

Leave of Absence

Wednesday, September 12, 2007

HOUSE OF REPRESENTATIVES

Wednesday, September 12, 2007

The House met at 1.30 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communication from the hon. Lawrence Achong, Member of Parliament for Point Fortin requesting leave of absence for the period September 12 to 25, 2007. The leave which the hon. Member seeks is granted.

PAPERS LAID

1. Annual audited financial statements of the Estate Management and Business Development Company Limited for the year ended September 30, 2006. [*The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley)*]
 2. Annual audited financial statements of National Helicopter Services Limited for the financial year ended September 30, 2006. [*Hon. K. Valley*]
- Papers 1 and 2 to be referred to the Public Accounts Committee.*
3. Report of the Tunapuna/Piarco Regional Corporation for the period October 01, 2005 to September 30, 2006. [*Hon. K. Valley*]

STANDING ORDERS COMMITTEE REPORT

(Presentation)

The Minister of Planning and Development (Hon. Camille Robinson-Regis): Mr. Speaker, in presenting this report, may I say that this committee was chaired by your good self and included the following Members: The Member for Arouca South, the Member for Laventille East/Morvant, the Member for La Brea, the Member for Nariva, the Member for Naparima and the Member for Pointe-a-Pierre.

Mr. Speaker, I would like to take this opportunity with your leave, to briefly request that all Members take some time to study the proposed new Standing Orders which are appended to this report which is approximately 112 pages and it is an examination of the Standing Orders.

Standing Orders Committee Report
[HON. C. ROBINSON-REGIS]

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This committee—as I said before—which you chaired, wishes that this House at a convenient time which need not be lengthy, either adopt this report or save the work of this committee through whatever procedure that may exist.

Mr. Speaker, I commend this report to the House and I do request that an examination be made so it can either be adopted, or the work of the committee be saved for the next Parliament.

Thank you very much, Mr. Speaker.

**INCORPORATED TRUSTEES OF THE PRESBYTERIAN
CHURCH OF TRINIDAD AND TOBAGO
Special Select Committee Report
(Presentation)**

The Minister of State in the Ministry of Trade and Industry (Hon. Diane Seukeran): Mr. Speaker, I wish to present the Report of the Special Select Committee of the House of Representatives on a Bill to repeal and replace the Presbyterian Church Incorporation Ordinance, 1893 and provide for the incorporation of certain persons as Trustees of the Presbyterian Church of Trinidad and Tobago.

Mr. Speaker, I seek your leave to request the adoption of this report in accordance with Standing Order No. 57(1) at a later stage in the proceedings.

Question put and agreed to.

ORAL ANSWERS TO QUESTIONS

Dr. Hamza Rafeeq (Caroni Central): Mr. Speaker, on the last occasion, on Monday September 10, when these questions were deferred, how long were they deferred for? I do not recall.

Mr. Speaker: I do not think a date was given but I have instructed the Clerk that they will come up on the next occasion.

**DEFINITE URGENT MATTER
(LEAVE)**

**Mayo RC Primary School
(Hazardous and Insanitary Conditions of)**

Dr. Adesh Nanan (Tabaquite): Mr. Speaker, in accordance with Standing Order No. 12 of the House of Representatives, I hereby seek your leave to move the Adjournment of the House for the purpose of discussing the following matter

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as a definite matter of urgent public importance namely: The failure of the Ministry of Education to address the hazardous and insanitary conditions existing at the Mayo RC Primary School.

The matter is definite because based on reports, the students returned on Monday, September 10, 2007 to the Mayo RC School to find a flooded washroom filled with filth, toilets that could not flush, lights that were not working, doors were missing, the yard unpaved, barbed wire protruding from the drain and a stench pervading the area.

The matter is urgent since the students have to attend classes risking life and limb with the threat of disease looming.

The matter is of public importance because the students are attending the said school in an unhealthy and dangerous environment and are being denied their constitutional right to an educational opportunity.

Mr. Speaker: Hon. Members, this obviously does not qualify under this Standing Order and may I appeal to you, we are coming to the end of this Parliament, but in future it is worthwhile presenting motions under the Standing Order which you honestly believe will qualify.

BAIL (AMDT.) (NO. 3) BILL

[Second Day]

Order read for resuming adjourned debate on question [September 10, 2007]:

That the Bill be now read a second time.

Question again proposed.

Mr. Speaker: May I just refresh Members that the debate on the following Bill which was in progress when the House was adjourned on Monday, September 10, 2007 will be resumed.

When last we met, the hon. Minister had started his reply; he has 42 minutes of original time remaining.

Hon. F. Hinds: Mr. Speaker, you may recall on the last occasion we met, we had the opportunity to hear 10 Members from the other side make contributions to these important measures.

Mr. Speaker, I think it is to be noted that the Member for Siparia, the Leader of the Opposition never, as I was saying on the last occasion, gave a clear indication as to where the front bench opposition stood on this matter; they

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remained reticent on that, but from the tone of their contribution, it is quite clear that in their usual way they apparently were not willing to support these measures and further, or by extension, to grant some kind of relief where necessary to the people of Trinidad and Tobago.

Mr. Speaker, the Member for Siparia pointed out to us that the Ministry of National Security expended \$16.7 billion over the last five years in its efforts at national security. What the Member did not point out, was that a substantial amount of that money is spent on salaries and emoluments. I am told it is over 50 per cent from those who ought to know. This raises a question that comes up from time to time in this House, that of productivity. I think that is one of the key issues we need to look at in this country in terms of what value do the citizens get for money expended, particularly in the area of salaries and emoluments. This is a serious matter to be addressed.

Mr. Speaker, some of that obviously would have been spent on the other items of infrastructure, plant, buildings, vehicles and all the technologies that are modern, national security or armed forces if we are to make any meaningful attempts at crime.

Earlier today I copied from the *Metro* newspaper out of London, an article dated Tuesday, September 11, 2007 and I am demonstrating that in a developed country like the United Kingdom, they are having some serious issues with crime as well, in fact, all societies of the world. I know the minute you quote or highlight any example outside Trinidad and Tobago, the typical and ordinary response from those on the other side would be: "Doh tell meh 'bout outside, this is Trinidad." As if to disregard that we live in a global world, that organized crime is a global phenomenon, as if to disregard the fact that many of the problems we have in Trinidad and Tobago are indeed drug related and we do not grow the coca plant or manufacture that drug here, as if to disregard that many of the guns that are available to criminals actually come from outside, because I know of no gun manufacturing in Trinidad and Tobago. So it is that kind of simplistic rejection of international occurrences, yet they will tell us that they would like to see this as is happening in Canada, or that as is happening in Hong Kong, or the United Kingdom when it is convenient to them.

The article is headlined: "Rising fear of guns on the streets". This is a report out of London. Without going into detail, the article really is saying that Britain's gun culture has become endemic. That really surprises me because I studied in that country and I lived there for seven years and it was rather uncommon to see a British police officer with a firearm, and that was 12 years ago. Today, the

situation has changed, and Britain is now in the grip of a gun endemic according to this and this is the reality in all the inner cities and counties; they are having this problem.

May I remind Members that I pointed out to them in the budget debate of last year that in London alone they dealt with over 365 kidnappings in 2005, more than one a day in the city of London. And I say so not to abdicate nor attempt to abdicate our responsibility in managing the crime situation in Trinidad and Tobago, but only to remind my friends that developing as we are, facing the challenges of a small island developing State with the proud and positive Vision 2020 ahead of us, wanting to achieve developed country status, the reality is all countries of the world including developed countries are faced with these challenges.

The Member for Siparia also raised the question of prison and overcrowding. This is a matter for which I have direct responsibility and we had occasion in the past to point out that we have the Maximum Security Prison which has a capacity of 2,500 persons. It can accommodate staff and inmates and it was built in 1988. There were some difficulties like malfunctioning sewer system which we had to revamp and now the facility can accommodate its optimum capacity, but the overcrowding problem does not exist there; it is in the remand section of the prison.

As the police improve their technique, as they pursue criminals more relentlessly as they have been doing given their new and added resources, new training and improved techniques, they are arresting more and more people for various offences but the prison commissioner has no control over the numbers that would turn up on a Monday after those who were arrested on a weekend appeared in court and the court remanded them in custody. It is here we have the overcrowding problem and I can assure the Member that action has been taken and continues to be taken to improve the plant and double its capacity. We are in the process of doing that now to ease the critical overburdened problem we now have.

When you talk about arresting, the Member for Tabaquite, he has made a generalized comment saying that detection rates are low, a very generalized and incorrect conclusion. I had to point out to the Member in an earlier debate that there are some offences for which detection is very high, for example, fraud offences. The nature of a fraud offence is such that it lends itself quite easily to detection or a high solve rate because in most cases, two individuals would have had a transaction, or a company and an individual, they would have known each

other, there would have been a course of business dealings, a bad cheque or some skullduggery, if I may use a colloquialism.

Therefore, when the matter gets to the point where the police must intervene, the victim could quite easily point out to the police that it was “Mr. X” or “Mr. Y” who stole my money or who ripped me off. And, therefore, you will find in fraud offences the detection rate is as high as 85 and 86 per cent, not 100 per cent because in some cases, of course, the offender would have absconded and scuttled off into some other country and disappeared.

In the case of narcotic offences, the offence is largely possession, whether it is possession simpliciter or possession for the purpose of trafficking. If the police found a mountain of drugs anywhere but found no one to directly or indirectly associate with it then it would be a drug seizure, a drug haul, a drug find, but not an offence because there would be no one to link to it and charge for the offence. Therefore you will observe that in terms of narcotic offences, the detection rate is 100 per cent.

Mr. Speaker, when I had opened this debate we spoke about the very unfortunate experience of that prominent businessman who was kidnapped and made bold his escape. The kidnappers wore masks as they committed the offence and, therefore, the question of identification,—a very significant body of law has developed over the question of identification—and the police are aware of what the law is by their experience, and there are many lawyers in the police service. They know what the judge’s rules are as they relate to identification evidence.

Mr. Speaker, so when they are investigating an offence including the one to which I just made reference, they will be taking into account what the law expects of the police service; the very high standard that the law expects in terms of identification evidence to prove the case against the assailants beyond reasonable doubt. It is in this kind of situation that when people mask up, or people's identification is challenging that you would have, in robbery or murder offences, some difficulty in this regard, and it is in recognition of this and the fact that the criminals have gone to the point where they are now killing witnesses, we have put in place the DNA legislation which was passed recently.

Mr. Speaker, there is much more that could be easily said about this, but I think the main issues have already been very well ventilated. We have come here to extend an amendment to the Bail Act, 1994 which we have done on several occasions. I made the entire position clear to Members of this House in my

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opening and with those few words, I commend these measures again to our friends on the other side.

I beg to move.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole House.

House in committee.

Clauses 1 to 7 ordered to stand part of the Bill.

Preamble ordered to stand part of the Bill.

Question put and agreed to, That the Bill be reported to the House.

House resumed.

Bill reported, without amendment.

Question put, That the Bill be now read the third time.

The House divided: Ayes 23 Noes 5

AYES

Valley, Hon. K.

Manning, Hon. P.

Rowley, Dr. The Hon. K.

Imbert, Hon. C.

Robinson-Regis, Hon. C.

Narine, Hon. J.

Boynes, Hon. R.

Beckles, Hon. P.

Rahael, Hon. J.

Roberts, Hon. A.

Bereaux, H.

James, Hon. E.

Hart, Hon. E.

Callender, Hon. S.

Seukeran, Hon. D.

Hinds, Hon. F.

Khan, F.

Williams, E.

Singh, G.

Dookeran, W.

Yetming, G.

Ramsaran, M.

Lucky, Miss G.

