

*Leave of Absence*

*Wednesday, September 19, 2007*

**HOUSE OF REPRESENTATIVES**

*Wednesday, September 19, 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 following Members: Mr. Gerald Yetming, Member of Parliament for St. Joseph; the hon. John Rahael, Member of Parliament for Port of Spain North/St. Ann's East, both of whom have requested leave of absence from today's sitting of the House. The hon. Eric Williams, Member of Parliament for Port of Spain South has requested leave of absence for the period September 19 to October 09, 2007. The leave which these Members seek is granted.

**PAPERS LAID**

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the San Fernando City Corporation for the year ended September 30, 2001. [*The Minister of Works and Transport (Hon. Colm Imbert)*]
2. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the San Fernando City Corporation for the year ended September 30, 2002. [*Hon. C. Imbert*]

*Papers 1 and 2 to be referred to the Public Accounts Committee.*

**HOUSE COMMITTEE REPORT**

**(Presentation)**

**The Minister of Works and Transport (Hon. Colm Imbert):** Mr. Speaker, I wish to present the report of the House Committee of the House of Representatives.

**JOINT SELECT COMMITTEE REPORT**

**(BROADCASTING)**

**Presentation**

**The Minister of Housing (Hon. Dr. Keith Rowley):** Mr. Speaker, I wish to present the report of the Joint Select Committee on Broadcasting.

**FINANCE (NO. 2) BILL**

Bill to provide for the variation of certain duties and taxes and to introduce other provisions of a fiscal nature and for related matters [*The Minister of Works and Transport*]; read the first time.

*Motion made*, That the next stage of the Finance (No. 2) Bill be taken through all its stages on Friday, September 21, 2007. [*Hon. C. Imbert*]

*Question put and agreed to.*

**MEDICAL BOARD (AMDT.) BILL**

[Third Day]

*Order read for resuming adjourned debate on question* [September 12, 2007]:

That the Bill be now read a second time.

*Question again proposed.*

**Dr. Adesh Nanan** (*Tabaquite*): Mr. Speaker, I rise to make a contribution on the Medical Board (Amdt.) Bill. In my contribution this afternoon, I would like to make reference to contributions made by the Members for Diego Martin East and West, because the impression was given with respect to Dr. Steve Smith by the Member for Diego Martin East, that there was a fraud perpetrated on the population. Words spewed from the mouth of the Member for Diego Martin East—complete falsehoods—and also supplemented by the Member for Diego Martin West.

This amendment speaks about a new register for specialists and there is a matter that I would also want to deal with, with respect to the medical specialist register; an amendment that I would also like to introduce into the House. But I will deal first with the Member for Diego Martin East in terms of his contribution, because the Member spent a considerable amount of time trying to paint a picture of a very prominent specialist in this country, Dr. Steve Smith. We have to recognize the American system and the British system. It was clearly explained on various radio stations and on television, but it is my duty to clear the name of Dr. Steve Smith. What we have in this Parliament is parliamentary privilege but we should not be using our parliamentary privilege—

**Dr. Rowley:** Go and tell your colleagues that. [*Crosstalk*]

**Mr. Speaker:** Order!

**Dr. A. Nanan:** I will continue. [*Crosstalk*]

**Mr. Speaker:** I want to warn all Members that as we wind down the Eighth Parliament, those who have not been put out of the House before could very well be put out before the Eighth Parliament is finished. Please continue.

**Dr. A. Nanan:** Thank you, Mr. Speaker. Dr. Steve Smith is recognized in Trinidad and Tobago, and I am sure in the Caribbean, the western hemisphere and throughout the world, as a renowned gastroenterologist, as other gastroenterologists within the West Indian community, and to hear a member of the same community, in terms of gastroenterology, trying to malign the character of a fellow member, is totally unethical when it is totally untrue. I do not know if the Member for Diego Martin East or the Member for Diego Martin West were misled. Apparently they were misled.

They continued to speak about letters after a name. When we deal with the American system and the British system, the Americans use the Master of the American College of Gastroenterology (MACG); and they must know that. The British system also has a MACG, but the British system is not a Master; it is a Member. So the only difference, really, is in terms of the nomenclature.

If the specialist had written what the name signified, there would be no controversy. But to send this message from the Parliament of Trinidad and Tobago is totally unsatisfactory—by these two Members. It is very unprofessional to hear the Member for Diego Martin West beat his chest and say: “I have a PhD in Geology” and to come in this House and try to malign the character of another professional, is totally unacceptable! The Member for Diego Martin West and the Member for Diego Martin East should apologize in this House for misleading the population and trying to malign the character! It is unfortunate!

I will go even further, because the Member for Diego Martin East introduced me into the debate in terms of—he did not assassinate my character at that time, but it was done before. If you check the *Hansard* record you would see where they called me a quack! It is written in the *Hansard*! [*Crosstalk*]

**Mr. Speaker:** Order! You cannot call the distinguished dentist from Tabaquite a quack.

**Mr. Imbert:** But he looks like a quack.

**Dr. Rowley:** If he walks like a duck and talks like a duck, he must be a duck!

**Mr. Speaker:** No, please.

**Dr. A. Nanan:** When I heard the Member for Diego Martin East, I wondered why he was referring to me. It is only when it is convenient to refer to another Member to gain political points, then it is satisfactory. But for the years gone by on the *Hansard* record, it is there. The Member for Diego Martin West made reference to it also. It is there! You should go and read it!

**Dr. Rowley:** That you are a quack?

**Dr. A. Nanan:** It is there—

**Dr. Rowley:** But you told me that.

**Dr. A. Nanan:**—but they continue to say that. I was very surprised when my friend from Diego Martin East made reference to my qualifications and being recognized at Howard.

**Dr. Rowley:** But you told me that.

**Dr. A. Nanan:** I would not tell him that; if you go on the OAS site, the first person you will see on that site for Trinidad and Tobago is me, representing Trinidad and Tobago. [*Desk thumping*] I would not tell him that. But I want to deal with that issue, because—

**Dr. Rowley:** Is your colleagues say so.

**Dr. A. Nanan:** He was your colleague at one time! You forgot that? It is only when he came here he was our colleague.

**Dr. Rowley:** And he was so good you bought him. He said you are a quack. What “yuh” calling me for?

**Mr. Speaker:** Order!

**Dr. A. Nanan:** With respect to Dr. Steve Smith, I want to put that to rest. He is a renowned specialist and I am sure he paid his \$500 to register in this country as a specialist. It was not necessary. I do not know if they are aware of that, because the Act does not specify that you must state your specialty. If you want, you could pay your \$500 with respect to the Medical Board fees and have your specialty recognized. That is how it was before this amendment came.

So once and for all, let us put that to rest with respect to destroying people’s character in this Parliament. It should never be used for that purpose! And to use a fellow of the West Indian community to make a case to malign the character of

another fellow is totally unsatisfactory and unethical, as far as I am concerned. They went on further to talk about diploma mills and cast aspersions on many people in this country; people who graduated at the top in terms of their qualifications in this country.

**Dr. Rowley:** Like Chandulal.

**Dr. A. Nanan:** I will not go there. I will come there later, but I would not go there now.

**Dr. Rowley:** Come now! Come now!

**Dr. A. Nanan:** I want to take a systematic and chronologic approach to this debate, but I will come there. Dr. Steve Smith is a famous surgeon in this country. He has done extensive work. But in my research on Dr. Steve Smith, let me tell you why they maligned his character in this House. Dr. Steve Smith is the one who wrote against them with respect to the aluminium smelter—[*Desk thumping*]

**Mr. Panday:** Ah! I now see.

**Dr. A. Nanan:** That is the reason they came and assassinated his character in this House. He spoke out against the aluminium smelter. He said it was totally unsatisfactory that the Government is going in that direction in terms of the risks associated with the aluminium smelter and the health hazard to the population.

**Dr. Rowley:** Since the Member is belabouring the points made here in this House about Dr. Steve Smith, is the Member also saying that what has been written in the public domain by Prof. Bartholomew, without parliamentary privilege, is also wrong? Because Prof. Bartholomew does not have parliamentary privilege. Are you implying that he was also assassinating his character?

**Dr. A. Nanan:** I did not want to go there, but since he sent me there, I will go there. Let me tell him something about Prof. Bartholomew in case he did not know. He is not trained in infectious diseases. And he could write the Parliament if he wants! He is not the primary investigator, if my memory serves me right, of the HIV vaccine in this country.

**Dr. Rowley:** And he is not a doctor either.

**Dr. A. Nanan:** I did not want to go there, but if you want me to go, I will go there!

**Mr. Panday:** You saying that!

**Mr. Speaker:** Hon. Member, I am sure that you can now leave the qualifications of these eminent doctors and get back to the Bill.

**Dr. A. Nanan:** Thank you, Mr. Speaker, because I have a substantial amount of material to deal with and I did not want to go to Scarborough to deal with that matter. I want to go to the Bill, because this amendment is very important.

I want to introduce a new concept here. It is totally unacceptable when the Member for Diego Martin East and the Member for Diego Martin West talk about the structure of the Medical Board in developing countries and other countries. This is with particular reference to the Member for Diego Martin East, because he introduced the council in Britain as a reference and he also used Australia as a reference, and if you go to those two medical councils you will see that they are independent. The majority of the members on that council—

**Mr. Imbert:** I thank the Member for giving way. If you look carefully at what I said, I was referring to a medical council in New Zealand. And with respect to the Greater Medical Council of Great Britain, the point I made was that they had widened the membership of that board to include representatives of civil society.

**Dr. A. Nanan:** Mr. Speaker, I gave way hoping that he would bring some kind of substance to this debate. I gave him an opportunity, by giving way, to clear his name. It is on *Hansard*! If you read the *Hansard* you would see that you mentioned Britain in this debate! The Medical Council of Britain was mentioned and the Member for Diego Martin West was following you like a—sorry, Mr. Speaker.

**Mr. Panday:** Okay, tiger.

**Dr. A. Nanan:**—following in the trap that probably the Member for Diego Martin East laid for him, talking about Britain and how their structure is similar to what they are putting here. It is not so! There are 33 members! The majority are coming from the medical practitioners. So you cannot use that to justify this amendment to the Medical Board Act.

**Dr. Rowley:** Would you accept the fact that New Zealand is not part of Australia?

**Mr. Panday:** “Doh” take him on. “Doh” take him on.

**Dr. A. Nanan:** Mr. Speaker, in my little research on this topic, I went to the Medical Protection Act in New South Wales—

**Dr. Rowley:** New South Wales is not part of England.

**Mr. Speaker:** Order!

**Dr. A. Nanan:** The amendment I want to introduce—which is important, because we see a newspaper headline here: “Minister of Flooding and Transport Chaos”, by the Member for Diego Martin East’s good friend. The reason I introduced that—the relevance here is congestion on our highways; flooding. You cannot even get into Port of Spain. So when this Medical Board is set up and these people have to come to a meeting, let us say in Port of Spain—

**Dr. Rowley:** Ohhh! That is so lame!

**Mr. Speaker:** You are stretching it a bit, but—

**Dr. A. Nanan:** We will hear from the lame ducks later on, but right now reference was made here for the introduction of teleconferencing. That is a new introduction in the New South Wales Act, where there is the ability to teleconference. So if the members are able to have communication between each one of them, they would be able to teleconference and hold a meeting. That is the suggestion I am putting forward to the Government, the ability to be able to teleconference and hold a meeting.

There is another area in this particular amendment that the Government needs to clear up. There is an amendment to a section dealing with the specialist medical register. It is my view—I could be wrong and you could correct me—that the amendment is coming under the wrong section. At the same time I am dealing with that, I do not know in this country if there is a register for medical students. If I am wrong, I am sure I will be corrected. But that could be introduced also. So there could be a register for medical practitioners; a specialist medical register, and there could also be a register for medical students. Because when we are dealing with a medical board, we are dealing with the safety of the public. The primary role and responsibility of a medical board is the health and safety of the public.

The reason I introduced the register for medical students is that the training programme must be approved by the Medical Council in most countries. Is it so in Trinidad and Tobago? If we are going to have a register for medical students, is that programme going to be certified by the Medical Council? That is with respect to the medical students, but the other area is, in the parent Act we are dealing with an issue of a person who is not on the medical register and that is the section that is being amended to include medicine. Section 22 of the Act is being amended to have

an introduction of a (d), “practice of medicine” and a subsection (3). The Member for Diego Martin West spoke about a fine and imprisonment, and it is coming under that clause 10(3) which is being introduced.

That is for the person who is not a medical practitioner. So it is my view that it should come under the section—because if you look at the parent Act, you would see that there is a provision already for a person who is not a specialist. There is a provision there in the Act under another section dealing with a specialist. So this particular amendment that is including a specialist medical register is nothing new. There is already a provision under the parent Act to deal with somebody who is masquerading as a specialist. You could actually suspend the doctor for two years; you could remove the name from the register and you could reprimand. Now you are having another area where you can fine and imprison.

The question has to be asked: Is it a medical doctor who is practising as a specialist that you are trying to capture? Or is it a layperson who is masquerading as a specialist that you are trying to capture? We have to get it right. If you are capturing a layperson masquerading as a specialist, well, the amendment is in the right place, but if you are trying to deal with a person who is a medical doctor who is on the register and who is masquerading, so to speak, as a specialist, then the amendment is coming in the wrong section. So that is an area that I wanted to deal with and get some clarification on; whether the amendment is coming in the right section for the reasons that I put forward.

The other area I want to deal with on the Medical Board—because we have to face facts. We have an amendment that is coming to actually remove people who are deceased from the register and to be able to have names removed from the register, but there is another anomaly that I want to point out and it deals with the whole question of quality care. Yes, we are having an amendment to deal with continuous training, but when we are looking at specialties, the amendment should state quite clearly the class of specialty. That is my view. We should have classes of specialties that the Medical Council should agree on. That should be in the specialist medical register.

I do not know if that will come in the regulations, but I am just pointing that out, with respect to the amendment that is before the House. We are dealing in this particular amendment—and it can be expanded, because if you look at the composition of the new Medical Council, we have raised that the majority are coming from the Government side and we have said that it is our view that the majority should come from the medical practitioners who are registered. We are not



against having laypersons on the board, because if you survey all the developed countries and their medical councils, you would see that they have introduced quite a number of laypersons on the medical council. But there are areas that are still not clear with respect to the Medical Council's ability to regulate the profession of medicine, and it has to be pointed out that we have not seen in this particular amendment anything to deal with witnesses.

In many jurisdictions the medical council is audited on an annual basis and the actual functions of the Medical Council, where they have so many reports or complaints that they have investigated or are investigating, a report is presented to the Minister and the Minister is then obligated to lay that report in Parliament. So there is a parliamentary control with respect to the medical council and how they are operating. I am not seeing that accountability, in terms of the medical council, not only to the Minister but also to the Parliament.

In this particular parent Act, you have to have four medical practitioners who are on the board to bring the complaint forward for the Medical Council to get involved. But we have seen cases in the past where complaints were made to the Medical Council and for some reason or other they were not investigated or not investigated properly.

As I deal with this area, I want to deal with something raised in this House with respect to the medical register. When I went back into the *Hansard* to the contribution of the Member for Caroni Central on the matter raised by the Member for Diego Martin West, the Member for Diego Martin West gave the House a tirade in terms of how he went to the Medical Board and wanted to get to see the register and he was barred from seeing the register, and it was somebody in the UNC who stopped him from seeing the register. But I want to let the Member for Diego Martin West know that it is on the *Hansard* that one year prior to that particular incident, the Medical Board had a policy that there is a form to fill out—yes, you walk with your dollar—and the Member for Diego Martin West refused to fill out the form. [*Interruption*] It is on the *Hansard*, Mr. Speaker; it is on the *Hansard*!

**Dr. Rowley:** You lie!

**Mr. Speaker:** No, no, please. You cannot accuse a Member of lying.

**Dr. Rowley:** I withdraw it, Mr. Speaker. Do not come here and talk foolishness about something you know nothing about!

**Dr. A. Nanan:** The Member for Diego Martin West refused to fill out the form. He had this bullying attitude: “Is me, the Member of Parliament for Diego Martin West. I want it now! I want to see it now!” All he had to do was sit there and fill out a form, as prescribed.

**Dr. Rowley:** You lying!

**Dr. A. Nanan:** But he wants to use his bullish behaviour—

**Dr. Rowley:** You are lying!

**Dr. A. Nanan:** That is what he wants to do, railroad everything. That is what he wants to do here this afternoon and stop me from talking; railroad everything; that is his attitude!

**Dr. Rowley:** I am not stopping you; I am just saying you are lying.

**Dr. A. Nanan:** The facts are, the form was supposed to be filled out; you did not fill out the form; you went there; you wanted to break down the door and you wanted to see the register. Then you went back again in the evening: “I want to see it again; I want to see it again.” But you “ain’t” fill out any form, and that is the situation. Misleading the entire population!

**Dr. Rowley:** You are lying!

**Dr. A. Nanan:** But they will deal with you!

**Mr. Speaker:** Order!

**2.00 p.m.**

**Dr. A. Nanan:** They will deal with you when the election bell is rung, Member for Diego Martin West for trying to fool the population. It is in *Hansard*. You cannot come here to cast aspersions. You cannot do that! You may do it in Princes Town but you cannot do it in the House. I wanted to clear the air on that medical register because it is important.

Just as they ran the election—thuggery in all the marginal constituencies, but it will not happen this time. You will be prevented and the United National Congress Alliance will be victorious.

The medical register is an important part of this amendment because it would have the names of the doctors who are registered. The new specialist register will have the specialists. There is a provision that people who are specialists will be allowed to continue for a period of time before they can be assessed properly. If I

recall, do you know that in other countries as Singapore, a committee is set up to look at the certificates; recognize specialties and put them in specific brackets? That will include what the Member for Caroni Central was speaking about with respect to sub-specialties as gastroenterology.

I want the Member for Diego Martin East to know that there are a number of areas in which people can get scholarships. In many jurisdictions the Medical Council or the Medical Board will allow a member to enter his name on a specialist register with a certain amount of control. That control may be that the person has done one year of the training to become a specialist; will be allowed to continue and will be monitored for a next year to see if it was completed. It is the same thing with giving temporary licence to medical students. It depends on the situation. If there is a situation with a shortage of specialists and you need them, you have to make allowances. You must have that tolerance level when a person has had experience in a certain field. Many people in this country have experience doing these particular routine daily activities. It is true that they have not had their particular qualification as yet. That is allowed in certain jurisdictions. You cannot have a rigid set of conditions. That has to be considered because you are dealing with a level of professionals and not people who have no qualifications.

They have their free will to go forward in a particular specialty. There are specialist physicians who are doing much work. I want to make mention of the doctors who are working in terrible conditions at our hospitals. From time to time we have seen on the newspaper and the television that the doctors are working in extremely harsh conditions and they are doing extremely well. Could you imagine if the conditions at our hospitals are improved, what will be the performance level of our doctors? We have some of the best specialists in this country. We can rank with any other specialist in other countries. The PNM Government wants to keep us in that kind of squalor. We must not go forward. In that situation they want us to stay in that quagmire. We will move soon from that quagmire of the PNM.

**Dr. Rowley:** We do not want you to come with Pacific Western University like Dr. Chandulal. He paid US \$200 for it. That you cannot deny.

**Dr. A. Nanan:** It is unfortunate that the Minister of Health having been advised of a shortage of beds and supplies at our hospitals, in this day and age it still continues. The public is subjected to extremely harsh conditions. They have to suffer at the hospitals in San Fernando and Mount Hope. What are you hearing? We are going to build a hospital in Point Fortin. When? The Medical Council that regulates the profession of medicine can only do so much. They are dealing with

*Medical Board (Amdt.) Bill*  
[DR. NANAN]

*Wednesday, September 19, 2007*

the professional conduct of doctors. Doctors are suffering because of the conditions they work under and working overtime and extreme hours. The PNM has no regard for professionalism in this country. Teachers are marching on the streets. That is nothing new. The Government is supposed to have been advised long before of the negotiations but it is dragging the negotiations. While the teachers are on the streets, the children are suffering in our schools and in some parts of the country they are in tents. Some children are in health risks; buildings are broken down and school is still going on.

We are in a situation of total chaos! People are stranded in Port of Spain because of one hour rainfall. We are subjected to that. The professional class is being marginalized by the PNM Government. People have toiled day and night to be where they are and are being cut down by the PNM Government. They did not get any scholarships; they spent their hard earned money and went on their own to further their education. This PNM Government comes in this House to discredit them. That is totally unacceptable.

