, they would only move to another area if they competed fairly and squarely for a consultant post at another hospital. I think that would be the way to do it.

**CHAIRMAN -** Do you think we, as Legislative Councillors, should have the capacity to be able to put an act into Parliament to say, 'Doctor Illes is now fully registered', taking into account that it could

create a dangerous precedent - I just quickly perused the reference, obviously you are more than competent - where people who did not have the same competence would be getting registration.

**Dr ILLES** - I think, once again, if you link posts to hospital posts and if you are very uniform in what you do, I think it would probably be reasonable. I do not even say you should - one of the things is that if you say to me you are registered and we give you the FRACP, which is the Australian, there is always the danger of denigrating that. You do not have to do that; you do not have to give a person a diploma from the college and say, 'Well done, you're in without doing anything'. But you can recognise them as being equivalent. 'We're not going to give you the FRACP, because if you want that you write the exam'. That is fair to me; it is fair to everyone, but then recognise what I have got. If it is equivalent then recognise it as equivalent and allow the person to practise in that capacity. There is always the problem with Parliament getting involved with medicine, and that can be a prickly issue.

**CHAIRMAN -** Do you think it can be a dangerous issue as well?

**Dr ILLES** - I think so. Obviously from a selfish point of view today I would say, 'Yes, push it through'. But perhaps it can be dangerous because I have seen in other countries what involvement can do.

**Mr SQUIBB** - If I could just butt in, how can it be dangerous if the medical council has already approved your practising in this State? There are some inconsistencies there.

**Dr ILLES** - Yes. The problem is blanket rulings are always dangerous. I think if you make blanket rules they are always dangerous. You can still get by this, I think, on an individual basis - on individual assessments and individual basis. I do not know how many physicians are involved but it is probably sort of twenty or thereabouts.

**CHAIRMAN -** There are 90 overseas-trained doctors, I understand, presently practising in Tasmania.

**Dr ILLES** - That is GPs -

**CHAIRMAN -** That is GPs included, I would imagine.

**Dr ILLES** - Yes, okay. There would be probably less specialists. If you want to go that route I would think for - you can obviously legislate what goes on in the State and be involved with that. I think the way to get round that would be peer review. It is often the telephone call that says, 'Look, this guy's really not up to it and we don't want to renew his contract'. When you take up a contract I think that is the way to do it; say there will be a three-month trial period or a three-year trial period, and if it is mutually not satisfactory then we can terminate the contract, whatever.

**CHAIRMAN -** Would you believe it would be fairer for a person in the same shoes that you were when you first came to Australia to first be placed in a teaching hospital for a period of time - I do not know how long, but for a period of time. Your peers then would see whether you are competent or not and then they decide whether they are going to give you even conditional registration. Therefore you have a far better peer process in place and you are in a better position to know where you are going as well because you have that overseeing of other doctors in the first couple of months, six months or whatever it might be, prior to you starting out as a real conditional registration in a certain area. Do you think that is better?

**Dr ILLES -** I must admit I prefer that to sitting an exam. I would have absolutely no compunction to go to any cath lab in Australia; any EP lab; any angioplasty lab or any echo unit to prove my competence. I think an exam is a false situation. As we all know, you can often assess a patient and twelve hours later your assessment may change. In an exam you are meant to get it straightaway. That would be fairer.

I go to Hobart every three months to do angioplasty to keep my hand in. I have now got a liaison with Melbourne for their heart-failure clinics. I am going over for a few days just to help out and gain some more experience there, just to keep the flow and what is best for the patient.

I think peer review would be the best way to do it at the end of the day. The same thing might happen in medicine in Australia as it did to the Australian car industry with protectionism is you get inferior cars at the end of the day, and you might end up with inferior doctors. What I can tell you is there are different ways of doing things. They are all right but you definitely need the experience from overseas people to put a different slant and say, 'Now hang on, why are you doing that? Is it because your professor did it or is it because there is evidence to do it?' I think Australian medicine can only be richer by getting more experience and difference people in from different training backgrounds.

**Mr LOONE** - I think most areas have been covered but the thing that is concerning me, and it is coming out more and more this morning, are the number of specialists who are presently on temporary registration and whose periods of registration are running out. Our system is going to break down within the next twelve months. We will have no specialists left.

**Dr ILLES -** Exactly. You will not have specialists and very little teaching as well. This is the concern. In Launceston, just in my specialty, we are providing a service of 500 angiograms, we are putting in 50 pacemakers, we are doing trans-oesophagal... If I leave or am not allowed to do that then there are 500 less patients who get that service and they have to travel to wherever they want to travel to to get that.

**Mr LOONE** - When does your temporary registration expire?

**Dr ILLES -** It will be the end of the year. If that fails then do you say I can't do anything at all or do I work as a registrar or does the whole system break down? So you are right, it probably would. Dr Bosanac, who is my colleague as well, is the only interventional radiologist probably in the State. If he stops working we are going to stop doing a hell of a lot of things.