NOES

Rafeeq, Dr. H.

Moonilal, Dr. R.

Sharma, C.

Partap, H.

Nanan, Dr. A.

Question agreed to.

Bill accordingly read the third time and passed.

MEDICAL BOARD (AMDT.) BILL

Order for second reading read.

The Minister of Health (Hon. John Rahael): Thank you very much. Mr. Speaker, I beg to move,

That a Bill to amend the Medical Board Act, Chap. 29:50, be now read a second time.

Mr. Speaker, I am pleased to present to this honourable House the Medical Board (Amdt.) Bill, 2007. This Bill seeks to amend the Medical Board Act, Chap. 29:50 *inter alia* to change the composition of the Medical Council of Trinidad and Tobago and expand the responsibility for the said council to include the

establishment and maintenance of a specialist register and the creation of standards for continuous medical education for medical practitioners.

Mr. Speaker, it is important that we put in place a register of specialists within the council of the Medical Board, and I will elaborate on that, and also the creation of standards for continuous medical education for medical practitioners.

Mr. Speaker, clause 3 of the Bill seeks to define the term “specialist”. As such, a specialist would now mean a person who has undertaken specialist training and has been awarded specialist qualifications recognized by the Medical Board and that is of those with qualifications which when considered, are found to satisfy the Medical Board’s requirement for the specialty in question.

Mr. Speaker, it is material to note that presently there is no specialty register, as such, there is no evidence available to inform the public as to whether a medical practitioner holding himself out as a specialist is in fact one in the particular field of medicine which he practices. As such, clause 6 is seeking to introduce a new section 10A which mandates the council to keep a book or register to be known as a Medical Specialist Register which shall contain the name and address of the specialist, the area of expertise, the training, experience and qualification in the area of specialization and the date of registration in the Register of Medical Practitioners.

2.00 p.m.

Further, there is no provision in the Act prohibiting someone who is not qualified as a specialist from holding himself out and also practicing as one. That is what exists today. This Bill seeks to remedy this, as clause 10, new subsection (3) provides that:

“Any person whose name is not entered on the Medical Specialist Register and who—

- (a) practises as a specialist;
- (b) takes or uses any name, title, addition or description implying or calculated to lead persons to believe that he or she is so registered; or
- (c) advertises or holds himself out as a person authorized or qualified to practise as a specialist,

is liable on summary conviction to a fine of ten thousand dollars and to imprisonment of two years.”

As it exists today, there are no proper records by the Council of the Medical Board to register a doctor who is a specialist in any particular field. So if today we

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ask the Council of the Medical Board, which is the only medical board in existence to register doctors, how many specialist doctors there are in any particular field, whether it is nephrology, cardiology, neurology, or any of those areas, they are not in a position to tell us the numbers that are registered in Trinidad and Tobago. So the amendment is going to ensure that when persons are registered, if they are specialists in any particular area, they will be registered under that specialty.

Clause 4 seeks to amend section 6 of the Act:

“(a) by deleting subsection (1) and substituting the following subsection:

‘(1) There shall be a Council of the Board which shall be appointed by the Minister and shall consist of—

(a) the Chief Medical Officer;...”

And the Chief Medical Officer, I wish to remind hon. Members, is, in fact, appointed by the Public Service Commission. I continue:

“(b) two medical practitioners;

(c) four medical practitioners elected by the Board;

(d) one person nominated by the Inter-Religious Organization;

(e) an attorney-at-law with at least five years experience;

(f) one person nominated by a non-governmental organization;
and

(g) a medical practitioner nominated by the University of the West Indies.”

In consultation with the Council of the Medical Board at a meeting held at the Ministry of Health, it was agreed that instead of one person nominated by a non-governmental organization, they appoint someone from the Institute of Accounting, because they claim they do not have anyone with accounting experience in the council and while doctors are very good at making money, they are not good at accounting for it. We agreed, therefore, that there will be a Chief Medical Officer, two medical practitioners appointed by the Minister of Health, four medical practitioners elected by the board—that is elected by their peers—one person nominated by the Inter-Religious Organization, an attorney-at-law with at least five years experience and one person nominated by the Institute of Accountants and a medical practitioner nominated by the University of the West Indies.

Clause 5 provides that the chairman, the deputy chairman and the secretary/treasurer shall be elected from among members of the council. The present provision provides that the council shall comprise seven members. That is how it is constituted now and it is material to note that at present all medical practitioners who hold full registration under the Act are automatically deemed to be members of the council. As such, only medical practitioners who hold full registration are eligible to be elected to the council.

We are of the view that the time is right for the council to be reconfigured to include members other than medical practitioners. This is in keeping with international trends. As we are all aware, the Medical Council is a regulatory organization which has the power to disbar medical practitioners because of unprofessional conduct. I want to emphasize this because there is a misconception that the Ministry holds such authority. The Ministry of Health does not hold the authority to disbar any medical professional or even to even discipline a medical professional by any form of suspension. That can only be done by the Council of the Medical Board.

The council also establishes standards for the practice of medicine, regulates the profession by assessing the suitability of persons being licensed as doctors and approves the institutions from which the doctors are accepted. One objective of this expansion is to increase the presence of civil society on the council in an attempt to get the views of the wider public factored into the decision of the council. We believe that modern medical regulation must put patient safety first; be objective, fair and transparent so as to command the confidence and support of those receiving and providing health care. As such, the proposal to change the composition of the council is to ensure a balanced membership reflective of those who receive and those who provide health care. The new council, as I have indicated, will include the Chief Medical Officer in the Ministry of Health and a representative of the University of West Indies. This mix will ensure that vital decisions taken by the State, as the largest employer of medical practitioners, will be conveyed and factored into the decisions and discussions of the council.

Dr. Rafeeq: I thank the hon. Minister for giving way. I just wanted to find out—the board will be appointed by the Minister and you have representatives from different organizations; whether having got a nominee from, let us say, the Law Association or the Institute of Chartered Accountants, and so on—the Minister has the power to veto that nominee, or you just have to accept it.

Hon. J. Rahael: Thank you, Member for Caroni East, and that is a very important question because in the other place that was also raised and it was made

abundantly clear that those persons nominated by the various organizations—the University of the West Indies; the Inter-Religious Organization; the Law Association and the accountant from the Institute of Chartered Accountants—will be nominated and the Minister shall appoint. It was made abundantly clear. In fact, the Minister could not have refused or rejected the nominee. The Minister is responsible for appointing the board and the composition of the board will now be made up of the Chief Medical Officer, appointed to that position by the Public Service Commission; two doctors nominated and appointed by the Minister; a medical practitioner from the University of the West Indies; four medical professionals from their peers that they will elect to sit on the board, and the other three laypersons being an attorney-at-law, someone representing the Inter-Religious Organization and someone representing the Institute of Chartered Accountants and whoever they nominate, the Minister shall appoint.

Dr. Rafeeq: There has been some confusion and I think this occurs among a lot of lay people and I hope that in your presentation you would not make that error and that is, we are talking about the council here and not the board, because sometimes you are using it interchangeably and it can cause some confusion. It is the council we are talking about and not the board.

Hon. J. Rahael: Yes, this is the council of the Medical Board. This council is really the executive.

So the new council, as I indicated, will include those persons who will be nominated by the various organizations and appointed by the Minister. With this new mix, the interest of the public, the Ministry of Health, the Regional Health Authorities and the medical school, which is the University of the West Indies Medical Faculty, will now be sufficiently articulated in the meetings of the council. It is our view that this expansion will, in the long term, benefit both patients and medical students. It will also lead to greater transparency and objectivity as well as defeat narrow self-interest.

In 2003, the United Kingdom amended its Medical Board Act by downsizing its council and also by including a greater number of laypersons. Since last year, discussions have been going on in the United Kingdom to move lay representation up to 50 per cent. This recommendation was made by the General Medical Council to the Secretary for Health, indicating that it is no longer desirable to have an inbuilt medical majority on the council. Our aim is not to represent any interest group, but rather we desire a governing body that acts in the public interest and contributes to the safety and quality of health care. So what we are doing is ensuring that there is no group within the membership of the Council of

the Medical Board that has an absolute majority, and the council would still be comprised of more medical professionals, meaning doctors, than any other profession, because, as you know, it is the Council of the Medical Board.

It is also material to know that the Medical Council of New Zealand also consists of six medical practitioners, one academic staff of the faculty of medicine and three laypersons. Even the dental board of South Africa which regulates both medical practitioners and dentists, consists of not only medical practitioners and dentists but also includes eight community representatives, two of whom must be attorneys-of-law; a bio-medical engineer, a clinical biochemist, a health assistant, a medical biological scientist and a supplementary medical scientist.

So that the trend in the world today is to ensure that no one group dominates the Council of the Medical Board. And closer to home, in 2004, the Jamaican Parliament amended its Medical Board Act by changing the composition of the council to include members from the fields of law and accounting as well as adding a consumer rights advocate. In Barbados as well, the council consists of the Chief Medical Officer, four medical practitioners appointed by the Minister, four medical practitioners appointed by the Minister on the nomination of an Association of Medical Practitioners approved by the Minister and one medical practitioner appointed by the Minister on the nomination of the Dean of the Faculty of Medicine, University of the West Indies. So throughout—even in Guyana—the Caricom and other countries in the world, we are seeing this move taking place.

Clause 9 of the Bill seeks to amend section 20 of the Act:

“...by inserting after paragraph (i), the following paragraphs:

- ‘(j) for establishing standards for a continuous education and training of medical practitioners; and
- (k) for determining whether a person is a specialist for the purposes of this Act.’”

Again, you see the importance of continuous education. Because what is happening in the health sector, there is so much new technology coming in and new illnesses that are also rearing their heads, that doctors need to continuously upgrade themselves with respect to what is happening in the field of medicine. Therefore, what would be required is continuous education and training in order to be registered. So regulations will come that will lay out exactly what is required with respect to the continuous education of our medical professionals.

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Also knowledge and techniques in the health field are rapidly expanding and one way for health professionals to keep current on the latest advances in medicine is through continued education.

Continuing medical education is, in fact, now mandatory in many countries. A survey conducted in 18 European countries revealed that 17 countries thought that continuing medical education was necessary. Continuing medical education consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance of a doctor. Beyond medical school training, each doctor needs to keep himself current with changes in medicine, generally, and in areas relevant to his own practice, in particular. So again, the importance of doctors keeping up to date with what is taking place in the field of medicine and, therefore, training is required in order to keep themselves up to date with the new technology, as I said, and the new type of medication that is available and also research.

The patients and society at large, also want to be assured that the doctors they consult are practicing up-to-date medicine and offering them good quality care. So the purpose behind all that we are doing is to provide good quality care for the citizens of Trinidad and Tobago. We are of the view that continuing professional education must be learner-centred and accomplished in a climate wherein the professional begins to realize the value of continuing education and engages in this type of professional development voluntarily. The programme must also originate from within the profession. As such, wide consultation will be held with the medical practitioners before regulations addressing the continuing education are finalized. So we will come back to this House with regulations after consultation in the widest sense with the Council of the Medical Board and other professionals.

What we are doing here is just part of what will be required in order to really provide the Medical Board Act with the kind of teeth that are required in order for the council to do its work. The Ministry of Health has indicated that a team is going to be put together so that members of the Ministry, again a new council, will sit together with whomever else they wish to co-opt, and go through all the other areas that need to be amended with respect to the Act as it stands right now. That has been an understanding between the existing Council of the Medical Board and the Ministry of Health. That is a commitment that the Ministry has made and I am hopeful that will happen within six months so that Parliament will once more be asked to do further amendments.

With those few words, I beg to move. [*Desk thumping*]

Question proposed.