The Medical Council as it regulates the profession of medicine also has to deal with the professional conduct within the realm of medicine. While we agree that many doctors are doing yeoman service in this country, we also have to deal with the other areas of reported complaints. In other countries if you go on the Internet you would see complaint forms to fill. You will see a mechanism where a person can file a complaint against a practitioner and access the register of the Medical Council. It is a matter of communication. That is allowed. There is a mechanism where that particular transmission via email could go to the register and the complaint can be taken at a further level. There is an allowance where witnesses are subpoenaed. That is the level to which other countries have gone in terms of the revision of their health Act.

In the 21<sup>st</sup> Century, we are coming with a piecemeal approach to health care to introduce a specialist medical register; continuing education classes and a new structure for a medical board. It goes further than that. There are other areas that can be introduced in this amendment that will make a major difference. We have heard it from time to time. The Medical Council has put their proposals forward. The PNM Government has rejected almost all the proposals put forward. It is not only in that profession but also in the Dental Council. Recommendations have been put forward time and time again to the Minister of Health, but they fall on deaf ears.

It is only when it is convenient to want to control a profession, amendments come in this House. I am told that in the Port of Spain General Hospital there is a situation with one translator for the Cuban doctors. We have to rely on Cuban

doctors to treat us and there is one translator for all of them. Where is the structure we heard about of bringing foreign doctors to help us? It is hurting our population. People are afraid to go to our health institutions.

I spoke of an incident where a constituent of mine was stung by a snake in the dead of the night.

**Dr. Rowley:** Snakes do not sting. They bite.

**Dr. A. Nanan:** You see the level at which they go. I am speaking of my constituent who was bitten by a snake and they make a mockery of the whole issue.

**Dr. Rowley:** We are making a mockery of you, not the child.

**Dr. A. Nanan:** That is the level of the PNM. The child had to be taken to the Chaguanas Health Facility. The child was treated and sent to San Fernando General Hospital; no bed was available and the child had to be discharged. If there was a proper facility, a blood test would have been done to see what level of toxin was in the blood and the child would have been placed in an observation area. The parent was not aware of the type of snake that bit the child. A child can succumb to a snake bite if there is a certain amount of venom. It so happened that the snake in striking the particular child missed. If the approach was direct on the ankle the child could have been dead today. The child had to be discharged from the hospital because there was no bed.

Our health facilities are closed after a certain hour. In the rural constituencies we are at the mercy of any health hazard that develops. At the Chaguanas facility there was the first line of treatment and the blood test and observation period could not have been done at the San Fernando General Hospital. The patient was discharged. It was by God's grace that the child survived. That can happen any time in our constituency because there are rural constituencies with snakes. I know that there are many snakes on that side in terms of their constituencies.

How can this amendment help a person in my constituency, Tabaquite, who is bitten by a snake? That person suffered from Tuesday to Thursday at the Mount Hope Medical Hospital without a bed. How can this amendment help the person with a blood pressure over 380 who was supposed to stay in the hospital and because of the situation the person was discharged? That person could have suffered a stroke. In this country we are lucky because a God is operating to help our sick and needy. We cannot rely on the PNM Government because our health facilities are in shambles. Our infrastructure is in ruin.

I sympathize with the people in Tobago because there is no major hospital. The United National Congress government earmarked a hospital for Tobago in Scarborough. Today not a single pillar is on the site. All we know about is a report saying that the Member for Diego Martin West is alleged to have stolen gravel and sand. The Scarborough Hospital and the Point Fortin Hospital should have been built. We built the health facility in Princes Town and Couva. If I recall we had earmarked enough acreage for the Couva health facility to have a hospital. It was never followed up by the PNM administration although given a solid platform for health.

The ambulance service was introduced under the UNC government. What we are seeing under the PNM we have seen already. We have seen too much smoke; too many mirrors and too much public relations. In our rural constituencies we have been suffering for health needs. Our health centres are so badly run that we cannot rely on them to have medication at their disposal. We have had major controversies between pharmacists and the Government; doctors and the Government and now, teachers and the Government. So it goes. It is controversy after controversy with respect to negotiations and struggles. We are in a time of struggle and continue to struggle under the PNM Government.

In every sector we are struggling; social, education, health, public utilities, forestry and tourism. Why is that? We are in an oil and gas windfall. We should not be suffering; we should be the model for the Caribbean in terms of our policies and programmes. In 2007, there is a Minister of Education who does not know that they are breaking down a block in a school in Chaguanas. People are suffering in every area and you hear them calling the radio stations from various parts of the country to tell their stories which continue because of the failure of the PNM Government.

The health sector is the most critical area dealing with life and death situations. In other sectors you may be able to manouvre out of a situation like that. They have failed in crime because the criminals are running loose. The detection rate in certain incidents is almost zero. We heard the Member for Laventille East/Morvant talk about the detection rate and give us some indication about a crime that will have 100 per cent detection rate. We are not dealing with that issue. We are dealing with this particular amendment and how it has no relevance to our society today. The health sector is not benefitting. They are dealing with the specialist medical register because of their animosity and hatred for Dr. Steve Smith. We can get you. We may not be able to get you one way, but we will get you another way. That is the message they are sending and targetting people directly. It is too late.

The population recognizes their approach and they would be removed in the next general election. It will continue because whether or not the amendment is passed and whether the board is comprised of more government officials than registered medical practitioners or laymen, we have to look forward. We cannot rely on the Government to assist us. We have to look to all the medical clinics that we organize in our constituencies to help the people in the rural constituencies.

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

*Motion made,* That the hon. Member's speaking time be extended by 30 minutes. [*Mr. S. Panday*]

*Question put and agreed to.*

**Dr. A. Nanan:** Mr. Speaker, thank you. I thank all the Members for extending my time.

I was dealing with community clinics being organized in our constituencies. Because of the failure of the Ministry of Health we have to rely on our initiative to get health care to our population. We see the Minister of Health introducing the community health service by his rural clinics. It is too late because these little interventions cannot remove the failure of the Minister of Health; the Ministry of Health and the Government with respect to health care. I am not here to score political points but for the country and to improve our health care system. I am here to ensure that the population can rely on our health institutions. We have reached a stage where many people are sending people abroad for health care. The Minister of Health told us how many operations we are doing here. I am surprised to see that this team that came in will be dealing with dental surgery.

**Mr. Imbert:** You hate that?

**Dr. A. Nanan:** I am not against that. I am happy. It shows quite clearly that with respect to the dental environment that there has been a failure. If you look at the report you would see that all the health centres have specific areas to deal with dentistry. In all those areas equipment has been supplied and remained in boxes. They have not been utilized. It is unfortunate that they have supplied the equipment to the health centres and it remains in abeyance. People are suffering and have to utilize other sources where health care is not up to a certain standard. They are at the mercy of certain individuals because of the failure of the PNM Government.

*Medical Board (Amdt.) Bill*  
[DR. NANAN]

*Wednesday, September 19, 2007*

Is it that the PNM Government wants that to happen? Is it that the PNM Government wants our people to go to sub-standard institutions or individuals for health care? They come with this amendment and say that that is not what they are doing. They are trying to ensure that people are specialists and people are able to recognize them.

In other countries there are email lists where you can see the doctors and specialists who are registered. Everything is open. I am sure that that will come under the United National Congress government. I am sure that my friend, the Member for Oropouche is working on the manifesto and it will be introduced to open the communication channel and for transparency, even in the health sector. People will be able to make their complaints and give suggestions to improve the health sector. It was done before and it will be done again.

We recognize that we cannot rely on the PNM Government to assist. We have to come with our policies and continue our programmes. That IDB loan that was driving the health sector is now in abeyance. I am sure that they have not drawn down any money from that particular loan because of the conditionalities. They are using government's revenue. When we deal with government revenue and oil and gas windfall we have a projection for the future. We should be saving at this point in time, but we are spending willy-nilly and not getting the benefit of the spending.

I call on the Government as it brings this amendment to the House to do something for the country. It is not too late to help the people of Trinidad and Tobago with respect to health and all the other sectors. The time is now and the population is calling on you. They will remove you in the next general election.

Thank you.

**Mr. Manohar Ramsaran** (*Chaguanas*): Mr. Speaker, as I look at you I think that I am seeing many faces and worse when I glance across, hundreds confront me. I thought that it was an apparition, or was it the Prime Minister's camera tricks? As we debate the Medical Board (Amdt.) Bill, Chap. 29:50, is it meningitis? According to the Prime Minister's thesis, is it that his camera could make crowds multiply in size? I guess that it is meningitis for I pray that it is not the dreaded foot and mouth disease which has once more broken out in Britain.

I say this in introducing this topic as we are in the political season, I ask the people assembled in this Parliament to focus on the job at hand and try to deal with the truth and reality. Recently, I said in Parliament that one of our key functions is law making where the desires of our citizens are converted into laws.



When one follows the public debate that this amendment has generated as well as the general state of the health sector, I do not believe that the Government should force this Bill down the throat of the nation. We know of the few successes of the health sector because they are advertised ad nauseam. They are pounding them in the media. I heard that the Minister of Health makes more appearances than any other in the local media. Some say that he is the Paris Hilton of Trinidad and Tobago. I hope that Paris Hilton does not misunderstand the comparison. On the other hand, the real tragedy as admitted by the Prime Minister, hon. Patrick Manning is that the health sector's management has failed. Why then did he say during the budget debate, a new national health system would be introduced? With recent announcements this Minister of Health has been virtually fired. We are not seeing him here today, so apparently, he has been fired.

**Mr. Valley:** His mother died. He buried his mother today.

**Mr. M. Ramsaran:** I know; I am coming to that. Sometimes we are saved by the divine and maybe, something has happened to keep him away, unlike the other Members there. I want to extend my condolences to him and his family on the recent loss. That has nothing to do with the fact that he has been fired.

This morning I called the Member for Arouca North to deal with a problem in agriculture in my constituency. I was told by the secretary that the Minister will be away for the next couple of days and will not be coming to his office. I wonder if anybody calls any other Minister's office, what will happen. The Government has collapsed.

**Mr. Valley:** Call my office.

**Mr. M. Ramsaran:** This is creating a problem in this country where the Government of the day is not functioning. If one Minister goes to his office stand and tell me. I am convinced that Ministers are battling for their political lives. While they are doing that there is a lacuna in the governance of this country. I am worried about what is happening.

Here we are in a political season; election date has not been announced; Ministers are being paid and I know that they are being paid until election day. They are saying that Ministers have abdicated their responsibilities.

**Dr. Rowley:** What minister is not doing their duty? This is not the office. This is Parliament.

**Mr. M. Ramsaran:** Look at the Government Bench. About five or six persons are here at any one time. At the start at 1.30 p.m. we were looking to see if there was a quorum. I had to mention to a colleague on the Front Bench that this is the Government's responsibility. I heard in this Chamber that this would be the last sitting of Parliament. Every time we come here there is another sitting. I warned the Member for Diego Martin Central. I said that the budget cannot take effect if the Finance Bill is not debated. We are going on and on and on. I know you were panicking for the report of the Presbyterian Board. They will have to come back here because they have so many things to do. I dare them to call election and not pass the Finance Bill.

**2.30 p.m.**

I know the Member for Diego Martin Central will have to go for screening on Friday. The Government has collapsed; I make no apologies for that, but I think that it is a waste of money and resources to have these Ministers paid by the State.

What do we see in the health sector? Poor management in the RHAS, some of which are considered chaotic. There always seems to be unrest in Trinidad and Tobago, especially in the health sector. If it is not PSA marching all over the country, on behalf of the nurses, it is MPATT on behalf of the medical profession. There always seems to be a problem, yet when we look at the advertisements in the media and we come to this Parliament, we hear the Minister of Health boasting of the few achievements, to hoodwink the nation.

We have many stories of what is taking place in the health sector, of people dying on benches at hospital—complete chaos—yet the Government is smiling, attempting to hoodwink the nation by saying that they are performing, “mamaguying” people into voting for them. I do hope and pray that the people of this country would go deep into their conscience and see what is taking place in our country.

I cannot understand a prime minister who has an election campaign for more than one year. Once a country is in that mode of campaigning, governance goes through the window. It is happening and nobody can deny that. There is the question of the date in his back pocket and he has people looking. That is all they are concentrating on and nothing is happening in the country. Every Ministry has collapsed.

Mr. Speaker, why was there a medical board. This has been in existence for about 200 years and I believe it was established to regulate and manage the medical profession in Trinidad and Tobago. We know that there must be changes and we must all believe that the Medical Board should be up-to-date in what is taking place in our

country. I believe that the whole Act should be examined in its entirety. Some reasons to support my argument were clearly outlined by the Member for Diego Martin East. We need changes, but this must be done to secure the continued independence from political control. We do not know who will be the next Minister of Health.

Let us examine section 13, the Medical Board Act, Chap. 29:50, the same one we seek to amend. Section 13 says:

“(1) ...the Council may issue or authorize to be issued, a temporary licence...to engage in the practice of medicine during the currency thereof and subject to the terms and conditions contained therein, to any other person who establishes to the satisfaction of the Council that he is the holder of a diploma approved by the Board and is of good character and a fit and proper person to practise medicine.”

Mr. Speaker, is this the real reason for changing this Board? Do you remember when they wanted to bring doctors into this country a temporary board was set up to do this? Is this because of trying to force people from other countries into our jurisdiction that they have come to force the Medical Board Act? Is that the reason? Now that they have total control of the board, they can bring whomever they want and fire whomever they want. It is frightening. The best thing the Government can do is to allow the Bill to lapse and let someone else come in and deal with it in its entirety.

The medical profession is under attack and there are many reasons being put forward of what is taking place. I heard Dr. Austin Trinidad talking about it recently. The management is bad. If a senior doctor who was the Chief Medical Officer in charge of the San Fernando General Hospital could make such a statement, we have to look at it. When we look at the whole question of the Medical Board Act, we do not invent the wheel, nor should we reinvent it.

Let us look at some reports on the Medical Practitioners Bill which were done in Northern Ireland.

“MPS is aware of the grave concern amongst the profession about the proposals for political oversight and the empowerment of the Minister to give general policy directions to the Council...The role of the regulator is to make judgments about the competence and conduct of medical professionals, unfettered by any political or other external factors. The public and the profession expect to see the Council making consistent and fair judgments irrespective of any shifts in the political agenda.

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

There is an international trend for medical regulatory bodies to become more accountable to external authorities. However the current proposals go beyond external accountability and there is a material risk that the political involvement as set out in Head 9 could be seen to undermine both the public and profession's confidence in the regulatory system."

So, Mr. Speaker, it is not only in Trinidad and Tobago that there is fear of political control and, with due respect, this is a First World country.

"MPS strongly supports the principle of professionally-led regulation. Patients are at the centre of the health care system..."

And I am sure this sounds familiar; this is the COP's position.

"and their involvement in the regulatory process is crucial and must be combined with the professional knowledge of working doctors. It is essential to strike the appropriate balance between professionals and lay members, appointed and elected, within the Council. The vast majority of doctors provide excellent care and deserve to be treated fairly. They have a right to have their actions judged by those with the necessary expertise and knowledge of clinical practice."

These are medical practitioners of the United Kingdom. The Minister said that overseas jurisdictions deal with the problem, but the medical practitioners themselves would like to see it expanded.

This is one Bill that should have been out there for public comment because every day in the news there are reports of problems in our hospitals, but it is business as usual. It is who can "lime" more or advertise more; who can hoodwink the nation more, as if they want to win a battle in the medical business.

Again, I make this call to the hon. Member for Diego Martin Central to let the Bill lapse. That is the best thing he can do. I am sure that at this stage, in Trinidad and Tobago, it would be cruel to pass the Bill as it would affect the medical profession. We will not support the Bill.

We need changes, but this must be done to secure the continued independence from political control. I am honest about that. I will go into this in a little while. Is this the real reason? What is happening? Why do we have to interfere with the Act every time there is a problem? I notice that every time there is a problem with a Minister on that side, the Government runs to amend a Bill to deal with a particular problem; not letting things work out and not having consultation. *[Interruption]* I am sure the Member for Diego Martin West understands. Every time there is a problem, the hon. Prime Minister has a commission of enquiry to deal with what is happening.

[*Interruption*] We have examples. I do not want to attack anybody personally, but we have the Landate issue and it was dealt with. I am sure if the Government could have dealt with the legislation to protect its Members, it would have. We are still waiting on the legislation to deal with the Monteil affair.

Mr. Speaker, while the Minister was in control, did the present Council in any way undermine the provision of quality health care? Have they been irresponsible and indisciplined in any way? Have you evidence that they were not professional in handling cases that were reported to them? These are relevant questions we must ask and we expect sensible answers. When you come to pass laws, you expect citizens to support you.

I cannot understand the need for this plastering-of-sore style amendment. Let us allow ourselves time to examine, repeal and replace this Act with one that will assist the profession in dealing with 21st Century medicine. Minister of Health, why was the recent suspension of Colin Furlonge not referred to the Medical Board? I want answers, but unfortunately the Minister is not here.

Mr. Speaker, let us examine some of the amendments before us. We look at the Bill.

“There shall be a Council of the Board which shall be appointed by the Minister.”

This means that the Minister is responsible. The Member for Diego Martin East said “the Minister” means “the Cabinet”. Who is in charge of the Cabinet? The Prime Minister. Here we see again the question of putting all the authority in the hands of the Prime Minister. We see what is happening with this Prime Minister. People are talking about dictatorship and galloping dictatorship and we see Ministers who have been here since I have been here; some pretending to work extremely hard; some doing nothing; some “gallerying” around the place. Here we have the Prime Minister, the leader of the political party, dealing with his members like putty in his hands and we are giving him more authority to deal with the methodical profession in this country. I fear that.

Member for Diego Martin Central, you should now see the danger of giving all that authority to the Prime Minister. When you were absent, I said we should allow the Bill to lapse. You want to give the authority once more to the Prime Minister? The ten Members on the Front Bench should understand what I am talking about.

I hear people talk about galloping dictatorship, but it is here in Trinidad and Tobago. What he is doing to the PNM now is what he will do to the country tomorrow. The Bill says that the Council should consist of the Chief Medical

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

Officer. I might be innocent, but you have a board and a Chief Medical Officer, is that not a contradiction in itself? I know that boards outline policies and staff will execute policies. Here we have the policy being enunciated and executed by the person of the board. This should be much broader than that.

Then we have two medical practitioners appointed by the Minister. To answer my own question, this board is now being framed to do whatever the Prime Minister wants done. He will dictate to the board whom he wants moved. You give the Minister the authority to deal with doctors. This, as I said before, would transfer the authority for dealing with doctors to non-medical people. I have a serious problem with that.

As we continue to examine the Bill, there are four medical practitioners to be elected by the board. The contradiction continues. The Minister appoints the Chief Medical Officer, two medical practitioners and now you have four medical practitioners to be elected by the board. So the Board will meet to elect four, which is the minority.

We can go on to examine the Bill to see how dangerous it is. We have one person nominated by the IRO and an attorney-at-law with at least five years experience. Appointed by whom? The Bill I have here does not say that. There is also one person nominated by an NGO. Which NGO? That is, in my mind, so dangerous because you can have any NGO popping up tomorrow and appointing a member. What will happen? The Minister must approve this; in this case the hon. Prime Minister, because he is in charge of Cabinet.

Then there is a medical practitioner nominated by the University of the West Indies (UWI). This is dangerous. You are going to have the Prime Minister appointing the members to this Board. Sometimes we should leave things as they are. The entire world is dealing with people being independent, but in this country, we have the Prime Minister and the Government of the day pulling people together and appointing them as they wish. This is dangerous and I do not want to be around if the Bill is approved.

I want this country to be free. Imagine you come into this Parliament and two Members on the Government Benches are maligning doctors. What will happen if they have total control? Maybe a doctor will sit on the Opposition Bench and oppose them and they would want to get rid of that doctor. We have to be careful of what we are doing in this Parliament. I am very fearful of what is taking place.

We are talking about a health sector that is dead. Give it time. We, the Congress of the People, will deal with it. We will have this out for public comment to give the people who are interested in the medical profession the right to say what they want to say. I have seen lesser Bills than this go for public comment, and here we have an important piece of legislation, changing the entire fabric of the management of the Medical Board, and it is business as usual.