**Mr SQUIBB** - I just hope that neither myself nor my family get sick after the end of this year.

**CHAIRMAN -** Did you want to present anything further to us, Doctor, prior to leaving? I do not you to walk away and say, 'I wish I had've said this' or 'I wish I had've said that'.

**Dr ILLES -** Out of all of this I hope we can reach some sort of reassurance that we can continue working and ultimately if out of this, at the end of the day, I do not have to write an exam, that would be an absolute bargain. I really do not want to write one but if I have to, so be it.

**Mr SQUIBB** - But it is possible for you to do that by continuing to live in Launceston and work at the Launceston General. It is possible for you to study and sit the exam without moving away from Launceston?

**Dr ILLES -** Yes, I can do that but I am going to have to -

**Mr SQUIBB** - Some specialists cannot. They need to move away from Launceston.

**Dr ILLES -** The problem is for some of the things I will have to go to Melbourne.

**Mr SQUIBB** - For some of the study or some of the assessments?

**Dr ILLES -** Yes, some of the courses and certainly for the assessments. That is a day or two I would have to go to Melbourne or whatever. But what it does mean is the month before the exam -

**Mr SQUIBB** - You are out of action.

**Dr ILLES -** Perhaps not out of action but I will be running on 50 per cent cylinders just to get some studying in. It is difficult whatever you do.

Also, just as a matter of interest, these are two other references from my co-consultants.

**CHAIRMAN -** You do not mind us taking those?

**Dr ILLES -** No, you can take those and if you want some -

**CHAIRMAN -** And the one also from Professor Campbell - if you do not mind that going into evidence.

**Dr ILLES -** No. There is my registration as a cardiologist in South Africa, with the specialist things, and there is the degree. If you need it these are the things for the American exams and the Canadian.

**CHAIRMAN -** So you could immediately be classed as a specialist in the United States?

**Dr ILLES -** No, I could work as a GP in the US.

**CHAIRMAN -** In Canada?

**Dr ILLES -** In Canada I worked as a GP for two years. I would have to do the part 2 of an exam there, but essentially I can go and work there.

**CHAIRMAN -** As?

**Dr ILLES -** I could work as a specialist, once again in areas. I could work as a GP.

**Mr LOONE** - If your temporary registration is not renewed as a cardiologist, is there any other medicine you can practise in Australia or are you exempt? Does it mean that you cannot practise?

**Dr ILLES -** I could come in as a registrar possibly. As a GP, I have not gone through the GP assessment channel but it is the same sort of thing. You have to go through a whole lot, so I have not even contemplated doing that yet.

**Mr LOONE** - But as a registrar you would only have temporary registration and you would be restricted for a long time.

**Dr ILLES -** Yes.

**Mr SQUIBB** - If there was another area of need in Australia, because you have already done a period of conditional registration, are you prevented from applying for and being appointed to a position in another area of need?

**Dr ILLES -** I think the current information I received from the college is that I would not be able to work in another area of need.

**Mr SQUIBB** - So you cannot work again in this country?

**Dr ILLES -** No. Most things I have discovered are sort of stroke of a pen and many things can be overrriden, but as things stand on paper that is as I understand it.

**Mr SQUIBB** - You are being very positive by saying 'most' and 'many'. I would have said 'some' and 'few'.

**Dr ILLES -** If I am not granted registration then I am going back to England and that is all there is to it because then I cannot practise my profession. I have done eight years of post-graduate medicine in just qualifying to be a cardiologist.

**CHAIRMAN -** And you go back to England as a cardiologist, do you not?

**Dr ILLES -** Yes, I would go back as a cardiologist.

**Mr LOONE** - This is the part that I cannot come to grips with, that someone like yourself is here and has all the qualifications and obviously has the skills required to fulfil positions of need here in our State and yet the regulations and the way they are in place we are going to be left and people's lives are going to be put at risk because of some stupid out-of-date attitude of registration. You try to tell that to people who are out there who are in need and need specialist treatment that you cannot be registered because of some particular decision of a medical faculty. It is pretty hard for them to digest.

**Dr ILLES -** That is the tragedy of the whole system. From my point of view and my family's point of view we really like living here because we think it is a fantastic place. The other spin-off, obviously if you talk economics, is all of the doctors generate a little secondary industry by hiring secretaries and technical staff and whatever, plus we all buy cars and homes and it all rubs off a little bit in terms of wellbeing. I like living here but if it is going to be made so difficult for me that I cannot live here then I am not going to. I will go to a place where my qualifications are recognised and I can practise without the hassle. I do not want to do that because I have made a major move from the UK, so hopefully I can stay.

**CHAIRMAN -** Thank you for your time and your presentation. It has been most helpful and we wish you all the best and hope to see you here next year and the year after and the year after that.

**Dr ILLES -** I hope so.

**THE WITNESS WITHDREW**.