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, I listened very carefully and very attentively to the deliberations of the Minister of Health because I wanted to find out what exactly were the reasons for proposing these amendments today and bringing these amendments to this Bill. I wanted to find out, more particularly, what were his reasons for wanting to change the composition of the council and what were his reasons for wanting to amend the manner in which the council is appointed. But it is clear that the Minister—in this Bill—has lost all interest in the Parliament; he is not interested in what is going on here; he has lost all interest in his Ministry. This might be understandable, but this is very unfortunate, because the nation's business is being affected by what is happening in his own party.

The Minister dealt with, in a sense, a couple aspects of the Bill, but these are the most important aspects of the Bill: the composition of the Medical Council and how the Medical Council is to be appointed. We know that recently the Minister has been dealt a fatal and critical blow from which he is yet to recover, because we know that having appointed his campaign manager and having put his team in place, and so on, he was summoned to a meeting with the Prime Minister, and then he came outside in tears and he gave a press interview saying that he is no longer—

Mr. Rahael: On a point of order. He is misleading the House, Mr. Speaker.

Mr. Speaker: I do not know if he is misleading the House as much as he is being irrelevant. Could you please get back to the Bill.

Dr. H. Rafeeq: I am saying the relevance of this is that the nation's business is suffering because the Minister is not performing his functions properly. He has not given the reasons he has brought these amendments today. These are very important and far-reaching amendments and the Minister has not addressed the reasons for these amendments. I thought that, at least, the Minister would have told us the reason for having to change the composition of the board and the reasons for having to change them in the manner in which he is changing them.

The Bill before us, as I said, deals with several issues. There are four issues that this Bill deals with and I will deal with the four of them individually. But I am also saying that the Minister was shedding tears saying that he was not going back up for election, but not everyone was shedding tears. In the *Newsday* of Wednesday, September 05, 2007, the Prime Minister's sister stated:

““Oh happy day” was the jubilant response last night of Dr. Petronella Manning-Alleyne to the news that Health Minister John Rahael has decided not to stay in politics.

She was unaware of the news until Newsday notified her... ‘You have just made my day. I’d like to think I had something to do with that’....

Manning-Alleyne said Rahael had ‘his own PR programme and has done nothing for the system of health care. Health is like a centipede. He only looked after the legs but the body was not addressed.’

She said the Minister was only concerned with how he appeared in the media. Manning-Alleyne expressed the view that no senior person in health approved of Rahael.”

They are accustomed to labelling doctors when they speak against the Government, as UNC doctors. This is not a UNC doctor; this is the sister of the Prime Minister, Dr. Petronella Manning-Alleyne.

As I said, the Minister did not give reasons for bringing this amendment here and I will deal with that a little later. Since this Government came into office in 2002, they have adopted a very hostile, antagonistic and confrontational approach towards the doctors. It started with the previous Minister, the now Minister of Works and Transport, the Member of Parliament for Diego Martin East, and that has continued unabated under the present Minister.

We know that while the Government must implement its programmes and policies, and so on, it has failed to recognize one very important factor and that is, just as in the education sector you cannot have an effective education sector without teachers, you cannot provide health services unless you have the cooperation and commitment of the doctors. As I said, the way this Government has antagonized the doctors and frustrated them, it is difficult to have that kind of relationship with the doctors in Trinidad and Tobago.

If the doctors—no matter how much cooperation you have from the other health professionals—the nurses, physiotherapists, pharmacists, and so on—if you do not have the cooperation and the support of the doctors, your health service is going to collapse. It is as simple as that. How does this Government go about getting the cooperation of the doctors? From the very beginning, as soon as they came into office, the approach has been: beat them into submission. That is what they have been doing over the last five or six years.

Mr. Rahael: That is not true.

Dr. H. Rafeeq: If that is not true, just permit me to read from yesterday's *Guardian*, Tuesday, September 11, 2007. This is an article written by a prominent paediatrician, Dr. David Bratt. He says:

“The decision of the present Minister of Health...not to offer himself for re-election in his constituency, offers hope for a speedy resolution to the impasse between the ministry and the doctors in the public sector.”

This is what Dr. Bratt is saying:

“Regardless of John Rahael's strengths or weaknesses as Minister of Health, there is little doubt that under his administration, relations deteriorated to a point where aggression and lack of trust had replaced the normally benign symbiosis between the minister and the people who actually make his ministry function.

Doctors are the driving force in the Ministry of Health and a Minister of Health simply cannot afford to be constantly antagonising them as Mr. Rahael repeatedly did in the last two years.”

Mr. Speaker, this is Dr. David Bratt, a prominent paediatrician, a member of the medical profession. I am saying the Government has adopted a highly and dangerously confrontational approach in dealing with the doctors. It started with the Member of Parliament for Diego Martin East when he was Minister and it has continued, as I said, under this present Minister.

You would recall that in 2003 there was an amendment that was brought by the Minister of Health then, the Member of Parliament for Diego Martin East, in which he attempted to establish a parallel medical board, and incidentally, I think that board has come to an end; it has now lapsed and I want the Minister, at some point in time, to tell us what has happened to the doctors who have been registered by the parallel medical board and what will happen to those doctors who want to get recognition as specialists, seeing they are not registered by the regular medical board.

Mr. Rahael: Now they will be.

Dr. H. Rafeeq: That was the first attempt to deal with doctors and to beat them into submission, that is, if you cannot register doctors that the Government wanted registered, whether they were qualified or not, the Government set up a parallel medical board to deal with them.

Secondly, as I said, you know they have been belittling the doctors, and so on, referring to them as UNC doctors—

Mr. Rahael: Where you saw that?

Dr. Moonilal: Keep quiet, “nah man.”

Dr. H. Rafeeq: This Bill before us is a point in question. As I said, this Bill contains four important issues. The first issue deals with the specialist register. We, on this side, have no problem with that; the Medical Association has no problem with that; the body of doctors in Trinidad and Tobago has no problem with that; the population has no problem with that. However, the profession has moved far beyond specialists at this point in time. The profession has gone into sub-specialties. There are lots of sub-specialties in medicine now, and for the same reasons that you would want to register specialists and you would want the population to be aware of who is a specialist in any particular area, for the same reasons you would want them to be aware of who is a sub-specialist or who specializes in a particular area, rather than having a general specialty like a general surgeon or a physician, an internist, and so on. So that needs to be looked at; that is, that not only should a register be established to deal with specialists but a register should also be established to deal with sub-specialties, because I am saying that medicine has moved far beyond specialties ; it is now going into the narrow areas of sub-specialties.

2.30 p.m.

The other question of continuing medical education is dealt with in this Bill as well. We have no difficulty with that. As the Minister said and rightly so, medicine has changed and is continuing to change. Doctors’ knowledge needs to be upgraded on a regular basis. As the Minister said, technology is changing; new diseases are surfacing and new modalities of treatment are coming on stream. I hope that whoever is the Minister of Health in the UNC Alliance government will move with alacrity to put this in place so we can have this implemented.

Mr. Valley: They will put you in agriculture.

Dr. H. Rafeeq: I recognize that you are saying, hon. Minister, ambassador, Mr. Speaker or whatever your new designation will be with your top hat and coat tails.

The other issue is the composition of the board and putting laypersons on the council. I say to the Government and the national community that we have no difficulty with that. As a matter of fact, doctors have been recommending for a

long time that laypersons should be put on the Medical Board. If you have three laypersons, from the Inter-Religious Organization; the Law Association and so on, we have no difficulty with that. The Medical Association has asked not so much for someone from the Institute of Chartered Accountants, but someone either from the trade union movement or the Employers Consultative Association (ECA) because they are major stakeholders. We have no difficulty with that.

We have no difficulty with the three issues: the specialist register; continuing medical education and putting laypersons on the Medical Board.

What is the problem? The problem is the composition of the board. As the Minister mentioned, in the past the council of the Medical Board consisted of seven persons who were elected every three years by the Medical Board. This means that the council was elected by the general membership of the medical profession. Each doctor who has permanent registration as a doctor in Trinidad and Tobago is a member of the Medical Board. All the doctors elect the president, the vice president and secretary/treasurer. It used to be like that before this amendment.

In this amendment the Minister is now proposing that the doctors come together and elect four persons who will form part of the council. The rest of the council will be appointed by four different organizations and the Minister. You have a council of 11 members four of whom will be elected by the general membership of the medical profession. Four doctors will be elected by the general membership of the medical profession to sit on that council.

In the nursing profession, the Council of Nursing consists of 22 members and 13 are elected by the nurses and midwives and the rest are stipulated by different associations from among the doctors.

In the profession of pharmacy the council consists of 10 persons. The pharmacists elect eight persons and two others are appointed otherwise.

The dentists are in the majority and they elect the dentists to serve on the board. The professions allied to medicine like the radiographers and the dieticians get together and elect members from their membership to serve on the council of their profession. In those professions they can be trusted to elect their board, president, secretary, treasurer and officers of their associations. As far as the medical profession is concerned you do not trust them to elect their council and officers from among them. Something has to be seriously wrong here.

Mr. Breaux: When you are finished with your point, may I ask you a question? Hon. Member, over the years both in my profession as a lawyer and a

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politician, Member of Parliament, I have always encountered the problem of medical people, doctors dealing with doctors. There is always the perception in the community or in the public that you could get killed or mistreated in the hospital and nobody will say anything. Do you not think, hon. Member, that this is a step in the right direction and rather than increasing the number of doctors to the point as in dentistry and others, we should change the law and bring it in every case where although they are present, the public interest will be better served. In each case you should have more persons than just the doctors.

Dr. H. Rafeeq: That is the problem.

Hon. Rahael: This is to inform the honourable House. You have eight doctors on the council of the Medical Board; four appointed among their peers; one is the Chief Medical Officer of Trinidad and Tobago from the Public Service Commission; one nominated by the University of the West Indies, Medical Faculty and two appointed by the Minister. If four are from one body and they may wish to have a proposal put forward, can they not get two of the seven to agree with them? There will be eight doctors and they will be professional people.

Dr. H. Rafeeq: Mr. Speaker, there is a fundamental misunderstanding as to the role and function of the Medical Council. There is a divergence of views from what the Member for La Brea is saying and what the Minister is saying. The Member for La Brea said that we should have more lay people and the Minister is saying that we have plenty doctors. The point is that the Member for La Brea said that he has interacted with people who said that doctors can get complaints and ill-treat patients. How will the amendment that we are dealing with solve this problem? You have to explain that to me and the Minister of Health did not do that.

Mr. Bereaux: I am asking you.

Dr. H. Rafeeq: Changing the composition of the board in this way certainly does not help.

The council of the Medical Board is the body that governs the practice of the profession in Trinidad and Tobago. They have two functions. The first is to register doctors to practise in Trinidad and Tobago and they are guided by certain rules and regulations. The second function they perform is that of disciplining doctors who are errant. If a doctor comes late to work for example, he is working in an institution; he is supposed to be there at 8 o'clock and comes at 10 o'clock, the Medical Council does not deal with that.

That is a management problem. The managers in the Regional Health Authority will deal with that. If a doctor spends more time in private practice than he is supposed to spend at the hospital, that is not a problem for the Medical Council to deal with. That is a management problem that the Regional Health Authority, the employer, must deal with. If a doctor is negligent and ill-treated a patient in any way, the Medical Council has a responsibility and a role. The Medical Council can discipline that doctor by reprimanding him or her; suspending his or her licence or revoking the licence.

Dr. Rowley: Is that happening now?

Dr. H. Rafeeq: Yes, that is happening.

The Medical Council cannot award damages for negligence because it is not within the purview of the Medical Council. That has to go to the court and the court will determine whether there has been negligence and if any award has to be made. There is a fundamental misunderstanding as to the role and function of the Medical Council.