Then we go to clause 5, which states:

“(2) A President, Vice-President and a Secretary-Treasurer shall be elected from among members of the Council.”

The more I read the Bill, the more curious it becomes.

Listen to clause 5(b):

“in subsection (3), by deleting the words ‘re-election, except that the President is eligible for re-election for one term only’ and substituting the word ‘re-appointment’.”

Contradiction! I want this cleared up. You elect officers and re-appoint somebody in case one leaves office. Is that not crazy? I see that happening in the political party—people resign and other people appoint themselves leader and it is business as usual, but that is not democracy. The Member for St. Augustine was elected leader of the UNC. He resigned and now they have appointed someone else leader. This is exactly what they are doing. We destroy institutions and we are about to do this here. If you admire what has happened in the UNC and you want to follow fashion, go ahead, but we of the Congress of the People will not do that. Can you guarantee that this board will deal with patients safety and security? You cannot, so I will not ask any questions.

I want to deal quickly with what has been happening in Chaguanas and its environs. Recently, when we were in Finance Committee and we asked questions of the Prime Minister, he told us to write letters. Listen to how the Prime Minister runs this country. In response to a question from the Member for Fyzabad, he asked us to write letters. I wrote the individual Ministers concerned, came to this Parliament with copies of the letters and handed them to the hon. Prime Minister. Up to this time, not one Minister acknowledged the letters that the Prime Minister asked us to write to them.

There was a mosquito invasion in Chaguanas. I wrote the Minister of Health. I wrote him again. He replied to me that it would be done and nothing happened. There is a malaria outbreak in the Munroe Road area. They took blood samples

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

from the people to test for malaria, yet they have not sprayed the mosquitoes. One or two persons had an attack of malaria, yet they did not do the prevention by getting rid of the mosquitoes. This is the Government of which we speak.

If you look at that example, it shows that they are just about plastering sores. If there were 100 malaria cases, what would happen? They did not do what I requested weeks before. Incidentally that community came to my office and requested that I do that. That same village now has a malaria outbreak.

Now that I have the attention of the Prime Minister, he asked us to write his Ministers—and I gave him copies of all the letters—and not one Minister has even acknowledged receipt of those letters.

**Mr. Manning:** Mr. Speaker, I thank the hon. Member for Chaguanas for giving way. As part of the discussion that took place between the Government and the Opposition over the passage of the budget, I had asked Members of the other side to make representations available to me, which they have done, and which I have ensured have gone on to the relevant Minister. I have asked the Minister concerned to take appropriate action on it. I assure him and all hon. Members opposite that action is being taken on the representations they have made to me in the context of the budget.

**Mr. M. Ramsaran:** That action is absent because nothing is happening. I will give the example of the health facility. I raised here the matter of the Chaguanas Health Centre. I mentioned earlier, during the Finance Bill, that the place is run down. There are vagrants. No toilets work and it is unbearable for patients. Even doctors and nurses complain.

In February 2005, the Minister of Health said to me in this Parliament that the Chaguanas Health Facility is expected to commence on August 15, 2005 and is expected to be completed on August 15, 2006. This is performance. I came here and complained again about the condition and said that we could not wait. It was promised in 2005 and we held our breaths. I came here recently and suggested we rent a building in Chaguanas for a temporary health facility. The Member for San Fernando East went there and boasted that it is the fastest growing borough in Trinidad and Tobago, but what is given to them? They have not even been given a rented building.

This was supposed to start in August 2005 and be completed in August 2006, yet the Prime Minister's residence, like a Phoenix from the ashes, rose overnight. Here we have a hospital for people of Chaguanas and the environs, which has been



on the drawing board for quite a long time and nothing has happened. Can I have confidence in the Prime Minister? I cannot.

At election time, I know that the Ministry of Works and Transport would go into a paving frenzy. The roads in this country have deteriorated to such an extent—and one of the letters I wrote outlined the roads to the hon. Prime Minister. Nothing is happening. If they do not do it now, what will happen after elections? I am warning the people that I am still waiting for the hospital for the people of Chaguanas. The battle has been going on for the last six years and nothing has happened.

I would not read all that is happening, but just to say that I am very disappointed about what is happening in Chaguanas. I would not read what was said by other speakers. However, I did a survey of what is taking place in the health sector. In September 2007, we discovered shortages, at local health centres, of WHO supplied and regulated vaccines for mumps, measles, rubella, polio, diphtheria and tetanus. I challenge anyone to do that survey and you will come up with the same results.

The Government comes to this Parliament and talks about success in the health sector, it has come too late. If the Prime Minister had listened to us, he would not have had to fire them at the last hour. He would have fired them long ago and gotten persons who could work. Imagine, September 2007, there are no vaccines for important illnesses like measles and tetanus, amongst others.

Then we look at the drugs at local health centres and hospitals. There is Vastarel, Losartan, Metformin, the first line of treatment for diabetes, Insulin—they promised it free, but they do not have it—local anaesthetics like Lignocaine and Marcaine, there are no iron supplements, no Aspirin and no Panadol. Can you believe that? That is the favourite medicine they give at the San Fernando General Hospital, but can be applied across the board. Laboratory services have not received the major upgrade promised by the PNM and functions far below its capacity.

This is happening in the health sector of Trinidad and Tobago, yet they come with a Bill to amend the Act, which puts the health sector into the hands of the Government. When the Government is supposed to do its job, it is not doing it, but comes to give itself more power. Can the power guarantee more medicine at the San Fernando General Hospital? Sometimes I worry about the Prime Minister firing people, but my worry is with whom he will replace them.

Mr. Speaker, there are lost reports in the hospital. I went to the funeral of the wife of my friend from San Francique, Penal. I knew his wife and I asked him what the complaint was. He said that his wife died because they could not find a file

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

telling them what the sickness was and how to treat it. She was a regular visitor to the San Fernando General Hospital.

**3.00 p.m.**

That is health care in Trinidad and Tobago, lost files. Not only are certain pages torn out, they are losing files at the San Fernando General Hospital. That is tragic. Of course, there are long delays. Urgent samples that should take minutes, now take hours and days for non-urgent tests.

If you walk in—I am not wishing it on anyone. Any one of us could collapse. If you cannot reach Cuba on time and you go to a hospital here, you would be in trouble.

Again, I must congratulate the Prime Minister for choosing Cuba, because the Prime Minister has no confidence in the health sector. That is one good decision you made this afternoon. Thank you and congratulations. We cannot do that. Most people in this country cannot go to Cuba. You did so and you did well and I congratulate you. The general public cannot access Cuba's health care. We want health care in Trinidad and Tobago.

We have spent billions of dollars over the last six years and nothing has improved in Trinidad and Tobago. If you go to the hospital now and compare it to 10 years ago, it is the same thing. There has been no improvement under this Government. It is sickening.

Of course, shortages of blood for transfusion have led to many deaths, surgeries being cancelled and longer hospital stays. Nobody could deny that. That is why the Congress of the People (COP) has gone on a blood collection drive. We are doing that to assist the people in Trinidad and Tobago. *[Interruption]* Yes, a vampire to save the nation. We will do it. We are not going to interfere with people's gravel and sand. We would talk about blood to help people live. *[Interruption and crosstalk]* You cannot heckle me, because if I get at you, you would get up and storm out of this Parliament.

I would go back to the report. Some of the reports that are prepared are very questionable. It is as if they were done by guess. Since the Member for Diego Martin West was allowed to speak after Sen. The Hon. Christine Sahadeo, he is feeling back on top. You are feeling good. You have to be careful that you are not relegated once more. Be careful. Imagine he is talking about Uncle Tom. You cannot harass me. You are the Uncle Tom of this Parliament.

Let me continue. Histology is used to analyze tissues removed in surgeries. Reports take months, even years, to be returned. Should I continue reading this

description of the health sector in Trinidad and Tobago? This is firsthand information. This is not guess talk or newspaper reports.

This is what is happening in the health sector in Trinidad and Tobago. What does the Government do? They have come to the Parliament to give the Minister of Health and the Prime Minister more power to deal with the doctors in Trinidad and Tobago. It is a frontal attack on the doctors of Trinidad and Tobago and I make no apology for saying that. Doctors are frustrated.

I understand that 15 per cent of the doctors who graduated at Mount Hope, are now leaving Trinidad and Tobago. They know what they are doing. They have to put this in place where they need a two-thirds majority to allow temporary licences. They are making place. When they check and realize that there are no doctors in the hospitals, they would have to bring doctors from Cuba and elsewhere. The Medical Board would say: "Come in droves 'fellas' whether you could speak English or not." I heard a leader talking about *manos a manos*. Those who know Spanish would know that *manos a manos* is hand to hand. Come back. I think he was talking about man to man. He did not say *hombre a hombre*, which is man to man. *Manos a manos* is when two "fellas" go in a ring to box. I know my leader is a heavyweight. He is not going into a ring with a lightweight and cause further cardiac damage. The red beret made him feel bad. *Mano a mano* is hand to hand. I am trying to teach that person with the red beret and Members opposite that COP—You cannot pronounce COP. Next time, ask your wife—sorry your maid—who serves you tea—to give you a corpse of coffee. How foolish you are. Deal with it. [*Laughter*]

**Dr. Rowley:** I thank my colleague for giving way. Is the Member implying that we should now change the curriculum to create the spelling of cup so that you can get a cop of tea? Is that new politics or new tea?

**Mr. M. Ramsaran:** Mr. Speaker, he is splitting hairs. Cop and cup is pronounced "cup". What are you trying to say? I know you told the Prime Minister that you have a doctorate and he has an ordinary degree. You told the Prime Minister that you have a doctorate in whatever and the Prime Minister has a little degree. He is in charge of you. Do not forget that. You could have 10 doctorates. "Leh we eh go there. Doh try to correct me."

Patients have to either wait or have their health threatened while they wait word on whether their specimens were cancerous or not, or pay and have the results from a private lab in one week. Do you understand what is taking place?

Hundreds of women waiting in gynecology clinic for months and years still do not know if their removed wombs were simply fibroids or something worse. This is

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

health care in Trinidad and Tobago. They are famous. When we talk, people say that we are embarrassing Trinidad and Tobago. We are not. This Government and the people of Trinidad and Tobago are spending millions of dollars to deal with health care. What we get are excuses. [*Interruption*] I do not understand why you are so vociferous today.

Let us continue. Basic important investigations such as dengue fever tests are sent to CAREC and they take months to return.

Medical records—everyday in every clinic, scores of patients are made to wait while an archaic record-keeping system attempts to locate their files. Almost one-half of these are not located and the patient either has to return another time to see a doctor, with no past records of their treatment. That is a serious medical issue. I want to continue to put this into the *Hansard* so that the people would understand what is taking place. Of course, we know about the clerical staff being overloaded.

Mr. Speaker, accident and emergency waiting times have still not been properly addressed, with patients waiting an average of six hours to receive treatment, but eight or even 12-hour waits are not unheard of.

The CT scan machine in San Fernando, the only public scanner in South, provides services for 350,000—400,000 patient cases. Waiting time for routine CAT scan is four months. The scanner is so old that it has been out of compliance twice this year.

Ultrasound service—similarly, there is one or sometimes two machines. The waiting time is three or four months. This is Trinidad and Tobago in 2007. An MRI scanner promised by the Minister of Health since June 2007 has not been delivered. Maybe a new Minister would be delivered quicker than the new scanning machine.

Waiting time for outpatient clinics to see a doctor takes 6 to 12 months.

Surgical waiting list—who gets the contracts to perform these operations? Initiative fails even when a person is contacted by the Ministry to have their surgery performed. They are not removed from the hospitals' waiting list, as the doctors are usually not informed. Hence, operating time is wasted as these same patients are booked for surgeries but do not appear. That is performance PNM style. Follow up for the waiting list cases is still suboptimal. Many have complications and have nowhere to turn, as the medics in the hospital cannot accept them.

There are no reliable working defibrillators, the machine that starts back the heart once it stops, on the medical wards. You have to go to Cuba. This has been so for at least four years.

Communication within the hospital is flawed with overworked operators who are usually swamped. Emergencies, therefore, cannot be properly dealt with if the doctors cannot be contacted.

“Ah bes stop now.” The entire medical system is in trouble. We would not stop there.

**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. [*Mr. G. Singh*]

*Question put and agreed to.*

**Mr. M. Ramsaran:** Thank you colleagues, for extending my time as we continue to discuss the health sector. We will not only criticize, we will provide remedies. The Congress of the People government new prescription for health care in Trinidad and Tobago—[*Interruption*]

**Mr. Speaker:** I have given you a fair amount of latitude to discuss health in general but, I think you, in my view, have exhausted that opportunity that I have given you. I think you need to come back to the meat of what is in front of us, which is the Medical Board (Amdt.) Bill.

**Mr. M. Ramsaran:** This is very simple to do. We have a Bill before us. I want to thank you for reminding me of the Congress of the People’s attempt to improve the industry. Let me repeat it. We, from this Bench, would not be supporting this Bill as it is. We believe this Bill should be widened to deal with the problems associated with health care in Trinidad and Tobago. We believe it should be much wider and that we should look at health care in the 21<sup>st</sup> Century.

We believe that the Government should not control the Medical Board but, indeed, give it time and allow it to be soaked in. While this is happening, medical care in Trinidad and Tobago is being destroyed. We would like to put on record publicly what a Congress of the People government will do to encourage the Bill. We will ensure that there is public consultation. As soon as we speak, the Government would run and amend the Bill. They have put a lot of amendments but, they are not enough. They have admitted. The mere fact that somebody asked for amendments to be made, it shows that the Government is not prepared to deal with this. They cannot come here with anything to deal with it. If the Member for Diego Martin Central could tell me that he would allow this Bill to lapse, maybe I would end. What are we going to do? I have been criticizing and bringing to book the shortages of health care in Trinidad and Tobago, as far as I am concerned.

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

I would move quickly to talk about what the COP will do. We heard much campaigning during the debate, but I do not want to go there. I would not read the entire document. You might be scared. Within the first 100 days, the Congress of the People government will have free diabetic testing machines, plus strips for all diabetic patients. [*Interruption*]

**Mr. Speaker:** Again. I have given you 15 minutes to talk about that. I am encouraging you to let me hear about section 4. You are straying.

**Mr. M. Ramsaran:** Mr. Speaker, I am a bit confused. We are talking about health care and what is taking place in the country. We had the amendments before us. I spoke about them. The Government is not prepared to deal with the Medical Board (Amdt.) Bill. They have come to this House to give unto themselves the power to deal with the profession, to have the board constituted in such a way that they have total control over any doctor from any part of the world who would come to fill a void in Trinidad and Tobago. This was created by their policy of having our doctors migrate. They will deal with it. [*Interruption*] I understand clearly what I am saying.

They are not ready for the Bill. They should allow it to lapse. They have a few more days in this Parliament. This is borrowed time. You promised us that we would be out of here since last month. We are here discussing this Bill. I do not know what we are afraid of.

Any good debater in any part of the world and any language, would go to the Parliament to criticize what is taking place and would put what should be done. I cannot see why the Member for Diego Martin West gets angry when the COP says what it is going to do. You cannot do that. We believe that we cannot come and talk without saying what is going to happen in the future. The Congress of the People government will put the medical system right. I want to promise this House that we will put this Bill out for public comment. It deserves it.

I could declare my interest. My son is a doctor. He worked for one year at the San Fernando General Hospital and quitted. He did not renew his contract when it was due two months ago, because he is frustrated over what is taking place in the service. He prefers to be at home and work with one or two private companies, while he pursues his studies to be a specialist. I spoke with my colleague from Barataria/San Juan and he advised him to continue working to gain experience. But the experience he gained was frustration. I declare that interest. I am on the side of medical care.

I would like, with your permission, to read into the record what the COP will do to correct the anomalies.

**Mr. Speaker:** Do espouse your party's view on the Bill, but not widely, on the Medical Board (Amdt.) Bill. That is for the campaign, not for here.

**Mr. M. Ramsaran:** We are on a campaign. I want to repeat that we are going to deal with this Bill in its entirety. We would not make piecemeal changes to it, because the medical industry is in chaos. No one can deny that.

We are hearing the Member for Diego Martin West. I said earlier in the debate that when we are debating the Medical Board (Amdt.) Bill, the one who should be very quiet is the Member for Diego Martin West.

I remember sitting on that side and they were sitting on this side. They would come and ask the Member for Caroni Central, question after question, about what is happening with the Scarborough Hospital. The Minister defended what was happening and explained the reasons for the delays.

**Mr. Speaker:** We are not dealing with the Scarborough Hospital. Come back, man!

**Mr. M. Ramsaran:** Mr. Speaker, if you go to the *Hansard*, all this was discussed and I am responding.

**Mr. Imbert:** Discussed by whom?

**Mr. M. Ramsaran:** By everybody on this side and your side.

**Mr. Speaker:** If it was discussed by everybody, then you are repeating it. Come on man, move on.

**Mr. M. Ramsaran:** Why do we get nervous when we are talking about the Congress of the People? Why do we get so nervous? You woke them up. The only man who has accepted defeat quietly is the hon. Prime Minister, who sleeps through all of this. The fact is that we—the Members of the Front Bench spoke for 75 minutes—nothing. Once we wake up—You had no policies when you went into government. Do you want me to read it? Maybe I would not read it. You succeeded. We on this side are concerned about what is taking place. Maybe we would do this on our platform. But we have what we are going to do with this Bill. We did not do this without—It is somewhere here.

I mentioned earlier that there is a shortage of blood in the hospitals. We have started the collection of blood. This is an example of what is happening. We are going to correct the ills. When we talk about it people get nervous. We would not

*Medical Board (Amdt.) Bill*  
[MR. RAMSARAN]

*Wednesday, September 19, 2007*

allow medical health care to be what it is today. We are going to improve it and ensure that we do not allow things to happen. The view I take is that this Government is not trying to correct the many issues in this Bill. They should correct what is taking place. We have come here and we are making the same mistakes.

I want to touch on one or two things. I ask that this Government withdraw this Bill and allow it to go to the public. Let it be discussed and come back to the Parliament with something that the entire country would be happy about. It is the first time that I have seen a Bill get so much knocks all over the country. The Government has come—as if it is nobody’s business—and is trying to force it down the throats of the people of Trinidad and Tobago. I am appalled.

I ask the Member for Diego Martin Central—who, as far as I am concerned, controls what is taking place—let us, in the interest of Trinidad and Tobago—maybe your screening might be successful—withdraw this Bill in the interest of the people of this country and whoever comes into office will be the one to correct it and ensure that we start to improve the quality of health care in Trinidad and Tobago. I thank you.

**Mr. Subhas Panday** (*Princes Town*): Thank you, Mr. Speaker. Before I commence, may I and Members of the Front Bench extend our condolences to the hon. Member for Port of Spain North/St. Anns’ West, on the passing of his mother.

That Member for Port of Spain North/St. Ann’s West has been personally kind to me in my darkest hours. When we come in the Parliament we debate issues but, when it comes to personality, if something has happened, you say thanks.

Having said that, today we come before this Parliament to deal with the Medical Board (Amdt.) Bill, to reconstruct the Medical Council while, as Members before have indicated, there are so many management problems in the hospitals, which should have been dealt with as a matter of priority.

For example, there are ladies who are pregnant and cannot get beds and people are dying on the floors. It is not only the living who is having problems in the San Fernando General Hospital, but also the corpse. The corpses have problems, both outside and inside. For example, I have in my possession a photograph of a corpse. It will shock you to hear that sometime in May this year, a person died at home and was taken to the San Fernando General Hospital and was sent to the mortuary. The corpse was sent to the mortuary on a Tuesday and on the Friday, when the undertakers went to collect the corpse, it was found, as my client has indicated, that rodents had gone into the mortuary and eaten the man’s foot. I have the photographs. [*Photographs shown*



to Members] This is the tray in the morgue. This is the body in the tray. This is a close-up of the photograph where the foot has been eaten by rodents. That happened at the San Fernando General Hospital Mortuary. How could we today be discussing doctors, when there are corpses in the morgue being eaten by rats? When I saw these photographs and took instructions from my client who has given me permission to use these photographs, I did an investigation and I saw that there were trenches and underground drains. When I checked with certain members of the hospital, they said that there are also rats in the kitchen. I do not know. These are the things from which people are suffering. *[Interruption]* Are you saying that they are not the same rats? This is a case where the Government should be ashamed of itself.