In dealing with disciplinary issues the Medical Council are a quasi judicial body. They derive their powers from the law; they do not have any additional powers except that given to them by law. Even though they are given the power to discipline doctors they do not have the power to subpoena witnesses to come to hearing. Even though someone may write a complaint, that would be the end of it. The Medical Board Act needs comprehensive amendment to deal with all these issues and not in the piecemeal fashion it is being done. This will solve nothing. This will not improve the quality of health care in Trinidad and Tobago by one iota. We are wasting time here.

The registration function is easy and part of that was taken from them for some time. They do not have the power to subpoena witnesses and they will not come to give evidence. If the witnesses do not come and they do not have the power to subpoena them, how will you make a conclusion or effect any kind of disciplinary action against the doctors? Tell me how will this help? If you have a Medical Council of 11 laypersons, how will this help that process if you do not give them the additional powers that they require to carry out their functions properly?

I can only say that at this late stage it does not make sense proposing that this Bill go before a joint select committee; that would be wasting time as well because Parliament is coming to an end. I would have proposed that this Bill go to a joint select committee and deal with it there. In the absence of that, I am saying

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to withdraw this Bill because it is wasting time. It will serve no purpose and it will do nothing to improve the quality of health care of the citizens of this country.

I will read what Dr. Bratt said and he has put it very nicely. This is in *The Trinidad Guardian* dated September 11, 2007. It states:

“Then as a matter of trust...within six months of being elected, complete the review of the Medical Board Act with all stakeholders, addressing all the points raised by the present and past medical councils, ie a larger council, led by the profession; composition to reflect the varying views of...specialist registration; the establishment of appropriate fees; the establishment of varying types of disciplinary measures to more accurately reflect modern thinking, etc.”

This Act needs to be reviewed comprehensively. You have taken six years to bring a little piece of amendment that will solve nothing. This will create more problems.

Mr. Rahael: You had seven years and you did nothing. I am still making an effort.

Dr. H. Rafeeq: Why are you making an effort? Why did you not leave it alone? When the new government comes into place it would have consultations with all the stakeholders; deal with all the issues and then bring a Bill that will improve the quality of health care for the citizens of Trinidad and Tobago.

We got a letter from the Medical Association. When they came to see me—*[Interruption]* Minister you had your chance and you will have your chance again. If you want to speak I would sit and let you speak again. I had a visit from a few of the doctors of the Medical Association. They asked what we can do to stop this from going through or to get the necessary amendments that they would like to have. I said to them that we can do nothing because we will go in Parliament; raise all their concerns and at the end of the day, and just as the Government have done in the past, they will have their way and pass the Bill as it is. I promised them that I will raise their concerns but there is nothing more that I can do. I told them that even though there is nothing that I can do, there is something that they can do. They can change the government; if they change the government then we can deal comprehensively with this.

I want to read this letter from the Medical Association because it has raised some of the concerns that they wanted me to raise.

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[*Interruption*] I am in sympathy with you. If you go I would consider going
[*Laughter*] Member for Diego Martin Central.

The Trinidad and Tobago Medical Association has been playing a mediatory role in the current issues of the proposed amendments to the Medical Board Act which has been passed in the Upper House of Parliament. The Association has been part of the voice that has been seeking over the past several decades to have the Act amended to address several deficiencies in its ability to function effectively.

The main functions of the Medical Board Act are: registration of doctors and discipline of doctors. In this regard the proposed amendments do not address these functions in any meaningful way, save and except the mention of a specialist register.

With reference to the proposed amendments we agree to the establishment of a specialist register; we agree to continue medical education as mandatory and we agree to the increase in the composition of the council of laypersons.

With respect to the composition of the council, the Council of the Medical Board indicated that the Minister of Health had agreed to the inclusion of a nomination of the Trinidad and Tobago Medical Association, at the expense of one NGO or one of the two doctors to be appointed by him.

The Medical Association is proposing that the Trinidad and Tobago Medical Association be one of those NGOs to appoint one person.

An accountant is not necessary on the board and appointment by the Employers Consultative Association and the trade union movement is necessary.

Nominations from the various organizations should be the persons outside the office of the organization rather than an ordinary nominee.

The president and secretary must be medical doctors and must be appointed by the rank and file members of the board.

Trinidad and Tobago Medical Association would like the following to be also included in the amendments; the registration fee should be determined by the council and not the Minister; the power of subpoena is essential for the function of discipline.

If the disciplinary process goes through and a doctor is found to be errant they can strike his name off the register. There is no other provision to erase a

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name from the register. If a doctor dies or migrates you cannot erase his name. There is no power of erasure under the law. They are asking for that.

The power to make regulations to permit the examination of persons applying for registration who graduated from non-traditional or unknown medical schools; examinations to be controlled and administered by the University of the West Indies and to include competence in English language.

There is a list of medical schools, universities to which admission is accepted very easily by the Medical Council. Doctors are coming from all over the world and it is extremely difficult for the Medical Council to investigate each medical school; the curriculum and the way they teach, regardless of who are on the Medical Council and what resources you give them. Doctors are coming from Ukraine and Israel. The Medical Council does not have the wherewithal to investigate the curriculum and the way it is taught. They would like to have the authority when doctors apply for registration—apart from those who come from the recognized medical schools—they be subjected to medical examination. Let it be controlled and administered by the University of the West Indies so that there would be no charge of bias by the Medical Council because they will not be involved. This is done in many parts of the world. If the Minister is copying what is done in other parts of the world, this is one thing that he should copy. Give the Medical Council the authority to have an exam administered by the University of the West Indies.

When you are putting your life in the hands of someone, you want to know that you are putting your life in the hands of someone who is competent. They will put you to sleep and cut your body in all kinds of areas; interfere with your brain, heart and vital organs. You want to be assured that they have that degree of competence to deal with that. The Medical Council is saying that before a doctor is admitted, there are certain schools in the world that they know are recognized; they know their curricula and the way they are taught; they can register those automatically. For the schools that they do not know, they want the authority to administer an examination for them. The register needs to include four categories of registration including those of a specialist and other sub specialities.

I continue from the letter:

The main thrust of the proposed legislation is the changing of the composition of the Council of the board. It should be noted that the Trinidad and Tobago Medical Association has been asking for the inclusion of non-medical persons on the Council. It should be noted that our association was

not consulted with regard to the proposed amendment. The current amendments do not address the deficiencies in any meaningful way and not worth the effort that is being put into it.

The Minister mentioned that he is concerned about the quality of health care of the citizens of Trinidad and Tobago. This is one area, if addressed would go towards improving the quality of health care.

There are many issues that I would have liked to raise, but I will mention a few of them. At present, in Trinidad and Tobago, there are persons who are holding themselves out to be persons who can cure almost every disease under the sun like, fibroids; cancer and AIDS. They are advertising actively in the media—television, radio and newspapers. They are holding themselves out to be more than specialists, curing diseases that even medical science cannot cure. We want to beat the doctors into submission and regulate them. What about these people who are practising and fooling a gullible population that they can cure all these things? What is being done to curb their practice? How are they being regulated? This is extremely important. You have a gullible population and sometimes they are led to believe some of the claims that are being made by some of these people. I should like that issue to be addressed. That will help to deal the with quality of health care.

Today, September 12, there is no working ambulance at Mount Hope. A patient had to be transported from the maternity hospital at Mount Hope to the Eric Williams Medical Sciences Complex, one building away and there was no ambulance to transport that person. There is no working ambulance in the North Central Regional Health Authority as we speak.

The Minister should spend his time dealing with those issues that will improve the quality of health care. They are going to the private sector and asking them for an ambulance to transport a patient here and there. At the end of the month when the bill comes, you could have bought a new ambulance with that and the next month you could have paid all the staff required to man the ambulance. Why is the Government so shortsighted and cannot deliver simple basic things like these? To improve the quality of health care, do not interfere with the medical profession.

I ask the Minister if he is familiar with the name Pundit Gaya Persad Maharaj. Pundit Gaya Persad Maharaj was a PNM candidate in the Local Government Election in 2003 in Rousillac. He has one leg and is in a wheelchair. Last Tuesday, he went to San Fernando Hospital; seen at 3.00 p.m. and then sent to the ward. Remember this gentleman has one leg and is in a wheelchair. It was not until 11 o'clock the following day he got a bed.

3.00 p.m.

These are the issues that the Minister should be dealing with; not interfering with the Medical Board. How is this going to get a bed for Pundit Gaya Persad Maharaj? How is this going to get a bed for all the pregnant women who are sitting on benches, walking around and having to share a bed? The Minister has his priorities wrong. He is interfering with the medical profession, which will not improve the quality of health care.

There is a whole list here that I can go through that the Minister should be dealing with. I have dealt with the overcrowding. The Minister has offered VSEP to doctors and other professional staff in the public service to come across to the Regional Health Authorities, but everyone would agree that the health sector needs to have one employer. It is an untenable situation to have two different employers of employees working in the same institution.

Mr. Speaker, they have offered VSEP, but do you know what the Ministry and the Regional Health Authorities are using it for? They are using it to get rid of certain blacklisted doctors. They have given VSEP to the public servants and are re-employing them in the Regional Health Authorities. There are certain persons they are saying who must never be re-employed, so they are blacklisting them. They are using VSEP to get rid of doctors they do not want in the system. That cannot be right. How will the legislation help that and improve the quality of health care for the citizens?

Mr. Speaker, there are doctors who have come to Trinidad and Tobago and most of them have not been registered by the Medical Board. However, the Government created its own Medical Board and there are persons who sat on that board—which has now become defunct by law—who are saying now that it was an unfortunate experiment.

Mr. Speaker: Hon. Members, the speaking time of the hon. Member has expired.

Motion made, That the hon. Member's speaking time be extended by 30 minutes. [*Dr. R. Moonilal*]

Question put and agreed to.

Dr. H. Rafeeq: Mr. Speaker, there was a doctor from Cuba who was registered as a specialist brain surgeon, who was demoted to a registrar and then to a house officer because his competence was not there. However, the point is that there are doctors registered by that Medical Board with specialists among

them. What is the position with the specialists who would want to register with the new Medical Board? You have to be registered with this Medical Board first before you can be registered as a specialist. They have not been registered on this Medical Board, so how will their names be on the specialist register? Maybe the Minister, in winding up, can tell us.

Mr. Speaker, we know about the lack of drugs and equipment, the cancer centre, the dialysis centre, the Point Fortin and Scarborough Hospitals—all of these things that the Government has promised and not delivered. These would have improved the quality of health care. I do not want to belabour that point.

Doctors have presided over this profession for the last 200 years. The Medical Board has been in existence for the last 192 years. There is a fundamental misunderstanding of the role and function of the Medical Council and because of that many guns are pointed at the Medical Council.

When an issue comes before the Medical Council, it does not have the power to subpoena. In addition, it does not have the financial resources to hire high-priced lawyers. If a person has to come before the Medical Council to defend, that person comes with his high-priced lawyer and the Medical Council, not having the financial resources to hire lawyers of equivalent standing, is in a disadvantageous position. The issue of discipline is not an easy one for the Medical Council, but regardless of how you compose it, that will not solve the problem. I have a sense that this amendment is not a creation of the Minister because he would have done a more comprehensive review of the Medical Board Act than this.

In closing, I want to read just two lines of a publication from the Nature Publication Group 1998, which deals basically with HIV/AIDS. There is a sense among the population, especially the medical profession, that this amendment emanates from this source. It is dated August 1998. It says:

“In support of this view, Courtenay Bartholomew, Director of the Medical Research Foundation of Trinidad and Tobago stated that in his capacity as government advisor on HIV/AIDS, he would not countenance guidelines calling for guaranteed triple therapy for trial subjects who become infected.”

Mr. Speaker, as far as I recall, he was not an advisor to the Ministry of Health at that time.

“When challenged as to whether this was the view of the others in the country, he replied that it did not matter because he was the government and would not allow it.”

I ask the hon. Minister today whether this amendment emanates from this source. We are wasting time here. This will solve nothing. It does not make sense asking that it go before a joint select committee because we do not have time. I ask that the Bill be withdrawn; that all the necessary consultations with all the stakeholders take place and that we come back with a comprehensive review of the Medical Board Act in the new government.

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I thank the Opposition back bench for their support for the previous legislation, but it is a debate after all.

Mr. Speaker, I think that the Member for Caroni Central sought to articulate the position of the medical fraternity but he has to be a little more concise in terms of his objection to the legislation. This amendment has been bandied about for a very long time in various forms; amending the Council of the Medical Board in terms of its membership and how it is selected. When I came into the Ministry of Health there was already quite a bit of work done and one of the models we were looking at then, 2002, was the Barbados model, with which I am certain the Member is very familiar.

The Barbados model is not very different from this. I would like to know what is the real problem. What do persons such as the Member for Caroni Central worry about in terms of potential dangers with respect to this legislation? Hopefully, some of the Members opposite would articulate their position better.

The statements made by the Member for Caroni Central—and I mean no disrespect—were essentially self-serving. He is a medical practitioner and I could sense some anxiety and concern in his voice and that he is genuinely worried about this legislation. I would really like to know what the problem is.

I recall, when I was Minister of Health and we were looking at legislation of this type, we looked not only at the Barbados and Jamaica models, but we went further afield to the United States. We discovered that in most states—I distinctly remember the composition of the Medical Board or its equivalent in the states of New York and Florida—those boards which have the same functions and responsibilities, more or less, as ours are appointed by the governor of the state.

If you look at the Medical Boards of New York and Florida, you will see that every member is appointed by the governor, who is an elected politician. So, in the United States, from my memory, the practice is that the various boards which regulate the profession of medicine are appointed by the governor, an elected politician. He elects all of them. There is no question of any special interest group having the kind of influence that I sense is being requested by Members opposite.

I remember looking at the New Zealand and Australian models. Again the minister appointed the majority of the members. Trinidad and Tobago is one of the few countries that are clinging to what I would call the last bastion of colonialism. This is neo-colonialism at its worst. Why should we do that in this modern world, in this 21st Century, when in virtually every country in the world there is reform, in terms of regulatory agencies for professions, whether legal, engineering or medical, to introduce civil society into the process?

All over the world elected politicians select the medical councils and medical boards. We are one of the few countries in the world where there is this request that the profession be self-regulated and that it be a closed shop. That does not work. [*Interruption*] I said virtually every country. What about the United Kingdom?

When the Greater Medical Council was reformed, it was transformed. It was moved away from the model we have here, this closed-shop arrangement, to a much more participatory board bringing in a variety of different persons from different backgrounds into the regulation of the practice of medicine. I dare say that most of our practitioners have some roots in the United Kingdom. Our teaching methods, our practice of medicine are rooted in the British system and Britain has gone way beyond us in terms of the reform of its Medical Council and introducing lay people, bringing much more citizen participation into the regulation of the practice of medicine.

I would like to know from somebody on that side what the problem is. If so many progressive, developed countries have agreed—a governor of a state in New York has the ability to select everybody; in the Far East, Australia and New Zealand, the minister selects virtually everyone—why should we remain stuck in this introverted, protectionist mode? What are you afraid of? I am asking a question and I am willing to be guided.

Dr. Rafeeq: We have no difficulty in expanding the board to include laypersons. All I am saying is that the doctors should be allowed to choose the officers on the board and the majority representation. To expand the board to include people from every discipline to allow participation of civil society, we are in complete agreement with that.

Hon. C. Imbert: Mr. Speaker, I am glad the Member has, as far as I am concerned, properly articulated his position: that the Medical Board should be allowed to pick the majority of members on the Board—correct me where I am going wrong—and to select the officers.

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Let us take a look at what is being proposed in this legislation. The legislation proposes:

“(1) ...a Council...appointed by the Minister and shall consist of—

(a) the Chief Medical Officer;”

doctor, correct?

“(b) two medical practitioners;”

also doctors—

“(c) four medical practitioners elected by the Board;”

that is seven doctors—

“(d) one person nominated by the Inter-Religious Organisation;”

this does not have to be a doctor but could be—

“(e) an attorney-at-law with at least five years experience;”

nominated by the Law Association. He could also be a doctor. I am aware of people like Dr. Persad who have studied law. There are persons who have degrees both in law and in medicine.

“(f) an accountant with at least five years experience nominated by the Association of Chartered Accountants;”

could be a doctor too. There are doctors who have studied accountancy—

“(g) a medical practitioner nominated by the University of the West Indies;”

There is an 11-member board of which at least eight are medical practitioners and of the other three some of them could be medical practitioners. Certainly the vast majority of members on this Council will be medical practitioners, so there is no question of diluting the regulation of the profession. The problem I see, which you have now told me, is that of those eight doctors only four will be elected by the board. Mr. Speaker, you have to look at the wording very carefully.

The Bill says a Chief Medical Officer; that is a public servant. Ministers do not have the power to determine who that would be; that would be the Public Service Commission. The two medical practitioners would be the Minister's prerogative. Four medical practitioners would be elected by the board, so the Minister has no say. Then the IRO person would be their nomination. The lawyer

is the Law Association's nomination and the accountant, the Association of Chartered Accountants nomination; the practitioner from the university is nominated by the University of the West Indies.

So, on this 11-member board, only two out of 11 will be appointed by the Minister whoever he or she may be. Four out of the 11 will be selected by the board without any say on the part of the Minister; one will be a practitioner nominated by the University the West Indies; one by the religious organization; one by the Law Association and one by the Association of Chartered Accountants. So, in terms of composition, as far as I am concerned, no reasonable person could see this as an attempt to dominate the practice of medicine by imposing strange people on the Council of the Board. In fact, I see here that the Medical Board has the biggest quantum in terms of selecting people on this board. More than one-third will be elected by the Council.

It seems to me that the only problem would be the officers. It cannot be the composition because it is eight out of 11, minimum. It cannot be the way they are selected because the Minister can only pick two and the board four. It has to be the officers. It says here:

“5. Section 9 of the Act is amended—

(a) by deleting subsection (2) and substitute the following subsection:

‘(2) A President, Vice President and a Secretary/Treasurer, who shall be medical practitioners, shall be elected from members of the Council.’”

The Minister is not—unless my expertise in legal drafting has left me today—selecting the president, vice president or the secretary/treasurer. It is the 11 members of the board.

Let us go back to those 11 members. Only two of the 11 are selected by the Minister. Are you trying to tell me, hon. Member, that the four medical practitioners who are going to be put there by the board, whether the Minister likes it or not, are going to be overruled, outvoted and bullied by someone nominated by the IRO, the Law Association, the Association of Chartered Accountants or the University of the West Indies? You are telling me that these four persons elected in their own right will be so unpopular, so lacking in influence, respect and persuasive ability and so unable to convince the other members of the board that the president, vice president and secretary/treasurer will not be the persons that they have confidence in and wish to be the officers of the board?

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I find that preposterous because I am actually being told that the two members out of the 11 that the Minister will appoint will dominate the other nine members, four of whom will be from the existing board. I would like somebody from the other side to tell me what the problem is because it cannot be what they are telling me. I really want to know. I get the feeling that these are just withdrawal symptoms.

It is like you are addicted to something and they are weaning you off it and you are going kicking and screaming and having cold sweat. It is good for you, you know. It is like you are an alcoholic and they have to put you in a room and starve you of alcohol and you are shaking and eventually they wean you off the alcohol and you are better for it.

I am most willing to be informed, persuaded and educated by Members opposite. I have an open mind on this matter because I genuinely want to know what the problem is. I cannot accept that four persons elected by the board will be dominated by two persons appointed by the Minister. I wait to be guided by hon. Members opposite.

The other issue that is bothering me is the whole question of specialties. To the doctors out there: What are you worried about? What is the big deal? To me this is much ado about nothing; a storm in a teacup. It is progressive to put a regulatory council in place that has lay people, people from other professions, and there is no domination of that council by any one group. I see an evenly distributed council with various interest groups being given positions of strength on the board and that the strongest group on this council is the current Medical Board. I see the Minister putting in two people and other well-recognized civil society groups like the IRO coming into play. What could possibly be wrong with that? That is the way the whole world is going. Explain to me what is really wrong with this.

3.30 p.m.

The other thing that this legislation does, which I do not think any reasonable doctor could object to, is the whole issue of specialization. This has caused a lot of trouble in this country as to who is a specialist and who is not. What are the criteria? How do you establish whether someone has met the qualifications to be called a specialist? There is a lot of controversy about this and there are some popular examples, which I really find quite abhorrent.

There is the public feud between Prof. Bartholomew and the current President of the Medical Board, who placed certain initials behind his name, which would

give any reasonable person the impression that he was a specialist belonging to a particular branch of medicine. He has been forced by an institution in the United States, to remove those initials from behind his name because, as far as they are concerned, he does not possess the combination of qualifications, experience and training required to call himself a member or a fellow of that particular institution and should not put those letters behind his name. He is not a specialist in that field, as far as they are concerned. There is a public battle going on. This person is the President of the Medical Council and he has been forced to remove the initials from behind his name because the relevant institution in the United States said that he is not entitled to put those initials and portray himself as a specialist. He is still the president. This is a very, very serious matter.

Those persons on the other side like Dr. Adesh Nanan—he is not a quack. When Dr. Nanan appeared on the scene, we were told—you would not believe who told us—by another doctor that he could not find Dr. Nanan's record at Howard University. We were told that Dr. Nanan has never gone to Howard University. This later proved to be a false accusation. It was one of your people who told us that. Dr. Lasse told us that he was at Howard University and was in the alumni association and that Dr. Nanan's name could not be found on the record of graduates of Howard University. That proved to be false. *[Interruption]* That is when he went by you. He told us that. Persons like Dr. Nanan, who are practitioners, should be very concerned about the question of persons portraying themselves as what they are not. That is a very serious matter.

I have heard all the stories about eminent local specialists who never finished their programme of studies to be specialists and somehow find themselves registered by the Medical Board. I am calling no names. I have heard all the stories about various individuals who are not qualified to call themselves specialists in various branches of medicine, who are, however, registered or accepted by the Medical Council as specialists, when they do not have the qualifications. They did not complete the postgraduate degree programmes. They did not complete the requisite period of training. They did not pass the examination or whatever is required. They did not meet the requirements and because of friendship and various other improper things, they have found themselves in the public domain, described as specialists. Maybe along the way and with time, they have acquired the necessary experience and maybe now they are well qualified to be specialists when a learning assessment is done, for example, in terms of what they have picked up along the way, they might be very well qualified as specialists now.

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This Bill is seeking to stop this nonsense, establish a specialist register and define what is a “specialist”. A specialist is a person who has undertaken specialist training and has been awarded specialist qualifications in a specialty recognized by the Council. The things that are necessary are: that specialist is or those qualifications are or when considered together, found to satisfy the Council's requirement for the specialty in question. This is developed country status.

The previous legislation is an anachronism. It is neocolonialism at its worst. We have to be progressive in our thinking and forget narrow, partisan, political objectives and political linkages. We have to get serious about all of this. I am not here talking about doctors who support PNM, UNC or COP. I am not interested. Let the chips fall where they may, whichever person will now be required to satisfy the Medical Council, whether it is someone who supports the PNM, UNC or COP. Let the chips fall where they may. That is what we need to do in this country. We need to stop thinking in narrow, partisan and political terms. We need to put country first. This is no laughing matter.