Instead of coming with legislation to deal with doctors, they should deal with legislation for other actions to deal with this situation. There are rodents roaming the hospital. It is said if you want to die, the hospital is the best place to go. Not only is the living getting pressure, but also the corpses are unsafe in the hospitals. This is in the constituency of the Members for San Fernando West and San Fernando East. This is indeed a sad case.

It is not only a case for the Member for Port of Spain North/St. Ann's West to resign, but the Government should resign on an issue like this. It is very, very frightening. The health system is very, very frightening. Something needs to be done now. The only thing we should, do at this point in time, is to get rid of this Government.

The Prime Minister tried to raise the racial bogey about so many Indians here and so many Indians there. We are asking this country not to fall in that racial bogey, but let us talk about whether such a thing like this, in a public hospital in Trinidad and Tobago, could have taken place, whether it is in 1883 or 2007. It is time for the Government to demit office on such a scandal in the health system.

Before I go into the gist of my contribution, I think I need to answer the question by the hon. Member for Diego Martin West, in which he is partial for attacking Professor Chandulal. It seems as though he has a love for attacking Professor Chandulal. I want to inform him that Professor Chandulal, many judges will tell you, was the greatest forensic pathologist this country has ever seen.

When the Member for Diego Martin spoke about the Brad Boyce case he said that the judge, in his glee, turned down the qualification of Dr. Des Vignes. As a matter of fact, not only on this occasion has that Member spoken on this issue. Way back in 1999, I would quote from page 238 of the *Hansard* from the House of Representatives Volume 15 Session 1998—1999 under the rubric

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

“Medical Register  
(Availability of)”

He said that he went there to see the medical register. What he really wanted to do was to trap, degrade and humiliate Professor Chandulal. He asked for access to the register.

He brought—it is not the first time—a Motion on the Adjournment on to that effect, on Friday April 23, 1999. He was complaining that on that date he went there and tried to access the register and was unable to do so. The Member for Caroni Central, on April 26, 1999, responded. All he said was that the Medical Board had set up a procedure where the medical records of the hospital could be inspected by the public and that all they had to do was pay the fee of \$1. The Member for Diego Martin West, in his typical, arrogant manner, went there and did not want to pay the money. He wanted to see the register. It is stated that the Medical Board advised the Member for Diego Martin West to fill out the necessary forms and that the opportunity would be granted to him. He said: “No, I am not filling out no form. I have to see it”—Typical hooliganism behaviour. I am reading from the *Hansard*. It went on to say that the Member for Diego Martin West made no formal request to see the document. Instead, do you know what he told the person? He told the secretary: “You doh know me?”

**Mr. Imbert:** I thank the Member for giving way. Would you please quote the source? Is that a *Hansard* contribution by a Member of this House?

**Mr. S. Panday:** Yes, it is in the *Hansard*, where Dr. Rafeeq is responding to the Motion on the Adjournment. He spoke about two letters from the Lay Secretary and also the Secretary of the Medical Board, Dr. Kameel Mungrue, dated April 09, addressed to the Minister. He said: “You doh know me? I am a Member of Parliament. I have to get it. I must get it right away. You must give it to me.” Because of his verbal abuse, the person ran and closed the door. He said:

“Before either of you responded Mr. Rowley came banging on my office door...”

That is a Member of Parliament. You should not send him up.

“when I came out, he said ‘don’t play with me...’”

A Member of Parliament speaking to officers like that? Humble persons—

“Don’t play with me. Do you who I am? ‘I am the Member of Parliament.’

I then reiterated to him the office policy and at the same time showing him the memorandum to that effect. He indicated: ‘I am not concerned with any inter-office policy, I have nothing do with that.’”

Does he behave like that in the Parliament also?

“I then secured myself in the office...”

Somebody in that position secured herself in the office. She locked up and left. When he comes here and attacks the Medical Board—

**Dr. Rafeeq:** I thank the Member for giving way. I want you to clarify that what you are quoting is a letter I quoted from the Lay Secretary of the Medical Board. I want you to clarify that.

**Mr. S. Panday:** I am so guided.

Mr. Speaker, I would probably try to advise all secretaries and girls, when you see somebody like that exhibiting that kind of behaviour, lock up and run, especially when you hear what happened in Tobago. Lock up and run. This secretary did the right thing.

**Mr. Speaker:** You are imputing something to the hon. Member for Diego Martin West, which you should not do. That is the natural inference about what you are saying. Leave that alone.

**Mr. S. Panday:** Especially the good news that they heard from Tobago. We ought to clear the record, because when a Member comes here and makes remarks about another person who does not have the opportunity to defend himself, we need to put the record straight.

The Bill, which we are attempting to amend today, the Medical Board (Amdt.) Bill, is indeed archaic legislation and it needs to be amended. As a matter of fact, section 3 of the parent Act states that the Medical Board of Trinidad and Tobago was established by the Medical Ordinance in 1887, over 100 years, and continued under the former Ordinance. From the commencement of the Act, it shall bear the name, the Medical Board of Trinidad and Tobago. That is indeed archaic. That is legislation which should have been revamped.

Like the other speakers before, we believe that what we see today is not a genuine attempt to reform the Medical Board or the medical profession, but this is really a piecemeal attempt to deal with the doctors. It has nothing to do with medicine. It has nothing to do with health care. It has to do with the politics and how to deal with doctors. That is what they want.

Before I go any further, I need to address a statement made in the contribution of the Member for Diego Martin East. He said: “Why are doctors so panicky about this legislation? They want to embark on a course of self-preservation.” Indeed, all doctors

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

have a right to go for self-preservation, especially when the Member for Diego Martin East, a former Minister of Health, passed legislation in this honourable House to set up a parallel medical board.

That board was a board to undermine the legitimate Medical Board. When that board was trying to obey the law, in terms of—for example, they said that one of the qualifications to be registered is not only academic qualifications but your ability to speak English. The reason for that is a good one. You are dealing with the whole spectrum of the society, from the highest to the lowest in the society and from the most educated to the most illiterate in the society. Therefore, there is need for communication between the doctor and the patient. That is why the Medical Board was saying: “Before you bring your foreign doctors, let us make sure they are proficient in English Language, even basic O level English Language.” What this Government was trying to do was undermine the legitimate board, the rules and regulations and the standard of the Medical Board. They set up a parallel board. When they set up the parallel board, they admitted a number of doctors who could not have spoken English. That, indeed, was a disadvantage.

They are vexed and annoyed with the board, because the board would not tow their line. The board stood up and appeared to be independent. When they tried to bully the Medical Board, and they could not deal with bullying the Medical Board, they decided: Okay, you keep your Medical Board. We are going to set up a parallel medical board and we would admit doctors regardless of their qualifications. That is where we had found ourselves.

When the Member for Diego Martin East said: “What doctors ‘fraid for?” He was answering the Member for Caroni Central. He said: “What you worried about?” The doctors had a right to be afraid of this Government, because this Government does not have health care as its primary concern. The aim of this Government is to control all the institutions. That piece of legislation is indeed for that purpose.

If this legislation is so old, why did they not put out a green paper or white paper, as the case may be and having done, that take public comments on board? We have UWI and local doctors who are becoming qualified. Have the input of the patients, the NGOs and all those organizations and come with comprehensive legislation to deal with the Medical Board. Instead, all they want to do is to amend section 6 of the Medical Board Act, where the purpose is to take away the power of the doctors.

The Member for Port of Spain North/St. Ann’s West, when he was arguing his case, said: “What are you worried about? What are doctors worrying about? There are

11 members on the board and seven will be doctors.” [Interruption] Whatever figure. Okay, eight will be doctors. He said: “What are you afraid of? Doctors will take care of the doctors’ problems.” That is the mistake you are making. When the PNM puts someone on a board, he is a PNM first and a doctor after. That is the problem.

I want to ask something. You may wish to answer, but answer when the time comes. When you set up the parallel medical board, who would be the members of that medical board, were they not doctors?

**Mr. Imbert:** Firstly, the Government of the day would only be entitled to put two out of the eight doctors on the board, one is the Chief Medical Officer, who is appointed by the Service Commission. Four of them are doctors elected by the Medical Board and the other is a doctor nominated by UWI. Out of the eight doctors on the board, only two can be appointed by the government of the day.

With respect to your other question, on that parallel board, it was comprised predominantly of doctors and a lawyer.

**Mr. S. Panday:** Thank you very much, Member for Diego Martin East. That is the point I am making. Those said doctors towed the PNM line to allow doctors who were not qualified and did not have any competence in English, to be admitted as doctors in Trinidad and Tobago. That is the point I am making. You are saying that doctors would take care of the interests of doctors, but those doctors on the parallel medical board towed the line and admitted persons who were not competent in English, to be admitted as doctors.

Do you know what they had to do after they were admitted? They were placed in a hotel somewhere and given one month in English. Having been given one month in English, they were let loose on the population. Today, the population is poorer for that. Yes they are.

As I was saying, these needed comprehensive legislation. One would have thought that we would have had comprehensive legislation. They could have looked at the Legal Profession Act, No. 21 of 1986, where there are professional bodies regulating their members. The legal profession regulates itself. All the members on the board of the Law Association are lawyers. What they are doing on the board is managing the affairs of the association. What is the association? They are all lawyers who are entitled to practise in Trinidad and Tobago. The leader of the Law Council has the power to discipline lawyers. They control all aspects of legal practice. They could be removed from the roll and suspend lawyers for any breach of the policy of the organization. They control private practice and conduct.

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

Among the members of the Law Association, they have set up a disciplinary committee, a complaints committee, disciplinary proceedings, give the disciplinary committee powers and sometimes many lawyers end up on the wrong end of the disciplinary committee. If you do not like it, you go to the Court of Appeal. The members of the legal profession association are self-regulatory. I humbly suggest that the council manage the law profession. As professionals, they should be given the opportunity to regulate their own proceedings.

From 1986 to now, this Act has been working very efficiently. There are many lawyers who have been gone before the council and have been fined. Some lawyers have been suspended or struck off the roll. The point I am making is that professional—people such as who have studied for a number of years to be qualified—why are we taking away from them, the power to regulate their own proceedings?

All the Members who have spoken before are saying that this Bill should be withdrawn and a comprehensive white paper should be put forward for public discussion. It could be a green paper if you want—any paper, it does not matter. By so doing, you would have the input.

Any person who is a financial member of this profession could vote and put who they want on the council. There is the President, the Vice-President, the Secretary-Treasurer. It is working very good. We elect who we want to hold office. When they hold office, they perform their functions in such a way that the legal profession—and they could be proud of the council. That has been the case with the doctors.

Under Section 6 of the Medical Board Act, it is stated that the Council of the Board. The reason I said this legislation is so archaic is that they called the members of the medical profession the board, and out of that board there is the council. It states that the members shall appoint a President, a Vice-President, a Secretary-Treasurer and four other members to be elected. The member can elect their officers. What is so wrong with that? Why do we want to change the legislation to restrict the power of doctors to conduct their own affairs? If you wanted to have laymen to be a part of the profession, or participate in professional activity—of course, in that system you can say that laymen could be placed on committees so that they are able to advise the board as to how the public is thinking. Do not give laymen—this is the problem I am having—who do not have any knowledge of medicine, which is a very technical field—which is their having power to discipline doctors.

We in the legal profession—certain members of the public tend to go for your throat. If you are a lawyer, they would bring you there and go for you. I humbly submit when there are laymen in the highest positions on the council. They will come with their preconceived notions about doctors, having certain hatred for doctors and having an axe to grind with doctors and may bring—not having that professional approach—personal biases on these deliberations to deal with doctors who have studied for so long. That is the problem we are having.

I want to make a recommendation as to how to deal with the situation. Do not take away the powers from doctors to be self-regulatory. However, let us amend the law and put certain restrictions in the law, so that we could force doctors to follow the law, just as we have forced lawyers to follow the law.

For example, the Legal Profession Act, Act No. 21 of 1986, at page 209, speaks of a Schedule which deals with the code of ethics of lawyers and the general principles, in relation to the professional himself. It deals with a lawyer's relation to the State and the public, in relation to his client. There are 50 regulations to control how lawyers should behave. There are mandatory provisions and specific prohibitions which are placed in the law. Why do we not put that in the law for doctors? When a doctor is practising, when you change the law, the doctor will know the dos and the don'ts of the legal profession.

When one looks at the Medical Board Act, Chap. 59:50, one would see that the Medical Board has power to make regulations. However, when one looks at the code of ethics, morals, practice and procedure, there is none in the present Medical Board Act.

We come here today, merely to change the composition of the board. Will that change in the composition of the board change the price of coffee? *[Interruption]* That is what I am saying. Hold on. In those circumstances, legislate, not on the composition of the board but legislate on the behavior of doctors. Member for Diego Martin East, do you want to adjourn now? You are not adjourning? That is the dictatorial attitude and the interference of organization that I would talk about in a few minutes—interfering with every aspect.

I invite the Government to look at the Legal Profession Act and bring the medical profession and modernize the medical profession to that of the Legal Profession Act. We do not have to reinvent the wheel. We can merely look at what we have and upgrade the medical profession. To come and tell me that Barbados and Jamaica have laymen at the top levels of the medical council—maybe they do not have this extra knowledge and extra rules and regulations at their disposal.

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

Maybe that is why. Merely to bring laymen on the council, I humbly submit, would not make any great difference. There is a better way to deal with it. The better way to deal with it is to have comprehensive legislation to deal with the behavior of doctors, their code of ethics.

They are confusing the situation. You are having a situation where you have appointments to an authority, which has the power to discipline people. It is a very dangerous thing to be appointing persons to an authority which has cohesive and penal powers. That is dangerous. We need to look at it, because doctors have a right to feel that the Government is gunning for them. You are giving people outside the profession, the power to discipline and penalize them. That power, in professional organizations, should be given to the practitioners of the organization itself.

They further confuse things. In the amendment before us, it says—I looked for a method in the madness, as to what they are doing. All they are saying is that other places have done it, so it is not the first time.

I ask the Member for Diego Martin East, those countries which you follow, has any one of these governments, while they had a legitimate Medical Board in place, passed legislation to undermine the Medical Board? If so, Member for Diego Martin East, are there any countries that have passed legislation to undermine professional bodies? The answer—he pretends he is not hearing—is a loud resounding no. The doctors in this situation cannot trust the PNM. They cannot trust them because they feel that you would play politics with them. They are undermining the whole system.

The Bill before us says that the Council of the Board shall be appointed by the Minister. What function does the Minister have to interfere with the board? Do you think you could tell the lawyers that you want to appoint the board of the Law Association? You may take away the building you gave them. You cannot walk in and tell them that the Minister will appoint a board.

The Member for Port of Spain North/St. Ann's West spoke about the Chief Medical Officer, Service Commission and two medical practitioners. They are splitting hairs.

**4.00 p.m.**

Mr. Speaker, it went on further to say that grouping shall elect the officers of the council. So, therefore, the doctors do not have any direct role in appointing or electing members of the council. They have put a double system in place. My humble view is that whatever the PNM does, there is a sting in the tail. They want to control this board. They could jump high or they could jump low—



**Mr. Valley:** I have been listening to this debate for about three days, and I cannot understand on what basis the Member could logically make that plea. When one looks at the composition of this board, there are 11 members on this board. There is an attorney-at-law with at least five years experience nominated by the Law Association of Trinidad and Tobago. On what basis can the Government control such as person?

There is an accountant with at least five years experience nominated by the Association of Chartered Accountants. On what basis can the Government control such a person?

There is one person nominated by the Inter-Religious Organization. This is a board of 11 persons. There are four medical practitioners and three independent persons. A medical practitioner is nominated by the University of the West Indies. If it were only the University of Trinidad and Tobago (UTT), then they could say okay, that is a university that the Government can control, but we are talking about the University of the West Indies. Why are we keeping this debate going for three days?

**Mr. S. Panday:** Let me show you how they do not trust you. In order to get into Mount Hope, you must have A' levels. When those persons are qualified, they could go and register with the Medical Board. There are persons who are not qualified to enter Mount Hope, and they were given scholarships by this Government to go and study medicine in a university in a small island.

We feel that when those scholarship winners return from that university that is not recognized, this Government would use its influence to get those persons that they have sent to Grenada—sorry, to some small island—to be registered. Those same persons that you are talking about and who appear to be independent, when the Government starts its campaign that—

**Mr. Valley:** Mr. Speaker, I just want the Member to understand, please—

**Mr. S. Panday:** You will talk when your time comes. That is why the doctors are afraid of the Government. Although, this appears to be good on paper, they do not trust the Government. Mr. Speaker, when medical doctors were struggling—look at the history of the PNM Government—for better wages, the doctors said that they would withhold their labour, and the Minister of Health said that if they want to go, to go now. That is how he spoke to the doctors.

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

Mr. Speaker, this is the way the Government behaves. This is the way the Government dealt with the doctors. That is why doctors are apprehensive. It does not matter what you put on paper, the doctors are afraid that this Government would use its long tentacles to infiltrate the Medical Council, and the doctors would be put in an embarrassing position. [*Desk thumping*]

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Member for Princes Town has expired.

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

*Question put and agreed to.*

**Mr. S. Panday:** The Member for Diego Martin Central asked a while ago, how the Government could influence the board. I want to ask him: Is the Integrity Commission an independent body? Is the Integrity Commission an independent organization? Do you believe that? This is an independent organization and there are no appointments by a Minister. The Members of that Government said that about the Integrity Commission.

Mr. Speaker, to show how the long hand of the PNM enters, I quote from the *Guardian* dated September 09, 2007. There is a headline "Rowley rejects new allegations from Integrity Commission". This is how the long tentacles of the Government are penetrating our constituted institutions. It says that the commission has allowed itself to be used as a tool, and has recklessly and irresponsibly allowed its constituted officers and powers to be manipulated. I did not say so.

Mr. Speaker, a sitting Member of this House has viewed an independent organization like that. Now, compare the composition of that organization with the proposed medical board. That is why we are saying to let the doctors run their own business, but put laws in place so that doctors would know how to behave themselves.

As a matter of fact, we did not say that. It is they who said that. He launched a stinging attack accusing the commission of allowing itself to be used as a tool. I say that a medical board so organized by this Government, and on which the Minister has a great say, said that the Integrity Commission has allowed itself to be used as a tool to tarnish its reputation, and described the allegation against him as:

“...action amounting to oppressive conduct’ and ‘recklessness.’”

I do not know how the hon. Prime Minister would view a sitting Member of the Parliament who has dealt with a situation like this. Now, you cannot touch him, Mr. Prime Minister. The hon. Member for Diego Martin West has a PhD. They said that the Integrity Commission made allegations against the Member for Diego Martin West and the Member for Diego Martin West was responding.

**Mr. Imbert:** On a point of order, Standing Order 43(1) and 43(2).

**Mr. Speaker:** I think your reference to the Integrity Commission and Dr. Rowley is really irrelevant to what is before us. Please, move on.

**Mr. S. Panday:** Except to say that I was trying to draw the nexus between the Government's behaviour and the anticipated behaviour of this Government with this new board. That is what I was trying to do. [*Desk thumping*]

**Mr. Imbert:** Put down the paper.

**Mr. S. Panday:** Your own Members are attacking the Integrity Commission and it is paining you all. The Member for Diego Martin Central is somebody that I respect, and to see him get “licks” like that and to see him being brutalized like that—

**Mr. Valley:** I give licks—

**Mr. S. Panday:** That is why the Prime Minister is running out of the Parliament. He knows that you can give licks. I want to commend you on that. You are right. Let him run. Tell the Prime Minister that he could run, but he cannot hide.

Mr. Speaker, this is what we are looking at. As I said, I do not want to get in PNM “commesse” and bacchanal. I saw an article written by O'Connor in the *Newsday*, and he was giving the Members free advice and they do not want it. Mr. Speaker, this is what we are against.

When this new board makes regulations—the entire Act has not been dealt with—do you know that they have to make regulations and pass them to the Minister?

**Mr. Imbert:** What is wrong with that?

**Mr. S. Panday:** That man who claims to have an LLB from a university that he does not know is asking me what is wrong with that. This is the kind of foolishness and arrant nonsense coming from the Member for Diego Martin East. He said that doctors paid \$100 to buy their certificates. He said that he has masters and assuming that is true, I want to ask the Prime Minister—whilst you were being paid

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

as a Government Minister you took all that time—cheating the public—and you were studying. There is no wonder why the roads are like that. You have never performed as a Minister, and your ancestors are helping you. [*Interruption*] He looks like that. He is short and “dotish”. [*Laughter*]

**Mr. Speaker:** Am I hearing you right?

**Mr. S. Panday:** The Member is being paid as a full-time Minister, so where did he get time to study and pass his examination?