There are so many stories about persons who portrayed themselves as specialists, misdiagnosing patients. I am not calling names, but I have seen the files when I was in that Ministry. I have seen all the reports about persons portraying themselves as specialists who were misdiagnosing patients, because they simply did not have the competence to practise in the particular specialty, on persons suffering from serious injuries. I have seen the documentation. I am not going to call any names today. I want to look forward.

No reasonable person could possibly object to the development of a medical specialist register. The definition of what is a “specialist”, I am sure, will come in the regulations of detailed criteria to establish whether someone had met the requirements in terms of competency in the various disciplines of medicine, as the Minister said, in nephrology, neurology or whatever, as the case may be.

The thing about people putting letters behind their name is quite common, also the question of persons getting degrees from diploma mills. It is not a joke. You could buy a degree on the Internet for US \$100. You just have to log in and buy a degree. You fill out a form and they would say: “We would give you a degree, based on your prior learning experience. We guarantee that you would get a degree in six weeks.” You then have to pay the US \$100. You have to state where you were born, how old you are and how many children you have. Member for Nariva, you are laughing but it is true. The next thing is, in the mail will come a nicely embossed certificate giving you a doctorate. There are people in this

country who have bought these US \$100 degrees, who want to come and tell you that you must call them doctor—after they have gotten the US \$100 degree. This is no laughing matter.

I want to give a personal anecdote. As you know, I have—if I am blowing my own trumpet I do so because I do not do so very often—just completed a Master of Law in Construction and Arbitration.

Mr. Speaker: Do you want to explain the class of degree you have?

Hon. C. Imbert: First Class. [*Desk thumping*] I have just completed a Master of Law in Construction and Arbitration with distinction. [*Interruption*] They know. I want to make a point. It was a three-year programme. I did not pay US \$100. I paid \$100,000. I paid for it out of my pocket, by the way. No taxpayers' funds went into that and no credit card. It was a wire transfer. This was a very rigorous programme. It was a six- semester programme, which took three years to complete.

The examinations had to be done here at the British Council in Port of Spain in an examination room with an invigilator. They sent the examination papers from Scotland and placed them in the vault, all under secured conditions. For that reason, the degree is accredited. The point I am making is that in the first year of the programme you are entitled to get a postgraduate certificate in arbitration. That is if you leave the programme. It is a three-year programme. If you did year one and you are successful, you are entitled to get a postgraduate certificate in arbitration. If you continue to year two and you are successful, you are entitled to get a postgraduate diploma in construction law. I am coming to the question of specialization. If you move on to the third year and you are successful and you complete your dissertation and pass the dissertation, you are entitled to put the letters LLM after your name. I have put one today.

I started to notice from the first year—if you do not graduate in the first year or second year, you are not entitled to put the letters—men were putting PG Cert. in Arbitration, after their names. In year two, they would put PG Diploma in Construction Law after their names. They were not entitled to do that. They had to graduate from the programme, go out and then they would receive their diploma, as the case may be. I saw it. I was not brave enough to do that. I decided to finish year one, year two and year three, send in my dissertation, let the second examiner look at it, let the council of the university adjudicate and then I would put LLM after my name. I am making a point. Some of my classmates were doing this. It is tempting. I can understand what happened to this man, Dr. Smith. It is

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tempting to take the chance and do something that you are not supposed to do and portray yourself as something that you are not and nobody will know.

They did that in this programme. How many people in the world would know that these gentlemen were not entitled to PG Cert.? I am not calling any names, Mr. Valley. I am not calling the name of the university. You would have to do some real detective work. It is very, very tempting for people who get these bogus US \$100 degrees. As my colleague from San Fernando West said: “You can buy them by the dozen.” It is very, very tempting to portray yourself as something you are not.

In some areas like Divinity, for example, you might portray yourself as having a PhD from one of these American universities. The names are so strange. You might portray yourself as having a PhD in Divinity from a university. It is not going to kill anybody. If you go out there and say: I have received a PhD in Divinity from X University in the United States—you paid US \$50 for it—it does not qualify you to do surgery on the person. It does not qualify you to go before a court and practise as an advocate. It does not qualify you to design a 26-storey building. In my view, there are no life or death issues there. Religion is voluntary, Prime Minister.

Member for Pointe-a-Pierre, I accept that. When it comes to something like medicine, people's lives, brain surgery, nephrology, when you are dealing with life or death, kidney transplant or installing a shunt in somebody's brain, it is a very dangerous thing. Therefore, I would like to caution hon. Members opposite. I understand the politics in all of this but this is very progressive legislation, as far as I am concerned, in terms of the registration of specialists.

When I look at the composition of the board, I honestly do not know what our local practitioners are afraid of. I do not know what they are worried about. I invite them to come into the 21st Century and embrace a modern approach to the regulation of the practice of medicine.

I thank you.

Miss Gillian Lucky (*Pointe-a-Pierre*): Thank you very much, Mr. Speaker. Might I indicate that I really did listen very closely, as I usually do, to the contribution of the Member for Diego Martin East. I do in fact take this opportunity, on a personal level, to congratulate him on what I think is not only academic success, but we live in a day and age where it is very easy to get Upper Second Class, but to graduate at the level that you did, which is First Class Honours, I am saying it quite openly, that is an achievement, especially when one is doing it by the means of external study. I am sure that you tutored yourself well.

I hope, in your celebration of your academic success, you remember two things, which I am sure you did, to say thanks to God and secondly, to thank your parents and the generations before them, because you are genetically enhanced, as you would know.

I say it openly. You cannot in any way—I think an academic success is a family thing. Member for San Fernando East, when I was studying law, we often had to spend time in the engineering faculty, because we only had a small room and it was locked after a certain hour. Of course, we were trespassers in the engineering faculty. I do not need to go into any greater detail. You would know what I speak about when I am speaking about the steelpan patent. I am sure, you have remembered your God and your family.

I listened very carefully to what you said, because I think that the concerns that you raised are genuine on your side. I want to indicate that when I hear you say things like putting country over politics and not playing politics with it, I agree with you. As you know, these are sentiments that I have said before.

But what concerns me, I want to say quite openly, is that I have a great regard for the medical profession. In fact, unfortunately we still live in a society where parents want their children to be doctors; right after that is lawyers, then the engineers. Unfortunately, the most noble profession, which is the teacher—I do not know where that fits in, but it is certainly a very important profession—Therefore, I can understand when the Member for Diego Martin East talks about the fact that you are not saying that you want to show any kind of favouritism or put a profession under a particularly strong microscope.

Let us face it, doctors do deal with life and death situations. They deal with human beings whether you like it or not. Not everybody could do that. You could tinker with a robot or a computer. There are instances in which professionals might have gone on the forbidden track but the damage is not irreparable. Let us face it, when it comes to medicine and the practice of medicine, one mistake could be fatal. With respect to human life—even though there have been strides in genetic engineering and cloning—you cannot bring back a human being. That is what distinguishes the human being from God.

I want to explain quite openly that is why I am very disappointed with this legislation. Member for Port of Spain North/St. Ann's West, nothing I am saying is meant in any way to be a personal attack. You are dealing with legislation. In the same way medicine is not my forte. I did the sciences at A level: Physics, Chemistry and Mathematics, but I am not into the medical field. What I am telling

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you is that there are some sections that have me concerned. More than that, I would tell you what is my complaint against this legislation.

When, in 1986—Mr. Speaker, I am sure you would be aware, I am not bringing you into the debate—I had just embarked on my study of law. There was a great upheaval in the legal profession. At that time, there was a particular practitioner, I would not call his name, who had decided to advertise. The convention was—I cannot tell you his name. Remember in 1986, when we were studying law, it became one of the things we were actually following as first-year law students. The issue was the convention and the English practice was that lawyers do not advertise. There was the recognition that the profession seems to be going in all different directions.

We had to practise with barristers and solicitors. I must admit that I want a debate in my own profession. Let us diffuse. I think diffusion, with the greatest of respect, has led some of us to—there are areas of specialty in the law. I am not going off topic. In our own profession, there is the issue where you cannot find or it is difficult to find very good instructing attorneys. There are very, very few conveyancers. If you look in front of you, you tend to see somebody considered the best in the country. The point I am making is that every profession has its chance or an opportunity to make significant change.

That is what happened in 1986 with our Legal Profession Act. I remember the great debates on whether it should have been brought. It was a shake-up of the profession, where they were putting into legislation, rules and guidelines on what would be the Legal Profession Act and would be meant to be followed. There were very strict rules, which today we are forced to adhere to, and I think rightly so.

Therefore, when this particular legislation was laid in the Parliament for us to debate—I know for the first time we are amending the Medical Board Act—my complaint is my great level of disappointment. I feel for a profession that is so important, revered and is still relying, bound by or shackled by such antiquated legislation, I really expected a magnificent change. That is what I found we have not gotten with this legislation. That is why I am saying that is my disappointment.

The problem is when you bring legislation in this piecemeal fashion, whereby you are trying to tinker with one section and upgrade another, if you do not look at the Act holistically, you may find yourself upgrading in one section, to the detriment of another section, and then find yourself in conflict with something that is going to be remaining on the statute book. I have said it in a very broad

way, but I am going to get specific, because I do not intend to be very long. There are certain concerns that I have. My first complaint with the legislation—I make it very clear—is that I do not think there was the level of consultation with the stakeholders; that level of consultation where we could have had experts giving us important guidance as to how we could really upgrade this piece of legislation. I am talking about the Medical Board Act.

Also, I want us to remember when we are passing legislation and we are dealing with governance of any profession—we are dealing with the governance of the operation of a profession—the public interest is paramount. It cannot be compromised in any way. What persons want at the end of the day, is to know that the professionals have to be accountable and if they do something wrong, there will be sanctions. That is why I object to the piecemeal approach. Where is the accountability?

For example, I tend to—perhaps it is all my years of addressing juries—give the general views and then immediately get into a point, so that Members could understand the point I am making. We are talking about specialists and those whom the Member for Diego Martin East pointed out; those who would not be on the register. I agree with the point. You need to have a proper system of ensuring that those who claim to be specialists are put on a register so that you can check it.

The Member for Caroni Central—I want to put on record that we too, Congress of the People, received the correspondence from the Trinidad and Tobago Medical Association signed by Dr. Balkaran Ramkisoon. I am not going to read it in any great detail. That was done by the Member for Caroni Central. One of the important points made in this correspondence was the issue of erasure, meaning when you have a register and you mandate how it is to be kept, if for some reason a professional dies or is no longer able to operate for whatever reason, or is no longer fit and proper, you must have a means of removal. You create a register in your new legislation—*[Interruption]* Member for Port of Spain North/St. Ann's West, you have not dealt with the whole issue of your need to have a clause dealing with the issue, of erasure. That is an example of moving forward with your register but, because you have not addressed the Act in a holistic fashion, where there is that very manifest deficiency, you have been able to cure it for the register as it exists now and for the new register that you are bringing in. That is the example of what I am talking about.

Secondly, I agree with the Member for Diego Martin East when he talks about the fact that when you go to a specialist, let us face it, or a person who alleges to be a specialist, you do not ask the person—even if you see things on the wall—to

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see where he got it from or say that you want time to verify. You do not. You are allowed to verily believe that what any professional says is their qualification, it is true. As an attorney-at-law, a person coming would not say: “Let me see where you went. Did you really go to the Hugh Wooding Law School? Were you really on the Barbados Campus 1987 to 1989?” I agree that there should be sanctions. Do you know what concerns me? Sanctions were put in this piece of legislation that we are debating for a person who pretends to be a specialist, as in clause 10, and the penalty is \$10,000 and imprisonment for two years, fine. Do you know what worries me? That is the penalty imposed but when you look at the section as it exists now in the Act, the section for a doctor, physician or surgeon who holds himself out to be something he is not, nothing was done to increase those penalties. Again, this is the point I am making. This is what happens with piecemeal legislation.