**Mr. Imbert:** I am bright.

**Mr. S. Panday:** Mr. Speaker, he was not working. He attacked the doctors and said that they got their degree from Pacific Western University and they paid \$100 to get it. We asked him which university he got his Masters from and he could not say. He said he got it from a Scottish university, trying to impress the Prime Minister to get back in. Was it the University of Glasgow? Was it the University of Edinburgh? Was it the University of Inverness? He does not even know the universities in Scotland.

**Mr. Singh:** The University of Whisky. [*Laughter*]

**Mr. S. Panday:** Mr. Speaker, in Scotland they have their own Parliament and they have Scottish law which is different from English law. He left all the universities in England—London, Cambridge, Oxford and Sheffield. He even left the technical school in London, Central Technical University and went on to do his Masters under Scottish law which is not even relevant in England. He wants to impress the Prime Minister. [*Interruption*] Mr. Speaker, at this point in time, does the Member want to say which university he got his Masters from?

**Mr. Imbert:** No.

**Mr. S. Panday:** I would leave that alone. The Member came to the Parliament and tried to impress the Prime Minister. Mr. Speaker, imagine, you have a Medical Board and they do not have the power to raise their own fees. The Minister has to veto it by way of the regulations.

When one looks at the regulations under the Medical Board Act, one sees the Medical Fees Regulations 1996. The medical fees speak only about the registration of members of the board and this figure is \$50.

When you want to deal with the indiscipline of doctors, as someone has indicated, the structure of the board as it stands is always “broke”. That is why when the hon. Member for Diego Martin West went to the office of the Medical Council he only found two persons there.

One feels that the Medical Council should be permitted to raise their own fees so that they could develop a large amount of funds. When they have to discipline doctors, the doctors usually go and hire high-priced lawyers and the board does not have any money. These are the little things that we should be looking at. You do not have to bring legislation to shake up the entire board.

Mr. Speaker, as you are aware, a lawyer who has been practising for over 10 years has to pay \$3,000 per annum. You see, if the Medical Council was given the power without anybody hindering them, the council could raise the funds so that they would have the finances to deal with arrant doctors. *[Interruption]* Assuming that they did not do it, why did you not advise them? You have a master's degree in law.

Mr. Speaker, when one looks at the legislation before us, one sees that this legislation is really tinkering with the doctors. Why does the Minister have to appoint two medical practitioners on the council? Why?

**Mr. Imbert:** Why not? They should appoint more.

**Mr. S. Panday:** That brilliant and intelligent Member for Diego Martin East said they should appoint more. I would not descend and answer him. With his dodges and low tricks it is difficult to go below him. You are as low as the white line in the road. You cannot go lower than that. Why does the Minister have to appoint two doctors on the board? They said that they want to inform the Medical Council about Government policies. You do not need two representatives on the board of the council. *[Interruption]* The Member for Diego Martin East patents stupidity. Nobody can be stupid again, he patents it.

Now, what is the argument for having two medical practitioners on the board? You have the Chief Medical Officer and he could be the conduit for the Minister. He could bring Government's policy to the board. Why do you need two officers? You want to get your fingers on the board so that those doctors would be loyal to the Government, and whenever the council makes a decision or is negotiating or discussing matters that are confidential, the Minister will know upfront and he would take preventative action to deal with the doctors. That is the only reason the Government wants two doctors on the medical board.

Mr. Speaker, in those circumstances, I humbly submit that we are not going to support this Bill in this form. We feel that by so doing, the Government is pushing its tentacles at the heart of the Medical Council and that is not good for the profession.

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

Mr. Speaker, once this Government gets into the Medical Board and they have it under its feet, the next thing is that they will be going for other professions. In any dictatorship, what they are trying to do is to control the professionals first and today it is the doctors, tomorrow may be lawyers and the following day may be engineers. Once they deal with these professional bodies, we are going to find ourselves in a tight position.

Mr. Speaker, as I said, if we give the Government such powers, they will reduce the doctors to non-professionals. What you are going to find happening in Trinidad and Tobago is that there will be a brain drain. When doctors cannot stand the weight of this PNM Government, they would leave and the country would suffer because of this, and when they go, there will be others behind. *[Interruption]* They do not have any set of provisions for lawyers and that is the point I have been making all the time. Let the doctors run their own business and put legislation in place so that they would know what are their functions and powers.

Mr. Speaker, there are other independent organizations, for example, the police service which is supposed to be independent. There was a recent statement made by the Commissioner of Police, Mr. Trevor Paul, when the Prime Minister said that he sent the report—we feel that the long tentacles of the PNM is infiltrating and polluting these independent organizations—Mr. Paul said that if the Prime Minister said so, it is so. What a shame and disgrace!

Like this Bill before us, we feel it would cause the public to lose confidence in the medical profession. Indeed, the actions of the Commissioner of Police have caused the public to lose confidence in the office of the Commissioner of Police. Not only has he brought the office of the Commissioner of Police into disrepute, but he has tarnished all the executive members of the police service. He puts them in a category where people would say, “You see them, all of them are PNM.” That is why you must insulate these institutions for the long political hand. That is why Members on our side must be congratulated.

Today, while they are trying to interfere with the medical profession, as a responsible Opposition, we are saying that these organizations should be independent. That is why we are saying that the Prime Minister must not have the veto power of the Commissioner of Police. When the next Commissioner of Police has to be appointed, he would be appointed by the President and it would come to this Parliament.

While we are trying to make important institutions independent, what this PNM Government is doing is trying to subvert the independence of professional bodies.

Mr. Speaker, as a matter of fact, many persons are saying that the Commissioner of Police should be reported to the Police Service Commission or the Police Complaints Authority for bringing the police service into disrepute. Mr. Speaker, independent organizations are important for democracy. That is why today we see the PNM trying to interfere with the Medical Board.

Mr. Speaker, with respect to the Monteil issue, the evening when the statement was made, the Director of Public Prosecutions, which is an independent office, said that he did not receive any report. We must congratulate the Director of Public Prosecutions for being independent. When you have a board being set up in this form and fashion—where the Minister has appointees on the board—that board cannot be independent.

Mr. Speaker, everybody knows how this PNM behaves and everybody knows that this PNM Government is trying to interfere with everything. When the Director of Public Prosecutions cried out and said that he did not tell him, he was sending a message not only to the PNM, but a message to the country that this is a Government you cannot trust, and you must make sure that the people are protected from them.

Mr. Speaker, I am going to tell you why the Director of Public Prosecutions did that. The DPP wants to maintain independent institutions. We believe that this legislation that is before the House would not encourage independent institutions, because when the emperor gets rid of all of them—when he throws all the Members in the dustbin—he wants to get putty around them. I want to congratulate some of you, but others do not want to “mash up” the PNM, because they want the PNM to stay, and if the PNM wins the election they could still milk the cow. That is why they cannot fight. They want the PNM to stay in power—“kick me as you want, and when I am thrown out, if the cow is there, I could still milk.” Freeness, corruption and nepotism!

Mr. Speaker, the Director of Public Prosecutions is not standing for that. A Draft Constitution was laid in this Parliament. The Member for Diego Martin Central described the Prime Minister as an emperor. The emperor wants to become Executive President and when he becomes Executive President he is going to “mash up” this country. What is happening today with this legislation is child’s play in relation to what is going to happen when he becomes Executive President.

*Medical Board (Amdt.) Bill*  
[MR. S. PANDAY]

*Wednesday, September 19, 2007*

What they want to do is that in order to undermine independent institutions—this Prime Minister laid this Draft Constitution in the Parliament and he has refused to discuss it. Do you know what is going to happen? When the time comes and people say that we did not discuss it, the emperor will say that is your business because he laid it in Parliament and why did you not discuss it.

What is frightening about this Draft Constitution—it is time to be afraid. Mr. Speaker, you too, although you may not be here for very long like myself—is that it says in Chapter 6 dealing with: (“The Director of Public Prosecutions and the Ombudsman)

This section shall have effect with respect to the conduct of prosecutions.

There shall be a Director of Public Prosecutions for Trinidad and Tobago whose office shall be a public office.”

It goes on further to say:

“The Director of Public Prosecutions shall discharge his functions under this Constitution and any other law under the general superintendence of the Attorney General.”

There is where our democracy will go. That is how this Government wants to interfere with the Judiciary, the criminal process and with democracy.

This legislation that is before this honourable House today is only the beginning. When that emperor gets hold of the Government and he becomes an Executive President—

**Mr. Speaker:** It is now 4.30 p.m. so we will now go for a cup of tea. Hon. Members, the sitting of the House is suspended for tea and we will resume at 5.00 p.m.

**4.30 p.m.:** *Sitting suspended.*

**5.00 p.m.:** *Sitting resumed.*

**Mr. S. Panday:** Thank you very much, Mr. Speaker. In conclusion, I merely want to reiterate that the aim and objective of this Government for introducing this legislation is to undermine doctors, because they perceive doctors as being anti-PNM.



We would not be supporting this legislation. We want to recommend that maybe we could introduce the health Ombudsman or a health complaints authority so that members of the public who feel that they have suffered due to negligence or malpractice by any doctor could go there. I think the former Government had introduced a Health Services Quality Health Care Act, and we could probably look at that.

Mr. Speaker, it is necessary that we review all the legislation and put them on the table and also out for public comment, and I am certain that in so doing we are going to have legislation that is relevant to the 21st Century.

Mr. Speaker, thank you. [*Desk thumping*]

**Mr. Chandresh Sharma (Fyzabad):** Mr. Speaker, thank you very much. I really had no intention of speaking on this Bill, but it is with some degree of regret that I asked the Chief Whip to be permitted to share a few thoughts. As I listened to this Government, one could not help but feel sorry. This is a sad state of affairs.

On behalf of Members on both sides, let me pay tribute to the mover of this Bill, the hon. Member for Port of Spain North/St. Ann's West on the passing of his dearly beloved mother.

**Mr. Imbert:** Are you paying tribute?

**Mr. C. Sharma:** I am paying tribute, but you could offer whatever you wish to offer. The reason I am paying tribute is that when all mothers give birth to their children—whether in public or private hospitals—they pray to almighty God that their children will grow up to be good citizens; good sons and good daughters and, hopefully, good husbands and wives and make an important contribution to their community and country. I am sure that every citizen attempts to do that.

When one looks at the hon. Member for Port of Spain North/St. Ann's West—he indicated in both the print and electronic media that he would not be returning to this Parliament—one has to ask: How would this Member best be remembered? One of the most outstanding things that he would be remembered for in the eyes of the PNM was that he caused 100,000 persons to go under. I refer to Caroni (1975) Limited. With one swipe, close to 10,000 employees—

**Mr. Valley:** It is 9,000.

**Mr. C. Sharma:** It is approximately 10,000 workers. There were other workers as well, and they all went under. The children of former Caroni (1975) Limited workers went under. So, he has made a second swipe and gone further. He did not only stop at Caroni (1975) Limited, but he went after their children.

*Medical Board (Amdt.) Bill*  
[MR. SHARMA]

*Wednesday, September 19, 2007*

Mr. Speaker, you will know, and the public record is there, that many children of former workers of Caroni (1975) Limited are doctors, and today this Bill is really attacking the doctors and largely their children. As we speak, more than 30 doctors have not yet received their appointments. Whilst they are waiting for their appointments—they are sons and daughters of the citizens of Trinidad and Tobago—Cuban doctors and other doctors are waiting to enter the health system. The question is: How do you treat with one set of doctors versus the other? How do you treat with the sons and daughters of our country versus visitors?

This Government has a tendency of attacking every institution that appears to be independent. When one listens to the Member for Diego Martin East, what did he say that added value to the debate? Absolutely nothing! What he said is not going to help citizens of Trinidad and Tobago. He came with his own defence and this is not the intention of a Member of Parliament.

There is a court matter involving himself and a building contractor—I think the contractor is the Elias Group of Companies—for \$35 million. He came and told this Parliament that he obtained his master's degree—this is the relevance. This Parliament is not about whether he obtained a master's degree; this Parliament is about adding value to people's lives. When you bring a Bill to this House, this Bill must demonstrate how it is going to add value. This is a Bill dealing with doctors. What is the relationship with the master's degree that the Member obtained? Did taxpayers pay for that also?

So, during his performance as a Minister, he was not delivering his duties, and that is why the entire country floods. When people's homes are flooded and water gets into their system—the cracks and so forth—they end up in the hospitals.

So, here you have a Minister that we are paying close to \$70,000 a month—the oath of office talks about discharging your duties as a Minister—and he was busy studying, and then comes here and boasts about it.

So, wherever you go in rural communities in particular—now we are seeing flood in the City of Port of Spain and in Diego Martin—the Ministry of Health would advise you to be careful when eating vegetables. The point is that you are seeing this kind of conduct by Government Ministers.

The Member went on further to attack Dr. Steve Smith who is a scholarship winner; a bright fellow. He met the legal requirements to practise as a doctor in Trinidad and Tobago, and he went on further and met the requirements for a consultant; a specialist medical officer. Having met those requirements, the State is paying him.

Now, this Minister told this Parliament—I am surprised that this is how the PNM operates—that he read many patients’ files. Now, nowhere in the world a minister of government is allowed—this did not happen under the previous PNM government; under the NAR government; or under the UNC government—to read patients’ files and to make comments. That is one of the burning issues that we need to deal with. It means that this PNM Government is prepared to go to any lengths, and today we are very embarrassed.

**Mr. Valley:** Demonstrate that in the Bill.

**Mr. C. Sharma:** The Member is saying to relate this to the Bill, but when the Member was boasting about his master’s degree that he earned under taxpayers’ money he had nothing to say.

**Mr. Imbert:** Mr. Speaker, Standing Order 36(5).

**Mr. Valley:** Mr. Speaker, I did not say to relate it to the Bill. I said to demonstrate it. You were making charges that we were doing all sorts of things, so I am saying to show it by this Bill. Really, there is a lot of hot air that is passing this afternoon. It cannot be demonstrated by the composition of the council.

**Mr. C. Sharma:** Why did you not relate it to the national community? They were watching you on television.

**Mr. Imbert:** Mr. Speaker, Standing Order 36(5).

**Mr. Speaker:** Hon. Member for Fyzabad, the hon. Member for Diego Martin East is claiming that you are imputing improper motives to him. Please, get back to the Bill.

**Mr. Imbert:** Would you allow me to clarify? The Member has said it twice—and I let it pass the first time—that I obtained a master’s degree using taxpayers’ money. He said it twice. Now, in my contribution, I made it absolutely clear that I paid for that using my own funds. The Member is imputing that I have improperly used taxpayers’ funds for my own personal benefit. That is totally untrue and I ask that it be withdrawn and struck off the record.

**Mr. Speaker:** If it is that you have said that the Member used Government’s funds to further his studies, if you said that twice, that is wrong, and I would ask you to withdraw it. It should be struck off the record.

**Mr. C. Sharma:** Mr. Speaker, what I said is that the hon. Minister, in discharging his duties for which we are paying him \$70,000 a month, used that time to study. That is taxpayers’ money that is being used. If the taxpayer is paying me to discharge my duties as a Member of Parliament, and I used that time for something else, then I have used taxpayers’ money.

*Medical Board (Amdt.) Bill*  
[MR. SHARMA]

*Wednesday, September 19, 2007*

Further, whilst at the ministry, he used the computers and the staff in the pursuit of his degree.

**Mr. Imbert:** On a point of order. That is entirely untrue.

**Mr. Speaker:** I am appealing to you to move on, please.

**Mr. C. Sharma:** Mr. Speaker, I was making the point with respect to Dr. Steve Smith, an eminent surgeon, consultant, specialist and medical officer. Why is this PNM Government attacking the doctors? Why the fallout with Dr. Steve Smith? Is it because he went public and indicated in his capacity as a professional certain things that the Government was doing which were not in the interest of Trinidad and Tobago and they made a personal attack on him?

The Member for Diego Martin West—he is hiding somewhere in the tea room—attacked Professor Chandulal. Professor Chandulal is amongst the world's top 100 pathologists. Why this attack? What is the PNM saying to doctors in Trinidad and Tobago? If you study and you become a professional, is it that the Government is going to attack you? First of all, they are not encouraging the doctors.

Mr. Speaker, as I speak, there is a global shortage of doctors in many countries. Two Government Ministers made the point that the doctors were “quacks”. How unfortunate! How can we sit in this Parliament and allow that to go by? Who are these doctors? Are they not the sons and daughters of our parents? Are we not proud of them? They showed no relevance to the Bill; they made no connection; and they demonstrated absolutely nothing except hate. How else could you say it?

These are doctors that the country depends on. They did not compliment the doctors for working hard. They did not tell the doctors that they are very proud of the work that they are doing.

Mr. Speaker, let us look at how one becomes a doctor. You have to study very hard from elementary school. You have to go to lessons and your parents have to make sacrifices. You have to do A levels. Previously, the University of the West Indies Medical School accepted only students with A's but that has changed under the PNM. To get their sons and daughters in, they had to change the grades.

We heard of scholarships being given to students to study medicine at St. George's Medical School in Grenada and elsewhere—not the students who are obtaining the A's but the children of friends and family of the PNM. You do not see the advertisements for these scholarships. We have asked for it time and time again.

Having become doctors, they have chosen to serve here—both Members for Diego Martin East and West are not delivering. They do not work like the doctors;

50 and 60 hours per week. They work fewer hours and they are being paid much more. They have obtained their degrees to satisfy their own personal needs, and not the interest of the Government of Trinidad and Tobago; not the interest of the taxpayers.

In the United States of America, a report in the *New York Times* stated that 28,000 doctors are feared unfit. Across the United States of America as many as 28,000 persons would be practising medicine and treating tens of thousands of patients each year, even though they do not hold a physician's licence. Every single doctor in this country has met the requirement. So, is the Government only prepared to use doctors when it is convenient to them? That is one of the compositions of the council which was designed by the PNM. I think they are going to place two doctors there and control them. That is how they operate. They are going to promise them scholarships and this and that to bring back news. You see, the doctors have stood up.

There are no shortages of doctors in India. This is in *Med India News*. There is no shortage in the number of doctors and nurses in the country as per information furnished by the Medical Council of India. At present, there are 6,830,682 registered doctors in the country. Besides, 30,922 doctors pass out from 269 medical colleges every year adding to the strength of doctors in the country.

Mr. Speaker, there are many Indian doctors here who have been seeking employment, because they have worked the world over. There are Indian doctors in 160 countries, but when they come to Trinidad and Tobago, under the PNM, they are frustrated and they are not employed. Why do they treat the Indian doctors differently from the Cuban doctors or the doctors from the Philippines or wherever else they come from? This is only so because of discrimination and no other reason. Indian doctors have performed well all over the world.

Mr. Speaker, for many years we have been bringing doctors from Nigeria, India and the Philippines and now suddenly Cuba. Many persons have reported—the Minister indicated that he read the notes, and he would have seen those notes, and the Cuban doctors do not understand English.

Mr. Speaker, I intend to file a question and raise that matter at another place. I want to know the number of patients—and I am asking the Government to indicate that today in winding up—I am referring to the Member for Diego Martin East when he was the Minister of Health—how many patients' notes did he read? I also want the names of the patients. On how many occasions did he read those notes? What was the purpose? Is the Minister aware that when he was reading those confidential notes of patients that it was illegal? Why was he doing it and for what purpose?

*Medical Board (Amdt.) Bill*  
[MR. SHARMA]

*Wednesday, September 19, 2007*

When the distinguished Member for Caroni Central was the Minister of Health, even though he is a licensed registered practitioner in Trinidad and Tobago, he could not read the notes at the ministry, because he was not discharging his duties as a medical doctor. He was discharging his duties as a Minister and the oath of office does not allow that.

Mr. Speaker, why the discrimination with the employment of doctors? Why is the Government discriminating against our sons and daughters—whether they are Caroni (1975) Limited workers, Petrotrin workers or Port workers? Why is this Government discriminating against them? That is what the Government should come and tell us. The mover of the Bill had very little to say. Why did they attack the doctors? Thousands of persons were unable to get medical care.