My solution is going to be this. I may be moving a bit quickly but I want to give myself the time line of 4.30 p.m. before we go to the tea break. I do see that the technical people are here. If there is no finding of favour or agreement with my suggestions, I have no problem, but I want to know that they were considered. *[Interruption]* When you were talking I did not tell you to go on and even when I did, you did not listen. I am feeling a little bad now.

My solution is this. Member for Diego Martin West, you are getting it now. Hold on, we are reaching the point. In the same way that you have put as your penalty, with respect to those persons in your amendment with section 22, the specialists, of \$10,000 and imprisonment for two years, go to section 22 of the parent Act which deals with persons who use a title and they are not authorized to use. Make that the penalty across the board, because let me point out to you, Member for Port of Spain North/St. Ann's West—if I can disturb your conversation a little—nod. I do not mean it in a rude way. Hear the point and it could be discussed with your technical team.

Mr. Ramsaran: He is going.

Miss G. Lucky: He may be going but, the fact is that he is here now and we have to deal with the now. We know what is happening with the after. Congress of the People will be in government. That is coming after. We have to deal with the now. My suggestion is that you remove the penalty as it exists now in the parent Act and put this increased penalty of a fine of \$10,000 and imprisonment for two years, to apply across the board, not just for those who would be breaching the rules with respect to claiming themselves to be specialists when they are not, but also to what exists in section 22, which is anybody who pretends to be a doctor or uses titles they are not entitled to.

When you go to the court, it would be in the judicial officer's discretion, if there is a finding of guilt, to make the determination as to whether there will be the implementation of the maximum penalty. You literally go from what would be the minimum to the maximum. That is the kind of thing because, in my view, whereas a person pretending to be a specialist could cause, arguably, more irreparable harm, a person pretending to be a mere doctor—I use the word “mere” so cautiously because doctors are very—no disrespect to you, Member for Caroni Central—sensitive creatures. I thought attorneys were, but you all are more sensitive than we. You are sensible too. When I say “mere” doctor, you could get killed by a person holding out himself or herself to be a doctor when they are not, giving you wrong medication.

If I were in your place, with the greatest respect, I would not make the distinction. I would let the court make the distinction. See the kind of harm and damage that was caused and let the court exercise its mind in that regard.

There is another problem that you are going to get. Again, I am asking you to speak to the attorneys who would be advising your Ministry. When you have a section—section 22 in the parent Act talks about it. I am quoting:

“Any person not being a member of the Board or the holder of a temporary licence who—

- (a) takes or uses any name...
- (b) assumes or uses the title ‘doctor’, ‘surgeon’, or ‘physician...’”

A specialist can fall into this category in section 22. Your new legislation is posing a penalty for a person in a specific group. That would be a person holding himself or herself out to be a specialist. A person contravening could be coming in the present section 22 or in this new section 22 that you are putting in, the amendment.

I have made the point over and over, when in the same piece of legislation, you are giving different penalties for what could be the creation of a similar offence, you are going to run into problems. If the police officers who are charging, charge under the wrong section or if they charge under a particular section and the penalty is much more as it is now, the specialist or the false specialist would be facing a greater fine than the person who is just coming under specialist but, may be—I know I may not be coming across as articulate as I would like to, but I am trying to make the point. You are posing problems when you have, in the same section, different penalties for what would be the factual scenario that is covered in more than one section.

We have dealt with legislation in this House already, where we have had to deal with the problem. I am not just highlighting the problem to you. What I have done is I have given you the solution, because that is what it is about, giving the solution. The solution is, let the penalty, as you have it in this amended piece of legislation, apply. Make your addition with respect to section 22, as you have it in clause 10 of the Bill before us, and remove the penalty you have in the parent Act. I am suggesting to you that would make more sense.

I am also very concerned as I am in clause 10, about the proposal that section 22 of the Act is amending subsection (1) by inserting after paragraph (c) the following paragraph (d): “who practises medicine”. What section 22 seeks to do is to say that:

“Any person not being a member of the Board or the holder of a temporary licence who—practises medicine”

When you put this new phrase: “who practises medicine”, what do you mean? Are you talking about those persons who are into therapeutic medicine? Are you talking about those persons who are practising herbal medicine? What do you mean? The word “medicine” has a very wide-ranging meaning and it is not defined in the parent Act or this piece of legislation. The parent Act talks about a medical practitioner. What is the meaning of “medicine”? According to this dictionary, *Collin’s Concise Dictionary*, “medicine” means, amongst other things, the science of preventing, diagnosing, alleviating or curing disease or any non-surgical branch of medical science. One has to be careful when one is introducing this phrase: “who practises medicine”, which will now be another category.

Are you, therefore, saying if a person—I am not talking about a person holding himself proud to have qualification he or she does not have—who is into herbal medicine, which is a big thing now, that person is also going to be liable? They are not, but they may be practising medicine, which is the science of trying to heal your body. They are not telling you to use any medicine, in terms of the actual product. You have to be cautious.

Right now, in one of our pieces of legislation, there is an offence. I am sorry I cannot quote it—I think it is either the Offences Against the Person Act or the Summary Offences Act—but it is an offence for any person to profess to tell the future. That is a law in Trinidad and Tobago. Whether it is to be enforced, Member for Diego Martin West, or not, what about all those little church fairs that you go to, where they raise funds and these people pretend to be telling you the future? You could literally—prophet and prophetess could be taken down. Let us

look at the issue. We do have it on our books. It is a very antiquated law. We come from a background—when we look at our history—of Christianity, in terms of the country. That always leads to problems, because we seem to have not recognized that we have had other people come. I am not into that aspect of it. We have to go through our statutes and see what we need to remove.

The Member for Diego Martin East was making the point that we have moved so far ahead. We have to make sure that the legislation is also there with us. Member for Port of Spain North/St. Ann's West, your inclusion of “who practises medicine” might be an extension that is not necessary, because it is already catered for in the legislation. Member for San Fernando West, I understood your point but I am explaining to you that section 22 of the parent Act, as it exists, already caters for what, I think, we want to cater for in addition to this new thing with the specialists. There is such duplication that you may find yourself running into problems. Please look at it very cautiously. The answer does not have to be obtained today, but look at it cautiously. I have made a suggestion. See whether it finds with your favour or not.

This is my other point now. I listened very carefully when the Member for Diego Martin East was making the point that he could not understand why there seems to be such concern over the appointment of persons or the method that would be used for persons who would be appointed to the council. I know the Member for Diego Martin East spent some time pointing out that there would be 11 members and only the two medical practitioners would be chosen by the Minister. Again, it was one of the points raised by Dr. Balkaran Ramkissoon, in this letter written on behalf of the Trinidad and Tobago Medical Association.

One of the concerns I know the Member for Caroni Central would have raised is that the TTMA feels that the president and the secretary must be medical doctors and be elected by their peers. In other words, the view expressed is that in the section dealing with the appointment of the president, the vice-president and the secretary/treasurer—not only is there a view by the TTMA that such persons should be medical professionals, which I know was dealt with in the other place, that is not their point, it does not end there, Member for Port of Spain North/St. Ann's West because I too thought that was comfort enough—what is expected, wanted or desired is that the medical practitioners who must hold those offices must come from the four elected; in other words, the four who were nominated. I would give the justification. This is where I really went.

I think for the first time in a long, long time I studied our Legal Profession Act. This is one time when I think the attorneys-at-law are way ahead of the

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doctors. With respect to the Legal Profession Act, all attorneys- at-law, if we want to practise in Trinidad and Tobago, must belong to the Law Association and you must pay fees, which, incidentally, have increased this year and the general body—it was brought to the general body and the attorneys themselves—had to agree. We now have new fees. We have no interference whatsoever by members of any Executive. When I say the Executive, I mean the Executive as perceived in the Constitution.

Yes, we also have a council. The Council of the Law Association is chosen from the members. What is suggested—if I might take you straight to clause 5 as it exists—It states:

“a President, Vice-President and a Secretary/Treasurer who shall be medical practitioners shall be elected from among members of the Council...”

What is desired—I think this will solve the problem if the wording changes. I know at this stage when it comes from the other place—you are nodding your head already. You do not want to change the wording. When you bring, with the greatest respect, piecemeal legislation, which, by its very nature, you cannot suggest that it go to a joint select committee, at least hear the suggestion. You may not want to go back up.

I know time is short, but hear what would have solved the problem. What would have solved the problem is if it was read this way:

“a President, Vice-President and a Secretary-Treasurer who shall be medical practitioners shall be elected from among the four medical practitioners elected by the Board to the Council.”

In other words, the Medical Board would have put forward its four medical practitioners elected by the Board and from those four members whom their peers would have said: “We want you on the Council.” Those three positions would have been filled from those four persons. That would solve the problem. Member for Caroni Central, you are not nodding. I am using this as a cue. You are the doctor in the House or one of them. I do not know if I can encourage you to interrupt me to see if that solves your problem.

Dr. Rafeeq: I thank you for giving way. The way the Bill is worded, it can easily be that the Chief Medical Officer and the two representatives of the Ministry can be all the officers in the organization. You are quite right. The officers can come from outside of the four medical practitioners appointed by the board. You are right.

Miss G. Lucky: Minister, I would tell you what is wrong with it. Justice must not only be done but manifestly be seen to be done. Member, I am explaining it to you. You may not agree. You are asking what is wrong with it and I am telling you. The doctors are saying that they are allowed four persons on this council. Those persons would have been selected by way of their peers; all the doctors who belong to the Medical Board of Trinidad and Tobago. There would have been that level of consensus amongst your peers, nobody dictating or selecting. In other words, you have had a process which is open, transparent and accountable within your body. We want to make sure that this body that is going to regulate us, the three critical components or office holders, comes from that group of four. I see nothing objectionable because I keep going back to our Act in which we have a disciplinary committee on proceedings.

The Chief Justice chooses persons but, there are certain posts, even on the disciplinary committee, which make it very clear—the chairman and the vice-chairman of the committee, shall be appointed by the Chief Justice, after consultation with the council and shall be members who have held high judicial office or attorneys-at-law of not less than 10 years standing. Yes, the Chief Justice is different to a Minister because in the case of the legal profession, the Chief Justice is independent, having been appointed.

We have our system intact, different to the medical profession. I really see nothing objectionable if the doctors are saying: “We put four people on the council. We are not going to dictate who should be president, vice-president or secretary/treasurer, but make sure that those three posts are held by any three of the four we put forward. What is wrong with that?”

Mr. Rahael: Thank you for giving way, Member for Pointe-a-Pierre. What is wrong with any one of those three positions being held by another doctor outside of those that are elected? They are all professionals. They are all doctors and professionals in their own right. It is the 11 of them who will elect those three positions. Therefore, they already have four votes out of the 11. If they convince two of the seven that are remaining, then those are the right persons to put in those positions and that will carry.

Miss G. Lucky: That is the option that would exist. What the doctors are saying—I see nothing wrong with it—is that two medical practitioners would be appointed by the Minister. All the body is saying—I see nothing wrong with it—“Listen, if we are to have these three posts filled, we want it to come from our board where we have had all the doctors, where people would have been nominated and where you already had a process.” It is a suggestion. You may not

agree with it, but I too belong to a profession where there is an association. People want to make sure that there are accountability, transparency and democracy. That is what people want.

Mr. Rahael: They can select.