Mr. Speaker, I want to refer to an article entitled “Working in Trinidad and Tobago”. This was written by Dr. Norbert Castiga of the University Hospital for Orthopedics and Surgery. He worked in Trinidad and Tobago for a year. He said that medical care is divided between three specialized hospitals. He said that 50 per cent of the medical services are due to the poor care.

What he is saying is that while medical care is free in Trinidad and Tobago, a number of patients are unable to obtain it, so they have to go to private institutions. He indicated that for the period that he was here the number of medical institutions was increasing, because the Government had collapsed in the delivery of health care.

Mr. Speaker, while he indicated that Trinidad and Tobago had its own medical university—he was referring to Mount Hope Hospital—he said that the three specialized hospitals also function as teaching hospitals for students, and to receive certification as a physician specialist that it is usually necessary to work abroad mostly in the United States of America, Canada and England. Mr. Speaker, when you have the Government sponsoring students, you are not seeing that encouragement for our doctors to go on to become specialists, so they have to do it on their own.

The Port of Spain General Hospital has approximately 500 beds. In addition to the different departments, many of the medications are not available at the hospitals. Mr. Speaker, you know the importance of antibiotics. He said that the population’s poor cannot afford private treatment which is extended to a few. So, here is a doctor who has worked here on an exchange programme identifying these things. We did not need this doctor to tell us this. We have been saying this in the Opposition for the last six years.

We have said that persons have been unable to obtain basic medication and they have to wait two and three years to get an appointment for a simple operation. We have seen this at the hospitals, and this is what the Government should be telling us. They should be reassuring the national community that things are bad, but they are trying to do something. Instead, the Minister spends 60 minutes telling us about the master's degree he obtained using taxpayers resources, and the other Minister had absolutely nothing to say, but to attack Professor Chandulal.

We heard of his conduct at the Trinidad and Tobago office where an employee had to run for cover. An employee had to run from a Member of Parliament. Could you imagine that people in Trinidad and Tobago are afraid of this PNM; across the board?

Mr. Speaker, the surgical department has four operating theatres, and we hear often of theatres not functioning. There are all kinds of silly reasons. Mr. Speaker, the doctor went on to say that it takes a very long time for a patient to reach a hospital in Trinidad and Tobago, because there is no functioning emergency and rescue system.

Mr. Speaker, only yesterday we heard that an employee fell from a building that he was working on. I think he fell from the seventh floor. With the number of construction jobs going on around Port of Spain, the Government does not need an expert to tell them to have medical first aid available, and that there should be ambulances available in one of the public institutions for accidents of this kind.

Recently, the trade union movement and others have been talking about accidents in the workplaces. The distinguished Member for Oropouche made information available to this House recently. So, everything under this Government is collapsing. The fear of every Trinidadian and Tobagonian is whether or not they would be able to access proper medical care, and the answer is no.

How is it that the Government is prepared to come and move this Bill here today when the doctors are protesting? They are the ones who have to identify with the Bill. They are saying that it is not in their interest. They are not interfering with the Nursing Council, but they tend to go and attack any organization that they feel does not support the PNM, and that has been the history of the PNM.

Mr. Speaker, when one looks at this Bill, we will be doing a disservice if we did not talk about the citizens of Tobago who have called us, sent e-mail and who have met us at our constituency offices and told us that they are panicking, because the Scarborough Hospital where so much money has been spent, there is no sign of it being completed. They are also very concerned that millions of dollars worth of

*Medical Board (Amdt.) Bill*  
[MR. SHARMA]

*Wednesday, September 19, 2007*

materials which were intended for the Scarborough Hospital went to a private development in which a Minister of the Government has an interest.

Mr. Speaker, with respect to operating theatres, sometimes they are shut down because of no electricity and no water, and in this private development millions of dollars worth of materials were gone. Electricity which should have gone to the hospital went to that project, and waterlines that should have gone to the hospital to ensure that there is an adequate supply of water—

**Mr. Speaker:** All of what you are saying is totally irrelevant to the Bill that is before us. Please, come back to the Bill. I am begging you.

**Mr. C. Sharma:** Mr. Speaker, the citizens of Trinidad and Tobago are very concerned that in moving this Bill, the Government did not indicate how this is going to improve the quality of health care for them. What is the intention? The simple-minded persons in the constituency of Fyzabad—in discussing the agenda of the Parliament with my constituents—they have been asking questions. Why is there a shortage of doctors in the country? They have suggested that the reason for the shortage of doctors in the country is that the Government does not want to allow certain doctors to practise here.

Recently, there are doctors who have graduated and who have completed their internship. Mr. Speaker, the cost of obtaining a bachelor's degree in Trinidad and Tobago is approximately \$500,000 and it takes five or six years to study. Today, these doctors are unable to get employment in their own country.

Mr. Speaker, in Canada, the shortage of doctors has worsened. There are many opportunities for our doctors to go to Canada, but they prefer to stay and work in the country of their birth. We must congratulate them for that. What is the Government doing to encourage them? Absolutely nothing! They are using the Parliament with its slim majority—this is one occasion that they are not going to succeed, because this Bill is not in the interest of the national community. This Bill is in the interest of the PNM only, and there must be a separation.

When they come to the Parliament, they must not come as the PNM. They must come as the Government and they must act in the best interest of the people of Trinidad and Tobago. It is high time that the Government learns to listen. They cannot practise this high level of discrimination. They must not be allowed to practise this.

### **5.30 p.m.**

Health care is a challenge the world over, but we are very blessed in Trinidad and Tobago to have persons who have devoted their lives to be health care givers known as doctors, nurses, attendants and so. In preparing to participate in this Bill I



visited the San Fernando General Hospital, the Point Fortin Hospital and a number of health centres in Trinidad recently and what was drawn to my attention is that the Ministry of Health seems to be more focused of late on a PR campaign; they are not concerned about the patients.

When you look under this current PNM, more people—and in fact the Minister of Health indicated that recently. He said at Mount Hope for instance, we moved from 7,000 to 43,000 and my argument was certainly you have moved from 7,000 to 43,000, because more people are getting sick; that is the only reason. But he wanted to use it to indicate that more people are seeking medical assistance. But you do not go for medical care unless you are ill.

When he indicated, in the case of Point Fortin for instance, patients from Cedros, Cap de Ville and in the area of Point Fortin, whom I met, who were admitted to the Point Fortin Area Hospital, they were transferred to the San Fernando General Hospital. Some of those patients came from the constituency of La Brea. So they were transferred from Point Fortin Area Hospital to San Fernando General Hospital. The reason why they were transferred is that they would have obtained the necessary medical care required, because San Fernando is a general hospital and Point Fortin is an area hospital. It does not have the required expertise; it does not have the facilities and the level of doctors like Dr. Steve Smith and others; the medical equipment, et cetera.

Under this PNM—a total failure—they are transferring patients from San Fernando back to Point Fortin. Member for Diego Martin Central, can you imagine that? They are transferring patients back. So, in the first case you took the patients from Point Fortin and brought them to San Fernando so that they would have obtained the proper medical care.

**Mr. Valley:** But they improved the medical care.

**Mr. C. Sharma:** And my good friend, the Member for Diego Martin Central said that is an improvement. I will tell you, the patients of this country cannot wait to get rid of this PNM. A total failure! I cannot point to a single ministry in comparison that has delivered anything. Not a single ministry. I do not know what is their problem. Do they lack intelligence? Do they lack the will power? What is it? They have money and money and money; everything is about spending large sums of money. So, patients who are now transferred to the Point Fortin hospital, came from as far as Sangre Grande and Longdenville, luckily a number of them refused to go down.

The Minister also indicated that the doctors were at fault; they were not dismissing the patients fast enough—discharging them, to use his exact words. But

why is the Minister interfering? Why is the Minister encouraging discharging of the patients? The only time you discharge a patient is when he does not require medical care anymore, there are no other times. That is how we did it under the UNC. We made sure the patient was admitted to the hospital and he recovered sufficiently to the level that he could be taken care of through the health centre in his community, et cetera. But here you had—

**Mr. Imbert:** "Ken, no extension for he."

**Mr. C. Sharma:** I am not interested in extension; really, I am not interested, as you will get no extension when the elections are called. I always say, Mr. Speaker, 45 minutes is enough to speak the truth; 45 minutes is enough to expose the PNM for their failures. Imagine the PNM Government is threatening a Member who is discharging his duties and saying it loud enough for the Member to hear and I hope the *Hansard* hears it too, "no extension for him, Ken". Is this how they intend to run the Government?

**Mr. Speaker:** I wish you would re-emphasize to the Members opposite that 45 minutes is sufficient time for you to say what you have to say.

**Mr. C. Sharma:** I thought I just said that. If I have to borrow from the Member for Diego Martin Central to speak the truth—on this side it is five minutes and on their side it is 75 minutes. The Member for Diego Martin East, a set of half-truths but he took 75 minutes; the Member for Diego Martin West, having to attack Dr. Chandulal—and why Dr. Chandulal? Is it because he is an Indian national?—because his contract was renewed by the PNM. When Dr. Chandulal came to Trinidad, his contract was when the PNM was in government. When it was renewed, the PNM was also in government; of course, it was also renewed under the UNC.

So, when his contract was renewed his documents had to be presented. So, all the degrees he had were seen by the PNM. And according to the Minister of Health then, Member for Diego Martin East, they were reading the files, so they were seeing that the doctor had met the requirements. So the Member for Diego Martin West attacking Dr. Chandulal is a personal thing.

**Mr. Speaker:** I think we had a lot to say about Dr. Chandulal and Dr. Smith and I think Members on the opposite Benches here have exhausted their defence—if you want to put it that way—of Dr. Chandu Lal and Dr. Smith over whatever allegations were made by the Government. So, could we leave Dr. Chandulal and Dr. Smith out of the debate from now on, please? Get into the meat of the Bill before us, please.

**Mr. C. Sharma:** Mr. Speaker, I cannot help but tell you I admire your ruling. If you had done that—and I am not challenging it—when the Member for Diego Martin West spoke this debate would have finished last week. You see, as a representative of the people, having obtained 50,000 votes over the last five elections—

**Mr. Valley:** How much?

**Mr. C. Sharma:**—50,000—there is a tendency that we on the Opposition must not appear weak when the PNM— You see, the PNM appears to be mighty and violent and when they attack the doctors, our constituents tell us—and if you listen to the radio programmes—make sure and deal with that issue. Because it would appear as if the PNM with their might—and people fear the PNM. Many people would not come to the front, but they would email us; go on the radio programmes where their calls are not known and they talk.

If you listen to all the radio programmes, the national community was very upset last week when they heard the Member for Diego Martin West attacking Dr. Chandu –lal. That is how the information came to my attention. They were concerned that, how it is you are all sitting in the Parliament, talking about accountability and you have the Minister studying on our time, using our money, and I said okay, I am going to raise it. [Laughter]

**Mr. Speaker:** I have ruled on that before. You cannot say that the Minister studied using the Government's money. I have told you that is out of order. I also told you just now that reference to Dr. Smith and Dr. Chandulal, Members have exhausted that. So, please move on.

**Mr. C. Sharma:** Thank you, Mr. Speaker. In the Medical Board Act, one of the things talked about was the registration of higher or additional qualifications. I think the Government demonstrated a very disgusting side of their conduct, by questioning the qualifications of any doctor. The reason I say that is, you have a body in Trinidad and Tobago that oversees the persons who are qualified for any field; that is a standard practice. So that a person practising in Trinidad and Tobago as an attorney-at-law meets the requirement that the Government has set, and so the medical profession, and the engineers and what have you; so that registration of higher or additional qualifications were met.

Secondly, evidence and information required to be furnished; so the guy was not registered Dr. X or Dr. Y, he could not have been registered unless he had furnished that information. When that information came it had to be verified by someone and it was, so there is no single doctor in this country I can think of—and

*Medical Board (Amdt.) Bill*  
[MR. SHARMA]

*Wednesday, September 19, 2007*

I know a lot of the doctors—who came from an institution that is totally new to the Government of Trinidad and Tobago.

What are the doctors saying? They use the example of New Zealand and elsewhere, which is not correct. You see, the infrastructure in New Zealand, across the board and elsewhere meets certain requirements where the practice is supported by all the other agencies. So, you do not have a situation where a doctor goes into a hospital theatre to perform an operation and he does not have the support services. *[Interruption]* We are coming there. The constitution of the board, the doctors have indicated very clearly that they have made recommendations.

When the United National Congress—as it did in the past, you will recall, Mr. Speaker—had appointed someone from the Baptist community to represent the Baptist concerns at that time, someone from the Orisha, as I recall, and others. When the doctors became Members of the Senate it was what the laws provided. So to indicate when the doctors came here and the Government was embarrassed. Why are they embarrassed? What is the message they are signalling? And that is the frightening thing. They are saying to the nationals of Trinidad and Tobago make sure and do not come forward, you stay in the background. Do not come forward and give service to Trinidad and Tobago. They want to bring in foreigners for every single thing.

In fact, in today's newspaper, it was drawn to my attention, the Minister of Works and Transport is saying local contractors are to blame. They never take blame for anything. They are supervising the contractors, they have the resources so to do but they are blaming them. The Minister went on to say that projects are behind schedule and cost overruns, and when we argue on this side that every single institution and project of the Government is beyond the budget—

The Government is going to establish a medical specialist register to register specialists. Why is this necessary? For instance, an attorney-at-law who obtains his LLB and his LEC may go on to read for LLM or even a PhD in law. These are not registered separately, he is registered as an attorney in Trinidad and Tobago. And an engineer; the qualification that the Member for Diego Martin East boasted for 45 minutes in this Parliament but last week; that does not give him a special privilege to register as something else, as a specialist of any kind. So, the doctors are doctors in the first instance and when they obtain their specialist degree, they are now permitted the world over to practise that area of medicine with a higher level of concentration.

In Trinidad and Tobago recently, we have been seeing an increase in the areas of cancer for instance. We are seeing an increase in a number of other diseases and then we are seeing side by side with it the advertisement for other kind of care, for

instance, herbal and no more control is obtained; nobody knows how this operates or does not operate, but you see these advertisements. I thought the hon. Minister would have indicated that they are going to look into that. In fact, I had raised with the Member for Diego Martin Central to indicate the labels on some of these foods that were coming, because there is a concern by the doctors of Trinidad and Tobago that the eating habits of our nationals—[*Pause*—yes, Mr. Speaker, you know I always choose to have your undivided attention, because I know you are always interested in my debate. [*Laughter*] I was on the point that the doctors of Trinidad and Tobago, we must really demonstrate our love and respect for them, because they are concerned. They are our sons and daughters, our brothers and sisters, our relatives; they are some of the brightest doctors in the country and they are committed to good health care.

Mr. Speaker, you would recall Prime Ministers from the Caribbean came here for health care; some of the persons who came—I could tell you the doctors mentioned by friends opposite have obtained clients from New York, Toronto and the entire Caribbean, because we have good doctors. The Government must show a commitment. The Government must level with the national community.

Having said these few words, I shall wrap up. [*Laughter*] [*Desk thumping*] I shall demonstrate to this wicked PNM—who will be here only for a few more days—that we will stand up with the national community of Trinidad and Tobago; we will demonstrate that we do not fear their violence, whether they have degrees obtained during ministerial duties or other times, but to make sure that the health care improves under the next government of Trinidad and Tobago; the government of the UNC Alliance.

I thank you, Mr. Speaker.

**The Minister of Works and Transport (Hon. Colm Imbert):** Thank you, Mr. Speaker. I want to inform the House in the absence of the substantive Minister in charge of the Bill; the Minister is unavoidably absent, we are all aware of that; that is the Member of Parliament for Port of Spain North/St. Ann's West. He has sought and received permission from the Speaker to be absent. I have been deputed to act on behalf of the Minister in charge of the Bill, and I am now going to wind up and reply to the debate. [*Interruption*] Check it out; go and check it out. I have been deputed to act on behalf of the Minister in charge of the Bill and in that capacity, I shall now exercise the right of reply.

The Member for Tabaquite made some very astonishing statements in this Parliament today—[*Interruption*] Yes you, the Member for Tabaquite—said that we in this country should make allowances and he was referring to doctors. I took

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

notes. He said that if a doctor does not have the necessary qualifications we should allow them to be registered as specialists in Trinidad and Tobago on a temporary basis. He said that someone may not have the necessary qualifications, but may have been practising in an area for some time and there may be a shortage of specialists, and therefore, in Trinidad and Tobago we should make allowances that if someone does not have the necessary qualifications you should allow them to be registered as a specialist. Mr. Speaker, that is madness! That is quackery! And clearly, it is UNC policy—

**Dr. Nanan:** Would the Member give way?

**Hon. C. Imbert:** No. [*Desk thumping*]

**Dr. Nanan:** I will find a standing order and make you give way.

**Hon. C. Imbert:** No problem. Mr. Speaker, through you, when you find an appropriate Standing Order you will let me know.

Mr. Speaker, that is why when the Member for Tabaquite was speaking, we on this side accused the Member of quackery. I think that is promoting mediocrity of the highest; dangerous mediocrity. The whole point of the Bill before the House is to put an end to that kind of behaviour. Let me refer to the substantive Bill before the House.

**Dr. Nanan:** On a point of order.

**Hon. C. Imbert:** Which one?

**Dr. Nanan:** Standing Order 33(4).

**Mr. Speaker:** Standing Order 33(4)

**Dr. Nanan:** Mr. Speaker—[*Interruption*] Standing Order 33(4) points to the Member has misquoted or misrepresented the facts in this debate and I want to clarify what I said.

**Mr. Speaker:** Yes, he is perfectly right. [*Desk thumping*] There is a Standing Order that says—may I read it, please.

"A Member who has spoken on a question may again be heard to offer explanations of some material part of his speech which he alleges has been misquoted or misrepresented, but he shall not introduce new matter."

Now this does not give you the opportunity to carry on, so I can stop you, so be short.

**Dr. Nanan:** Mr. Speaker, I was pointing out to the House and I spoke about a doctor and the qualifications of a specialist, and in certain conditions I was speaking about a person who is undergoing specialist training and I was speaking about a fellowship and probably year one training and the board would give him permission and then he would continue with his fellowship.

**Hon. C. Imbert:** As I said, Mr. Speaker, I certainly did not misquote the Member. He said if someone does not have the necessary qualifications; has not completed the necessary period of training, you should allow them to register as a specialist temporarily. That is what he said; you could get the *Hansard*. And that statement and the clarification that he has just offered, as far as I am concerned, are tantamount to quackery. Quackery!

It is dangerous to allow a medical practitioner, who has not completed the prescribed period of training; who has not completed the required course of instruction; who has not satisfactorily graduated from a recognized programme of instruction; it is dangerous quackery to allow somebody like that to practise as a specialist or to hold himself out as a specialist. And I now understand that has to be UNC policy. It is clear that what the UNC is promoting is that persons who have not completed the required period of instruction; who have not done the necessary training should be allowed to pose as specialists. That is clearly UNC policy. Dangerous! Dangerous! And it makes the need for this legislation even more pressing and that is why clause 6 of the Bill says:

"The Act is amended by inserting after section 10 the following section:

10A.(1) The Council shall cause to be kept a book or register to be known as the Medical Specialist Register which shall contain the following particulars:

- (a) name and address of the specialist;
- (b) area of expertise;"

And listen carefully, Member for Tabaquite, it says:

"(c) training, experience and qualifications in the area of specialization;"

We need this legislation, because if this legislation is not on the books then persons—according to UNC policy—will be allowed to call themselves specialists; to advertise themselves as specialists; to practise as specialists; to take and use any name, title, addition or description implying or calculated to lead persons to believe that they are specialists, when they have not completed the necessary period of

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

training and instruction. It is clear that is UNC policy and that is what one of our distinguished professors, Prof. Bartholomew was saying.

I am reading from the *Express* of Sunday, August 26, 2007. In the other place, Sen. Cropper pointed out that clause 10 of the legislation before the House:

“introduces a penalty for someone practicing as a specialist or for making oneself out to be one and provides upon summary conviction for a fine of \$10,000 and imprisonment for up to two years.”

And we need to understand how important this is. I am disappointed in the hon. Members opposite. There are certain Members on the other side who understand the need for specialist training: the Member for Siparia who successfully completed her Masters in Business Administration, while as a Member of this Parliament. The Member for Chaguanas, I do not know if the Member has completed his degree programme, but I do know that he started an Executive Masters in Business Administration degree programme.