Miss G. Lucky: Minister, it is a matter of policy and whether you agree or disagree. All I said is that it is not an impossible policy to implement. You may agree or disagree. That is your right.

Before 4.30 p.m., there is an important point that I want to bring to the attention of this honourable House concerning this legislation. We heard a lot from the Member for Diego Martin East when he spoke, I think quite accurately, about the frequency in our country or the number of incidents in which it is alleged that there had been professionals, in this case we are talking about medical practitioners, who have not had the relevant qualifications and still administered to people. There are other professions in which it happens.

Therefore, I am sure what must be foremost in the minds of those opposite but also in the mind of the Member for Diego Martin East, is that bearing in mind this happens, there should be user-friendly legislation for people who are aggrieved. For example, if, in the practice of law, a citizen or client is of the view that a professional, meaning an attorney who was retained, did not adhere to the oath, crossed the line or misbehaved, in the Legal Profession Act, section 37, it states—I would not read the entire thing—this is how it operates for the law:

“A client or, by leave of the Committee, any other person alleging himself aggrieved by an act of professional misconduct (including any default) committed by an attorney-at-law, other than the Attorney General or a law officer, may apply to the Committee to require the attorney-at-law to answer allegations contained in a statutory declaration made by such person, and the Registrar or any member of the Committee may make a like application to the Committee in respect of allegations concerning any professional misconduct or any such criminal offence as may for the purposes of this section be prescribed by the Council with the approval of the Chief Justice.”

It means that any citizen—it makes it clear in this section—could be aggrieved and in special circumstances, you can get leave. You make your complaint. You must go on statutory declaration. It goes before the committee and it is heard.

I was expecting a similar provision with respect to the Medical Board Act, because I was concerned as to how does an aggrieved citizen who has a complaint

against a professional—what happens in that instance? Bearing in mind I have heard so many complaints in this country about how difficult it is, because doctors do not want to testify against other doctors and when you get the matters in court, there is difficulty.

What I see here—and the relevant section states that if any person has a complaint, this would be a citizen, the powers of the council dealing with discipline. What must be done, based on section 24(2):

“The Council may, and upon the application of any four members of the Board shall, cause enquiry to be made into the case of a person liable to be dealt with as in this section provided, and on proof of such conviction or of such infamous or disgraceful conduct may—”

And it goes on. It seems to me, I stand to be corrected if I am wrong, if you have a complaint against a doctor and you wanted to go in similar fashion, as a citizen would go before the disciplinary committee about the conduct of an attorney-at-law, that aggrieved citizen, in the arena of medicine, has to go before members of the board, meaning the doctors.

I am very concerned about that. To me, that is not citizen-friendly. I know there would be many instances and doctors may say: “Well, what is the frivolous complaint?” We, as attorneys-at-law say the same thing: What about the frivolous complaints? I can tell you that there are many frivolous complaints. When an attorney loses in a matter, the first person to be blamed is the attorney-at-law. The first thing to say is that the attorney was not doing what the attorney was supposed to do.

Has any thought been given? According to Dr. Balkaran Ramkissoon, he is saying in his letter, if I have read it correctly and I am sure I did, that there was no extensive consultation. To me, if a government is serious about upgrading a profession, then there must be an upgrade or some means of finding easier access for people who make complaints. I see the Member for Caroni Central shaking his head. To me, even in the first instance, if you want to sift out the frivolous from the non-frivolous, I can understand. You do not want the council to be bombarded with carrying out investigations that may prove to have been instances in which people were trying to make mischief. We have had to deal with these kinds of things already. I am asking myself why this kind of consideration was not given.

I continue to make the point, yes, we want to take professions to the next level. In fact, I was very pleased when I saw in this Bill, the fact that amongst other things, the council would be given a mandate for establishing standards for continuous education and training for medical practitioners.

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I remember last year an address was delivered by someone, an attorney-at-law, in Jamaica. She was making the point that in Jamaica the Jamaican Bar was moving towards mandatory continuous legal education. That is what is happening in Jamaica. Certainly, it would be something for us to consider in Trinidad and Tobago. Many of us are attorneys-at-law and because of our years of experience, we consider ourselves experts in many fields. What is being contemplated is not just letting experience build your knowledge and expertise, but some form of mandatory continuance of legal education. I must say that I agree with that. I agree for our own profession that there must be—whether we go to the Hugh Wooding Law School or in the area of arbitration, anything that affects the profession across the board, mediation or arbitration—something must be done. Not just for us, I think the engineers also have their association. I agree, professions are moving in that direction. Moving in the direction does not mean bringing legislation that is piecemeal and half-hearted because, to me, that is what we have here.

The Member for Diego Martin East kept asking the question: What is your complaint? You have 11 members. Of the 11, it is only two that the Minister would be appointing. It goes beyond that. What people want to see in any association—regulations or laws that would be guiding or regulating the operation of a committee, a council or a board—is that there is no leverage whatsoever. In other words, interference is at a minimum. We do not want to see any windows at all. We do not want to see any portholes or cracks whereby there can be some kind of muscling or wrongful interference by the Executive.

What has happened in this country—it is something we cannot shy away from—is that there is public mistrust when it comes to the operation of many so-called independent organizations. That is a problem in this country. It is a massive problem, because we live in a small country, Trinidad and Tobago. I do not think we fully appreciate that basically everybody knows everybody and whom you do not know, you are related to and you are not related to or know, somebody else knows them.

I worked as a criminal law practitioner for many years and I saw it happen very often with jurors. Jurors would say: “I cannot sit on this case because I know one of the witnesses, I am related to one of the witnesses or the accused is my neighbour's friend who used to come to the house.”

We have to recognize that and we have to start, knowing that we cannot change our geography, and cannot legally, or by any kind of laws brought, ensure that there really is no window, crack or slit whatsoever, to ensure that there is

entire independence. You have to make sure that you put the right people in the right places. I think that is what concerned the medical fraternity, that if we, as a body, having had nominations or whatever selection process is used—the Member for Caroni Central would best know what is done—having had the doctors who are registered as medical professionals, come together and having used some system that is transparent and accountable and come up with four—we expect that when the top office is to be appointed, it should come from those four. I really do not see anything wrong with that.

There is a solution to the problem. To me, if the council or the body that is supposed to mandate, guide or regulate the operation of professionals, is a body that professionals do not have trust in, the profession, to me, is not going to go very far. We are guided by the Law Association. Therefore, if we have a Law Association, we have confidence in our Law Association, so we know that whatever decisions are taken, are with a view to upgrading the profession.

Miss Seukeran: Are you suggesting that the perception of Executive interference can be obviated by the appointment of a member of this particular four? Or is it that the whole issue of perception and transparency would be obviated? Is that your suggestion, in the interest of the security of the body medical? It must tie together.

Miss G. Lucky: That is exactly the point. You have to do a balancing exercise. At least, if you are sure that the entire board—remember it would have been the Medical Board of Trinidad and Tobago—would comprise all the doctors throughout the country who are so registered—If, therefore, four persons have gone through the rigorous exercise of being selected and then nominated to be on this council have now found themselves in the council, as opposed to two medical practitioners who would have been appointed, that would have been the Minister's prerogative. Clearly, to me, when it comes to the office holders, I think you would want to make sure that those who have gone through the rigorous exercise and the full democratic process are given those high posts.

I am not in any way suggesting that the 11 who are sitting there would not have a choice, but the fact is your peers have assessed you and they have said: “Four of you go there.” However, at that level, you have selected who would be president, vice-president and secretary/treasurer. So be it. That is what you want to make sure. It is in the interest of the profession, because what you would make sure, just as we do as attorneys-at-law, we have been having the best persons, persons we respect, mentors, icons and legal luminaries, holding the posts in that very important Council of the Law Association, to take us forward. That is what

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you want. That is what ought to be done.

There is no way. We are not saying remove the medical practitioners who would be appointed by ministerial prerogative, but make sure that the four who are coming in through the board must be given, I am so afraid to use the word preference or priority—they deserve it. They deserve to be the people from whom you would be selecting for your top posts. That is a fact, because they would have been assessed by their peers. They would have had to convince their peers when they go to this council, that they are independent, competent, committed and dedicated.

It reminds me very much of the people sitting on the back bench Opposition. They understand what they have to do. That is the point being made. I do not think in terms of philosophy. I disagree with the Member for Diego Martin East. Today is not my day for disagreeing with you. You have done so academically well. I am asking you to now use what you have learnt.

Let us face it, the only downside to when you study by external means—I say it to those in the other place where I lecture—is that you lose the footwork. I am sure you would get the footwork experience. That is not a problem. I am sure I might see you at the Hugh Wooding Law School. One never knows.

I am saying to the Minister and those on the other side, I am aware that you would be very hard-pressed to take this legislation back to the other place. You have brought the legislation from the other place. I have seen some of the amendments that were included. Again, I am making the point, even when I read the contributions from some of the Members of the other place, they were saying the same thing, that you cannot just be bringing amendments piecemeal and ad hoc. You need a whole revamping and revising.

Mr. Speaker, I am mindful of time and I would be winding up for 4.30 p.m. Even in our own profession, the legal profession, there are those who believe that we should now we allowed to advertise. There are those who believe that in England—the Member for Diego Martin East spoke about our following England—there is some level of advertisement that is deemed allowable. In England, that is the way it is going.

In our profession they have now said when you are in a courtroom—the English now want to follow the American system, which would have adversely affected the Member for Diego Martin East—when you make a point, you have limited time, in terms of the particular point you are on. It is not just a time limit. If you have made the point, a light comes on and it says: Move on. That is the

level of control that they now want. [*Interruption*] I am not throwing it to you. You were making the same point over and over. You were not trying to buy time, but you really wanted your moment in time and your moment in the sun with that great qualification that you have. Nothing is wrong with that, but only for today. Do not bring it at another time. You may not have another time to bring it.

As I conclude, this is what I am asking the hon. Minister to bear in mind, that there is—I have given you. I do not ever give and take back, my friend. What I said to you is that you deserve your moment in time and whereas I would have said tedious repetition of the same point, I would not do that to you today because you deserve your moment in time. Having gotten it, I cannot keep giving it to you all the time. The Member for Diego Martin West may have his own achievements that he wants to talk about and I must give him his moment in time too. We will share.

The point I am making, as my time is coming to an end—I have said it before, but I want to continue telling this Government. I cannot say that they would be the government for all time or even after the next election. I want it put in *Hansard* that when the next Parliament sits and we have people looking at legislation that we have looked at as a Parliament, let us not do what this Government has unfortunately done: not bring legislation in a timely fashion, throw away or just seem to neglect there were already pieces of legislation that were drafted and may not have been laid or lapsed. Let us try to see if we can continue as a country and keep the ball rolling. To me, that is where we keep failing. Every new regime wants to come in and start all over again. That is why many of the professions have found themselves in the stymied position that they are in.

Let us hope that we would really be able to see where others have gone, decide if we want to follow and how we can perfect it. To me, that is really the only way that we can see the profession moving forward and all professions moving forward as a whole.

You have brought legislation dealing with the Medical Board Act; you must ensure that there is extensive consultation with the stakeholders, if not, you are starting off on the wrong foot, because what you are sending is a message that what we are doing—this is how we would control, and that we do not care how you feel. That has to stop in Trinidad and Tobago.

I thank you, Mr. Speaker.

Adjournment

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ADJOURNMENT

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, in recognition of our Muslim brothers and sisters and the fact that they are going into a period of prayer and fasting, I move that this House do now adjourn to Friday, September 14, 2007 at 1.30 p.m.

Mr. Speaker: Before I put the question, you have in fact completed your contribution?

Miss Lucky: Yes.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 4.31 p.m.