I do not know what the Member for Fyzabad is doing. I heard that the Member for Fyzabad was a product of the junior secondary school system and I am not sure how far he got. I know that the Member for Tobago East is also studying for a Masters in Business Administration. I am aware that Members in the other place, during this term, have studied and obtained qualifications such as MBAs and others. And I therefore know that there are Members on the other side who understand and treasure the importance of specialist qualifications.

I am very disappointed in persons like the Member for Tabaquite; I expect that kind of foolishness from the Member for Fyzabad, I understand his problem, that he does not understand the importance of specialist training, of specialist expertise and the need to seek and obtain academic qualifications. I understand his problem; he does not understand it; does not appreciate it. But it is up to the Members on this side to ensure that after the passage of this legislation, persons who hold themselves out to be specialists when they are not, will be subject to a serious fine and to imprisonment.

That practice in this country has got to stop in something as important as medicine, and I am ashamed of the Member for Caroni Central to be supporting the kind of foolishness that was promoted in this House today by his Members. I am ashamed of you, because you are a practicing—Mr. Speaker, through you—physician and a former Minister of Health and you, of all people, would understand the dangers of allowing quacks to promote themselves as specialists; persons who are not specialists;



persons who have not completed their postgraduate training; persons who have not achieved the academic qualifications. He of all people will know how dangerous it is to allow quacks to be out there parading as specialists when they are not, and causing persons to suffer serious injury and possibly even death. He of all people knows that.

I am ashamed of the Member for Caroni Central to be allowing the Members for Tabaquite and Fyzabad to promote this dangerous nonsense in this Parliament here today. And all the carrying on of the Members opposite; all the carrying on they carried on, I am just going to very briefly refer to something; it is not in my duty, this repetition, but just for a few seconds. All the carrying on the Members for Tabaquite, Princes Town and Fyzabad carried on, they could not deny that the said Dr. Chandulal got his degree from Pacific Western, which is a known diploma mill. They could not deny that; his postgraduate qualifications came from Pacific Western. And they could not deny that Dr. Steve Smith was forced to remove certain initials from behind his name by a prestigious medical organization in the United States. Those two things they could not deny. They could not deny that Dr. Chandulal got this degree from a diploma mill and they could not deny that Dr. Smith was forced to remove certain letters from behind his name.

**Dr. Nanan:** Point of order 33(4).

**Mr. Speaker:** No, no, you are now abusing it. Please sit. Continue.

**Hon. C. Imbert:** He was abusing it the first time, Mr. Speaker. You know doctors deal with life and death and what amazes me is that the Members opposite who have many friends in the medical profession are promoting this kind of dangerous nonsense to allow people to pretend that they are specialists when they are not. They feel it is good politics to do that. I will continue to quote from this article in the *Express* of August 26 and this is Dr. Bartholomew speaking where he said when he was referring to Sen. Cropper's statement in the other place on this Bill:

“I now openly ask the Council of the Medical Board...”

to invoke the provision.

“in the case of its president”

This is an important point, Mr. Speaker. If you have a council of a medical board, where the President of the council has been accused of promoting himself to have certain specialist qualifications and the institution in North America tells him to remove those letters from behind his name and the medical board goes ahead and re-elects that person to be the President of the council—When I was reading the records of this matter I saw that was a particular doctor—I believe his name is Dr.

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

Godfrey Rajkumar, I remember that particular case—and a disciplinary tribunal was established to look into certain allegations made with respect to Dr. Rajkumar and they were allegations of misconduct and so on; I will not go into any details. And the end result was Dr. Rajkumar was struck off the medical register. That is not the problem, you know.

**6.00 p.m.**

The problem was that the person who was President of the disciplinary tribunal was the said Dr. Smith, the same man who was forced by the institution in North America to remove those letters from behind his name, because he was misrepresenting his qualifications. He was the Chairman of the disciplinary tribunal that disbarred Dr. Rajkumar. Is that right in a society that has respect for the rights and freedom of persons? That cannot be right. A person who himself is guilty of infamous conduct is sitting as Chairman of a tribunal resulting in the disbarment of a particular medical practitioner. [*Interruption*]

**Mr. Speaker:** Let me just caution you about something. You are alleging that a doctor is guilty of infamous conduct, but there was no tribunal of the Medical Board that has so ruled. I think you should steer clear of that. [*Desk thumping*]

**Hon. C. Imbert:** I withdraw that unreservedly. The point is that the conduct of this particular individual has been called into question, but he has the effrontery to sit as chairman of a tribunal to remove another doctor from the medical register; amazing.

That is what this entire Bill is about. [*Crosstalk*] The Member for Princes Town spoke about internal regulation, self-regulation. I will like to ask him; let us forget the personalities: How far does internal or self-regulation go? Does society, a government or a Parliament sit idly by, look on at a particular profession and allow self-regulation to be taken to the absolute, when you can see with your two eyes that all is not well within that system? How far do you allow it to go? Where do you draw the line and say, "It is time to amend this system to allow other persons who do not have vested interests, persons who are not part of a club, persons who are not part of the system, to get involved in the regulation of the profession"? Are you going to take it to the absolute and say, "No matter what happens, you must allow it to have internal and self regulation"? I think not.

When you look very carefully at this Bill introduced by the Member for Port of Spain North, it bears repeating. The Member for Diego Martin Central and I have made the point that it is an 11-member board; eight are doctors, only three are not doctors. Those three persons are selected by the Inter-Religious Organization, which is

a representative body comprised of all the major religions of this country. I do not think anybody in this Parliament will say that this body is not representative and does not represent the major religions in this country. One of these persons is nominated by the IRO. The other person is nominated by the Law Association. Again, I cannot see that there is anybody in this Parliament who will want to cast aspersions. That is the very association to which the Member for Princes Town belongs; the very association that he extolled the virtues of how it regulates its own procedures and applies high principles in regulating itself. Developing the argument of the Member for Princes Town, I would expect in such an organization which he holds in such high regard that the person nominated by the Law Association would have to be a person of integrity and principle and somebody who holds no brief for anyone and is not biased.

You have the nominee of the IRO, the Law Association and the Institute of Chartered Accountants. Where on the face of that can you possibly say there is going to be some Machiavellian, diabolical governmental interference in the selection of those persons? It would be a sad day if any government could influence the Bar Association or the Inter-Religious Organization to the point where they will become puppets of any government in this country, whether it is a PNM or any other government.

So when you examine this thing very carefully, you have eight doctors, of which only two are government appointees and three persons coming from non-governmental organizations which are organizations of high integrity.

**Mr. Panday:** Why ministerial appointments?

**Hon. C. Imbert:** All you have are two persons appointed by the Government; these are two medical practitioners.

**Mr. Ramsaran:** If these associations you are speaking about make recommendations, can the Minister or Cabinet veto those nominations? [*Crosstalk*]

**Hon. C. Imbert:** Mr. Speaker, the legislation indicates that the person is to be nominated by the association and he or she will have to be a person of good standing. I mean clearly, if the Inter-Religious Organization nominated—let us go back in time; let us be absurd—Dole Chadee; it can never happen, but would you expect the Minister to accept that nomination? Once the person is in good standing, what do you really expect to happen?

You really expect that if an attorney with at least five years experience, nominated by the Law Association, is presented, that a minister is going to say no?

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

[*Crosstalk*] Ken Valley is not an attorney-at-law with at least five years experience nominated by the Law Association.

There are only two persons who are appointed by the government. These persons are medical practitioners. Is the UNC telling us here today that once a medical practitioner is appointed by the Government he or she ceases to be a doctor? [*Crosstalk*] On the flip side, once a medical practitioner is elected by the board, do they cease to be medical practitioners; do they somehow become politicians?

**Mr. Panday:** You can never tell!

**Hon. C. Imbert:** What I am being told by the hon. Members opposite is that the Government should not be allowed to select two doctors to sit on an 11-member Medical Board. [*Crosstalk*] I reject that absolutely.

**Mr. Panday:** Why?

**Hon. C. Imbert:** We have already said that the worldwide trend in the majority of countries all over the world is to introduce laypersons into medical boards and also to introduce government appointees. I made that point and I will make it again. There are many countries in the world, and I dare say, the majority of countries in the world, where the government can elect the entire board or the majority of members on the board. In Canada, New Zealand, the United States. In 50 States in America the governor appoints the members of the medical board. There are many countries in the world where the composition of medical boards has moved away from being a closed shop, from being a boys' club, into an institution that is truly representative of the society at large.

It is the same way that the Medical Board is representative of the society at large, that is why there are four persons on the board. In the same way the two medical practitioners represent the Government, that is representative of the society at large.

**Mr. Panday:** No!

**Hon. C. Imbert:** The more they protest, the more I believe that there is more in the mortar than the pestle.

There were some other issues raised by hon. Members opposite. We have accepted the proposals from the Member for Pointe-a-Pierre who felt that we should harmonize the penalties. Look at the list of amendments that was circulated on the last occasion, in new clause 11 it says:

"Section 21 of the Act is amended by deleting the words 'three thousand dollars and to imprisonment for one year' and substituting the words 'ten thousand dollars and to imprisonment for two years.'"

Hon. Member for Pointe-a-Pierre, we have taken your point on board and have harmonized the penalties within the Bill.

There is another clause that we have added. To demonstrate that this Government is very serious about what it does, in the original legislation there was a bit of confusion as to whether all persons currently practicing as specialists would find themselves in difficulty on the passage of this Act to amend the Medical Board Act. To be doubly sure, in the list of amendments that we have introduced in the House today or on a previous occasion, which we will deal with at the committee stage, we have introduced in clause 12 a new C:

"Insert after the proposed subsection (3), the following subsection:

‘(4) Notwithstanding any provision to the contrary, a medical practitioner who before the commencement of the Medical Board (Amendment) Act...’"

This Bill we are debating now:

“practised as a specialist may, for a period of one year after the commencement of the said Act—

- (a) practise as a specialist;
- (b) take or use any name, title, addition or description implying or calculated to lead persons to believe that he is a specialist; or
- (c) advertise or hold himself out as a person authorized or qualified to practise as a specialist, but shall within that period apply for registration on the Medical Specialist Register.”

So we have saved all practising specialists for a period of one year. During that one year they can apply to the council and submit their qualifications and so they can be regularized as specialists. They will have one year to continue to practise as specialists.

This was the kind of recommendation I thought would be coming from hon. Members opposite. They say that they care so much about doctors; it took a Member on this side, not one on that side, to look at the legislation very carefully and make sure that practising specialists were not going to be disadvantaged and find themselves in breach of the law.

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

For all they care about medical practitioners and doctors; they were not in the least bit concerned about what would happen to specialists after the passage of this Bill. We have put something in here to protect all persons who were practising as specialists up to the present time.

In addition, we have also taken on board the comments made by the Member for Caroni Central and also, again, by the Member for Pointe-a-Pierre, which allows deletions to the specialist register. It says:

"The Secretary-Treasurer shall on the advice of the Council, erase from the Register and the Medical Specialist Register—

- (a) the name and particulars of every deceased medical practitioner and specialist;
- (b) the name of every person caused by the Council to be erased from the Register and Medical Specialist Register in accordance with section 24; and
- (c) any entry which was incorrectly or fraudulently made."

That might catch few persons; let me repeat that:

"any entry which was incorrectly or fraudulently made."

Section 24 of the parent Act deals with matters like infamous conduct, disgraceful conduct, being of unsound mind and so on. It is a clause which allows persons to be struck off because of infamous conduct, disgraceful conduct or some kind of mental condition or something like that.

**Dr. Nanan:** This proposal, the new clause 4, does it give an amnesty to specialists and pseudo-specialists? This clause 4 that is now giving an amnesty for one year, is it for specialists and pseudo-specialists?

**Hon. C. Imbert:** I will like the Member to tell me, but at another time—I do not want to give him an opportunity to speak twice, we will find ourselves in violation of the Standing Orders, since he is not in charge of the Bill—because I was not aware of someone called a pseudo-specialist. My impression from the pontificating and pious utterances of the Members opposite was that there was no such thing in Trinidad and Tobago as a pseudo-specialist.

I can only deduce from what the Member just said, that there must be persons who are pseudo-specialists, because this says:

"Notwithstanding any provision to the contrary, a medical practitioner who before the commencement of the Medical Board (Amendment) Act, 2007 practised as a specialist..."

I do not know that this will cover persons who are pseudo-specialists. But since the Member has now introduced it, perhaps at another time he can tell me who these pseudo-specialists are. Who are those pseudo-specialists outside there that he is worried about? If I listen to the Members for Fyzabad, Tabaquite and Princes Town, there is no such thing, and we on this side have been very unfair to doctors to even suggest that there are persons outside there who are practising without qualifications.

I think there are sufficient safeguards in this legislation. I understand the anxiety of the Members opposite. I understand the anxiety of the medical practitioners. I guess the legislation will have to go into practice, will have to work, and then we will see how it works and see whether the anxiety of medical practitioners will go away.

This is really a seed change; a fundamental departure from what happened in the past. This is moving the Medical Council away from being a closed shop, from being an entirely self-regulating body with no lay member with no person who is not elected by the Medical Board having any say whatsoever in the regulation of the practice of medicine; that is how it is right now. It is a closed shop.

The Medical Board regulates itself. This is a seed change to something better as far as we are concerned, where lay persons and persons of integrity will now become members of the council and have some influence on the regulation of the practice of medicine.

Before I close, I just want to deal with some of the allegations made by the Member for Fyzabad who alleged that I used taxpayers' money to obtain a degree qualification, who alleged that I used Government time to obtain a degree qualification and also alleged that I used Government equipment and staff in order to obtain a degree qualification.

Mr. Speaker, everything said by the Member was not true. What disturbs me, as a Member of this House I felt very good for Members of Parliament when it was announced that the Member for Siparia had excelled in her MBA programme at the Arthur Lok Jack School of Business. All of us congratulated the Member when she graduated her executive MBA from the Arthur Lok Jack School recently.

I feel very proud of the Member for Chaguanas, who has gone on to do an MBA. I do not know if he has a first degree. I am not certain; he may have one, but

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

whether he has one or not, I feel very proud of the Member for Chaguanas that he decided to improve himself and go on to better himself to obtain a specialist qualification in business administration.

I also feel very proud of the Member for Tobago East who has done the same thing. [*Desk thumping*] I am so sorry, and also the Member for Laventille West who did studies at the University of the West Indies during this session of the Eighth Parliament.

I feel extremely proud of these Members. I think it is churlish and nasty in the extreme for the Member for Fyzabad to make these allegations about a Member of Parliament. I just want to state categorically that the degree qualification I spoke about in this Parliament was paid for by me using my personal funds. Not one red cent of taxpayers' money went towards that. I paid for it out of my pocket.

Let us go to the time issue now. Mindful of the fact that the duties of a government minister are onerous, I deliberately made a decision when I was studying for this degree, which is a distance learning programme; you are not required to attend classes in the real sense; it is an online programme where you communicate with your tutor and the other students in the class online using distance learning technology. You have interactive sessions with your tutor and the other students in the class online in real-time.

The time I took to do this was between the hours of 12 midnight and 2.00 a.m. It was extremely painful, having deprived myself of precious sleeping time to obtain this qualification, to come into this House—I am sorry that I cannot use unparliamentary language—and hear this "dotishness" from the Member for Fyzabad. [*Interruption*]

**Miss Lucky:** I only intervened because I really do not think that what you have done should put you in a position where you have to defend yourself; therefore, I would want to come not only to your rapid defence, but the rapid defence of all of us who sit here in the Parliament, who might not have been as ambitious as you or others to go for these kinds of post graduate degrees.

When we do what the country expects us to, that is to edify ourselves or get some education in another field, and we do it, it is almost as though—I do not know if this is unparliamentary—it is damned if you do, dammed if you do not. I mean no disrespect. We have had Members on the Government side, the Front Bench and Back Bench who really have, in many instances, decided to pursue degrees. I can say from personal knowledge that these distance education degrees are not inferior



in quality. In fact, many will argue that it is more difficult to pass those degrees than when are you are live on campus interacting with peers and colleagues.

I wish to put this on record. Many of us have endeavoured to improve ourselves; it is really unfortunate that we get pulled down in that regard, because it does not send a powerful message at a time when we are really trying to encourage persons to take that bite of the educational apple. This to me was what the whole Bill was about, amongst other things. I would say the same thing for the legal profession; to encourage people to go on, to edify and educate themselves.

I am really sorry that the comment was made, because to me it sends a wrong message. We are politicians, yes, but that does not prevent us from going on to learn, because some of us will not be coming back.

**Hon. C. Imbert:** I thank the Member for Pointe-a-Pierre for that intervention and I thank her for her support of the principle I am dealing with.

I have to express my absolute disgust, in the face of the efforts of the Member for Siparia to obtain a specialist qualification, the Member for Chaguanas, the Member for Tobago East, the Member for Laventille West; in the face of the exemplary efforts of both the Opposition and Government Members to improve themselves. I must express my disgust.

He let the cat out of the bag when he said that he was sitting in the company of doctors. I wrote down what he said. His doctor friends asked him when they learned that I had obtained this degree qualification, "How could you allow the Member for Diego Martin East to study using taxpayers' money?" That is what prompted him to come into this Parliament and utter those disgusting words. Doctors slandering Members of Parliament. I want to repeat: I spent between the hours of 12 midnight and 2.00 a.m., cognizant of the fact that I have a responsibility to the people of this country. I deprived myself of sleep. I spent my own money, and I am disgusted at the statements made.

I will urge all Members opposite to ignore that kind of nastiness. I will urge all Members opposite to educate themselves, because it is only when you educate yourself that you can emancipate yourself from mental slavery. If you remain mired in illiteracy and lack of education, you will never be able to serve this country. Educate yourselves, ignore the Member for Fyzabad. I urge everyone over there to go and

*Medical Board (Amdt.) Bill*  
[HON. C. IMBERT]

*Wednesday, September 19, 2007*

improve themselves, like the Member for Chaguanas. Improve your curriculum vitae; add to specialist qualifications, because you then will truly be demonstrating that you are interested in serving this country.

I thank you, Mr. Speaker, and 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 and 2 ordered to stand part of the Bill.*

*Clause 3.*

*Question proposed, That clause 3 stand part of the Bill.*

**Miss Lucky:** Mr. Chairman, I am just representing the view that was expressed by the Member for Barataria/San Juan. He is not here today, but he asked me to remind you that in the definition for specialist his concern was that the third line where it says:

“and has been awarded specialist qualifications...”

he wanted to include:

“from a recognized institution.”

The Member for Diego Martin Central had agreed. I do not know if that phrase would cover it.

**Mr. Imbert:** It sounds fine, but what is the definition of a recognized institution? Recognized by whom?

**Miss Lucky:** When I say “recognized institution”, if we can just give it its normal meaning, in terms of what would be internationally recognized or we now have an Accreditation Council—

**Mr. Valley:** How about “from an accredited medical institution”?

**Miss Lucky:** If that would solve it, yes; but it may not be a medical institution.

**Mr. Imbert:** Our Accreditation Council has no jurisdiction over foreign universities, so while I totally agree with the Member for Barataria/San Juan, I just would like to get to get the words right. When you say “recognized institution”, recognized by whom? Do you want to use “reputable” as with the normal English meaning?

**Miss Lucky:** I do not want to use a word that would make it so wide. The objective really is to ensure that the specialty, even though the council might accept it, is coming from an institution. I take your point but I myself do not know the form of words. I thought “a recognized institution”.

**Dr. Rafeeq:** Since you are using the council to recognize the specialty, why not also utilize the council to recognize the institution?

**Mr. Imbert:** Yes, I have no problem with that, so:

“specialist qualifications from an institution and in a specialty recognized by the Council.”

**Miss Lucky:** That would solve the problem.

**Mr. Imbert:** So insert the words “from an institution and”.

**Dr. Rowley:** If it reads like that it would sound as though it is a specialty.

**Mr. Imbert:** Both are recognized, so it is “from an institution and in a specialty recognized by the Council”. [*Crosstalk*] “Recognized by the Council” picks up both the institution and the specialty. So it will be:

“from an institution recognized by the Council and...”

**Mr. Chairman:** So clause 3 will now read under the definition of specialist:

“Specialist’ means a person who has undertaken specialist training and has been awarded specialist qualifications from an institution recognized by the Council and in a specialty recognized by the Council.”

**Miss Lucky:** Yes.

**Dr. Rafeeq:** I do not think that the word “and” is necessary there.

**Mr. Imbert:** It is. It does not do anything. If you take it out you might introduce ambiguity. Not so, Member for Siparia?

**Mrs. Persad-Bissessar:** Check your counsel. [*Laughter*] [*Crosstalk*]

*Question put and agreed to.*

*Clause 3, as amended, ordered to stand part of the Bill.*

*Clause 4.*

*Question proposed, That clause 4 stand part of the Bill.*

**Dr. Rafeeq:** Chairman, in section 6(4) of the parent Act it says:

“Any vacancy on the Council or any temporary vacancy for the period of its duration shall be filled in accordance with subsection (1).”

You have a chief medical officer, medical practitioners appointed by the Minister, Inter-Religious Organization and so on, if one of these appointees, for some reason, is not able to continue, would this section apply? [*Crosstalk*] It is in the parent Act.

**Miss Gillian:** (b) is deleting “by election of the Board”.

**Mr. Imbert:** Look at clause 4(b), it deletes that provision.

**Dr. Rafeeq:** And substitutes “in accordance”, fine.

**Mr. Imbert:** If there is a vacancy the same procedure will be followed to fill the vacancy.

*Question put and agreed to.*

*Clause 4 ordered to stand part of the Bill.*

*Clause 5.*

*Question proposed, That clause 5 stands part of the Bill.*

**Miss Lucky:** Again a recommendation made by the Member for Barataria/San Juan, that instead of Secretary-Treasurer being one person, that the secretary be separated from the post of Secretary/Treasurer; so it would be a President, Vice-President, a secretary and a treasurer.

**Mr. Imbert:** No objection. We want President, Vice-President, Secretary and Treasurer. [*Crosstalk*]

**Mr. Chairman:** The question is that clause 5 be amended in (a)(2), the second line, by deleting the words “and a” and after the word “Secretary” inserting the word “and”.

**Mr. Imbert:** You have to take out the dash too and put a comma after “Vice-President”.

**Mr. Chairman:** Comma after “Vice-President” also; so it will read:

“President, Vice-President, Secretary and Treasurer”

**Mr. Imbert:** Just to avoid any confusion, it is “Secretary and a Treasurer”.

**Mr. Chairman:** So it is:

“President, Vice-President, Secretary and a Treasurer,”

*Question put and agreed to.*

*Clause 5, as amended, ordered to stand part of the Bill.*

*Clause 6.*

*Question proposed, That clause 6 stand part of the Bill.*

**Dr. Rafeeq:** The Medical Specialist Register will have all this information, the name, address, area of specialty and so on. In (d) it reads:

“date of registration in the Medical Practitioners Register.”

I wanted to find out if this means also that the date of registration as a medical specialist is included here, that is, in the Medical Specialist Register. Let us say that I wanted to choose a cardiologist; I would want to know how much experience he has. I can go to the register and see that he has been a cardiologist for the last five years.

**Mr. Imbert:** Do you want that?

**Dr. Rafeeq:** I do not know if it is already included here by saying:

“The Council shall cause to keep a book or register to be known...”

Whether it will be recorded in terms of the date.

**Mr. Imbert:** It is two different registers. This one will be the register of medical practitioners. I am accepting what you are saying and I will like to insert an (e) which would read as follows:

“date of registration in the Medical Specialist Register.”

**Dr. Rafeeq:** If I am going to register today, they will record my data when I became a doctor, but if they are going to register me as a specialist they may write that I am being registered today.

**Mr. Chairman:** This has to relate to the Medical Specialist Register.

**Mr. Imbert:** What we can do is add the date of registration in the Medical Specialist Register. What other date would you put?

**Dr. Rafeeq:** That is the date I want. You already have the date that he has been registered a general medical practitioner.

**Mr. Chairman:** The problem might be in (d), “date of registration in the Medical Specialist Register.”

**Mr. Imbert:** But they might have had a reason. They would want to see when he became a doctor. I am suggesting that we add an (e) which says:

“date of registration in the Medical Specialist Register.”

**Dr. Rafeeq:** Yes.

**Mr. Imbert:** So you will have both the date that he became an ordinary doctor and the date he was registered as a specialist.

**Mrs. Persad-Bissessar:** He must first register as a practitioner and then register as a specialist.

**Mr. Imbert:** He cannot be a specialist unless he was first a practitioner; unless he is first in the Register of Medical Practitioners. That is a prerequisite to applying to be registered as a specialist.

**Mrs. Persad-Bissessar:** That would work.

**Dr. Rafeeq:** If you are going to add an (e) giving the date he was registered as a medical specialist, that will only come at the point in time when he is being registered; so you cannot write a date before that.

**Mr. Imbert:** We do not have a choice, because we are creating this register for the first time. We do not have a choice but to put the date on which the person was first registered as a specialist under this legislation. Even though he may have been practising as a specialist before that, there is no way of recording that.

**Dr. Rafeeq:** If I am coming to be registered as a specialist today, you can write that I have been a general practitioner from five years ago. What date will you write that I have been registered as a specialist?

**Mr. Imbert:** The date you are accepted by the Council and entered in the register. The registration date will be used.

**Mrs. Persad-Bissessar:** This is evidence only of your registration as a specialist.

**Mr. Chairman:** The distinguished doctor from Tabaquite will like to make an intervention.

**Dr. Nanan:** A number of specialists already paid their \$500 fee and had their names recorded in the register. Under the Act you could pay a \$500 fee and have your specialty recognized.

**Mr. Imbert:** But that is the mischief that this legislation is seeking to cure. There was no Medical Specialist Register before. Persons were doing it, but it was not legal. That is one of the problems; persons were paying the \$500 purporting to register as specialists; the board was purporting to register them, but it was all illegal, because there is no such thing as a Medical Specialist Register. That is why we are doing this. Even though persons would have deemed to be or recognized as such by the Medical Council as specialists, it was not legal. I understand the problem you are grappling with.

**Dr. Nanan:** You are not amending the parent Act to remove that provision?

**Mr. Imbert:** There is no provision. Where is that in the parent Act?

**Dr. Nanan:** There is a provision in the parent Act which deals with that.

**Mr. Imbert:** I have the parent Act. It says:

“‘Register’ means the Register of Medical Practitioners provided for under section 10;”

Mr. Chairman, I would be happy to suspend this particular clause to revisit it, but as far as I know section 10 only provides for a Register of Medical Practitioners. It did not provide for a register of specialists.

**Mr. Chairman:** We will suspend discussion on this clause.

**Mr. Sharma:** Can I get some clarity. You were saying that you must first register as a doctor then as a specialist?

**Mr. Imbert:** You must first register as a medical practitioner and then once you are of the view that you have the necessary qualifications, you can apply to be registered as a specialist.

**Mr. Sharma:** What happens to somebody who comes to the country only as a specialist, you have to do both?

**Mr. Imbert:** Yes; they have to be first registered as a practitioner.

**Mr. Chairman:** Hon. Members, we will suspend consideration of clause 6 and we will revisit it.

**Dr. Rafeeq:** I think I can be of a little assistance here. In section 24(5)(h) of the parent Act it says:

“Without restricting the generality of subsections (1) and (2), every medical practitioner...shall be deemed guilty of infamous or disgraceful conduct who—

- (h) directly or indirectly holds himself out to the public as a specialist or as being specially qualified in any particular branch of medicine...”

This is the only reference to specialist in the Act.

**Mr. Imbert:** So you are clarifying the point for your colleague from Tabaquite?

**Dr. Rafeeq:** Yes. I do not think that you need—

**Mr. Imbert:** I do not mind. I am flexible. Give him some time. [*Interruption*] I have looked at section 10 of the parent Act and it refers to a book or register to be known as a Register of Medical Practitioners. It does not make any reference whatsoever to specialists. Is that okay, Member for Tabaquite?

**Dr. Nanan:** Just give me two minutes.

**Mr. Chairman:** We will come back to clause 6.

*Clause 6 deferred.*

*Clause 7.*

*Question proposed,* That clause 7 stand part of the Bill.

**Mr. Imbert:** Mr. Chairman, I beg to move that clause 7 be renumbered as clause 8.

*Question put and agreed to.*

*Clause 7, renumbered clause 8, ordered to stand part of the Bill.*

**Mr. Sharma:** On the new clause 7(2).

**Mr. Chairman:** We are not there yet. [*Crosstalk*]

**Mr. Imbert:** We have to make a slight change here because this refers to someone called a Secretary-Treasurer; that will have to be Treasurer. So you delete the word “Secretary” and — and leave the word “Treasurer”.

**Mr. Sharma:** Why the Treasurer?



**Mr. Imbert:** It is payment of a fee. We are on the renumbered clause 8 which is the old clause 7.

**Mr. Chairman:** We are deleting the word “Secretary” and “—?”

**Mr. Imbert:** In both subsections (1) and (2) of 14.

**Mr. Chairman:** Renumbered clause 8 be amended by deleting the word “Secretary” and “—” as appears in 14(1) and (2).

**Dr. Nanan:** If you want to discuss clause 6 now.

**Mr. Chairman:** Let me put this first.

*New clause 8.*

*Question put and agreed to.*

*Clause 7, renumbered clause 8, as amended, ordered to stand part of the Bill.*

*New clause 9.*

*Question proposed, That new clause 9 stand part of the Bill*

*New clause 9 read the first time.*

*Question proposed, That the new clause be read a second time.*

*Question put and agreed to.*

*Question proposed, That the new clause 10 be added to the Bill.*

*Question put and agreed to.*

*New clause 3 added to the Bill.*

**Dr. Nanan:** Chairman, is that the old clause 10? Clause 11 is the old clause 10 now?

**Mr. Chairman:** Before we get there, I think we have missed out clause 12 as renumbered.

*Clause 10, renumbered clause 12, ordered to stand part of the Bill.*

*Clause 10.*

*Question proposed, that clause 10 stand part of the Bill.*

**Mr. Chairman:** Clause 10 is renumbered clause 12.

*Question put and agreed to.*

**Mr. Chairman:** Clause 9 is now renumbered clause 10. We can now go back to six? We will now revisit clause 6.

*Clause 6 reintroduced.*

**Dr. Nanan:** I was making reference to section 15 of the parent Act.

**Mr. Imbert:** When you examine section 15 very carefully all that does is give the doctor a privilege to be entered into the register, evidence that he has obtained a higher degree qualification. It does not qualify that doctor to practise as a specialist. It simply means that if he has obtained a higher degree qualification he go to the board and can ask them to put into his record the page that has his information, the fact that he has obtained a higher degree qualification. It does not follow that by obtaining that particular qualification he is automatically a specialist in any category.

**Mr. Panday:** Because there is no specialist medical register.

**Mr. Imbert:** It will not be simply limited to obtaining a post-graduate qualification. For example, you may also be required to undergo a period of specialist training before you can call yourself a specialist. Am I not correct, Dr. Rafeeq?

**Dr. Rafeeq:** Yes.

**Mr. Imbert:** This provided for if a person got a post graduate qualification, a master's degree, he could go to the council and say, "I will like entered onto the page where my details are recorded the fact that I have obtained a master's degree in oncology", or whatever, as the case may be. That does not mean he could call himself an oncologist, because in order to do that the council may require you to practise under the supervision of an experienced specialist for a period of one year. That is what that provision provided for, not for the question of specialization.

**Mr. Sharma:** Who is going to certify or verify that his qualification meets the requirements?

**Mr. Imbert:** We went through that before. We indicated that it has to be from an institution and in a specialty recognized by the council. The council will look at the university that he got the qualification from and also look at the specialization itself and determine whether it meets their requirements to allow the person to be registered as a specialist.

**Mr. Sharma:** Is there not a government institution that says all the degrees that are recognized here?

**Mr. Imbert:** The Accreditation Council can only accredit degrees in Trinidad and Tobago; it cannot accredit foreign degrees.

**Dr. Nanan:** There were persons who paid the money according to the regulations to have their names entered in that register as a specialist.

**Mr. Imbert:** That was wrong. What section 15 allows is that they were only entitled to have entered into the register the existence of an additional degree qualification, but they were not entitled, have received that, to go to the council and say, "You have to call me an oncologist", or nephrologists and so on. That was the mistake being made. The legislation only allowed them to go there and have the degree entered, but not as evidence that they had met the combination of qualifications and experience to be called a specialist. That was the mistake they were making.

**Dr. Nanan:** I do not agree with you.

**Mr. Imbert:** On the ordinary English reading of the clause it is obvious.

**Dr. Rafeeq:** I think what the Member for Tabaquite is saying is that the registration fee for a general practitioner is different from the registration fee of someone who—

**Mr. Imbert:** I am not disputing that.

**Dr. Rafeeq:** The point he was making was, seeing that person had a specialist degree, it was entered in the register as an additional degree and he paid a different registration fee. Now that he would be on the Specialist Medical Register he wants to know whether that fee paid for that additional qualification, he will still have to pay it. I know you have given an amnesty for a year to get on the register.

**Mr. Imbert:** I did not pick up that at all. The Member was saying that there was a provision previously where a person could be registered as a specialist. Is that not what you were saying?

**Dr. Nanan:** No. If I remember correctly, it is \$300 for a general practitioner and \$500 if you want to register a specialty.

**Mr. Imbert:** You could not register as a specialist before. Persons did it, but they should not have. They should simply have asked for their additional degree qualification to be entered. The question of what fees you should pay to be registered in the Register of Medical Specialist is a matter for the council. The

*Medical board (Amdt.) Bill*  
[MR. IMBERT]

*Wednesday, September 19, 2007*

council will make recommendations to the Minister, as the Member for Princes Town pointed out.

They will determine what rates they want to charge for entry into the ordinary register and entry into the specialist register. They will propose it to the Minister and once he is in agreement, those will be the rates. It may very well be the same \$300 and \$500.

**Dr. Nanan:** Let us say that somebody paid only last week?

**Mr. Valley:** They are getting amnesty for a year.

**Mr. Imbert:** I understand your point. The \$500 they paid was to allow their additional degree qualifications to be entered into the ordinary register. There would certainly be now, in my view, a fee to be registered as a medical specialist, which is entirely different to having an additional degree qualification. All they were paying that money for was to supplement the record of their qualifications on the ordinary register.

They already received a service for the fee they paid. If you look in the ordinary you will see, Dr. So and So, MMBS or whatever and then PhD, in the ordinary register. But on the Register of Medical Specialist, the new register, there will be certification now by the Medical Council that this person is a specialist and is allowed to hold himself out to be a specialist and practise. That previous fee he paid did not authorize him to hold himself out to be a specialist and to practise as a specialist.

**Mrs. Persad-Bissessar:** It may help to understand that there is nothing in law, until this Bill becomes law, to have a specialist register. So whether you paid \$5, \$10 or \$15—you may have even paid an illegal fee.

**Mr. Imbert:** It was. I am trying to explain that to him.

**Mrs. Persad-Bissessar:** There is no legal register.

**Mr. Imbert:** It was wrong.

**Mrs. Persad-Bissessar:** They had rules and regulations to assist them, but there is nothing in law. [*Crosstalk*]

**Dr. Rafeeq:** The financial year, at least for registration in the Medical Board, runs from January to December, so in any case whatever fees would have been paid would just be until the next two months. You will have to pay new fees from January.

**Mr. Chairman:** Before I put the vote on clause 6, I will just like to indicate that the renumbered clause 12 was approved as amended per circulation, because there was an amendment.

The question is that clause 6 be amended by the insertion of a subclause (e) to read:

“date of registration in the Medical Specialist Register.”

**Mr. Imbert:** And we also have to delete from (d) the words, “of Medical Practitioners”, because the register has a definition and it is simply “register”, it does not say register of medical practitioners.

**Mr. Chairman:** Clause 6 is amended in (d) by deleting the words, “of Medical Practitioners” and inserting an (e) which says “date of registration in the Medical Specialist Register”.

**Dr. Rafeeq:** Why are you deleting “of Medical Practitioners”.

**Mr. Imbert:** Because the definition in the definitions section speaks to just register; it is not called the Register of Medical Practitioners”.

*Question put and agreed to.*

*Clause 6, as amended, ordered to stand part of the Bill.*

*New clause 7.*

*Question proposed, That new clause 7 stand part of the Bill.*

Insert the following new clause:

Section 11 amended. Section 11 of the Act is repealed and the following new sections are substituted: Secretary/Treasurer to maintain”—[*Interruption*]

**Mr. Chairman:** Hon. Members, in 11(1) delete the “—” and “Treasurer” wherever it appears in clause 11(1), (2) and (a). [*Crosstalk*]

“The Secretary shall keep and maintain the Register and the Medical Specialist Register in accordance with this Act and the Rules and Regulations of the Council in that behalf and shall from time to time make the necessary alterations...”

**Mr. Imbert:** I will like to propose another amendment. In 11A—we have not got there yet. Instead of deleting “Treasurer”, I will like to delete the “—” and replace it with “and”.

*Medical board (Amdt.) Bill*  
[MR. IMBERT]

*Wednesday, September 19, 2007*

“The Secretary and Treasurer shall perform such other duties as may be prescribed.”

Right now all the treasurer does is collect fees.

**7.00 p.m.**

**The Clerk:** Section 11 of the Act is repealed and the following new sections are substituted:

- (1) The Secretary shall keep and maintain the Register and the Medical Specialist Register in accordance with this Act and the Rules and Regulations of the Council in that behalf and shall from time to time make the necessary alterations in the addresses or qualifications of persons registered.
- (2) The Secretary on the advise of the Council, erase from the Register and the Medical Specialist Register;
  - (a) the name and particulars of every deceased medical practitioner and specialist;
  - (b) the name of every person caused by the Council to be erased from the Register and Medical Specialist Register in accordance with section 24; and
  - (c) any entry which was incorrectly or fraudulently made.

11A In addition to the duties set out in section 11 the Secretary and Treasurer shall perform such other duties as may be prescribed.

*New Clause 7 read the first time.*

*Question proposed, That the clause be read a second time.*

**Dr. Rafeeq:** Mr. Chairman, I have an issue, the words “shall cause to erase from the Register” and “the name and particulars of every deceased medical practitioner and specialist”. Do you want to insert a time frame here?

**Mr. Imbert:** Okay, let us add after the word “erase”, the words “as soon as practicable”.

**Mrs. Persad-Bissessar:** It means the same. When no time is set, it is within a reasonable time which means it could take 20 years.

**Mr. Imbert:** What do you want to say?

**Mrs. Persad-Bissessar:** It is difficult, because how will it be brought to the attention of the Council? So maybe within such time of it being brought to their attention. That is the only way, you cannot say within one year of death.

**Mr. Imbert:** The problem with this is it flows from the advice of the Council so it only occurs if the Secretary is advised by the Council to do it, the Council may not do anything.

**Mrs. Persad-Bissessar:** It may never happen, it is good to have it, but the way it is there, you are going to end up with it not happening.

**Mr. Imbert:** What are you suggesting? Member for Siparia, I am looking to see if we can regulate this. In other words, I am looking to see if we could put the time frame into the regulations. What about adding the words “as prescribed” and put it in the regulations?

**Mrs. Persad-Bissessar:** That can handle it, so you will have more time to think about the—

**Mr. Imbert:** Where do you put the words “as prescribed”?

The Secretary shall as prescribed, on the advice of the Council erase from the Register...

**Mrs. Persad-Bissessar:** You see you have two problems there.

**Mr. Imbert:** The Secretary shall in accordance with regulations on the advice of the Council erase from the register...

**Mrs. Persad-Bissessar:** Is the Council advising within a reasonable time? There are two time frames; one is the Council telling the Secretary to do it and—

**Mr. Imbert:** Do you want to put “in accordance to Regulations” after the word “Council”?

“The Secretary shall...”

**Mrs. Persad-Bissessar:** The regulations then would have to take up the Council acting within a time frame and then the Secretary, otherwise it will never happen. The Council never advises.

**Mr. Imbert:** “The Secretary shall, on the advice of the Council in accordance with the regulations erase.”

**Dr. Rafeeq:** Is this not ambiguous with section 17 of the parent Act?

*Medical board (Amdt.) Bill*  
[DR. RAFEEQ]

*Wednesday, September 19, 2007*

“The Council shall cause to be erased from the Register any entry which has been incorrectly or fraudulently made.”

You are saying basically the same thing here.

**Mr. Imbert:** I am advised by the drafter present, instead of using the words “in accordance with Regulations”, we should use the words “as prescribed”. “The Secretary shall on the advice of the Council and as prescribed erase...” And let us put that for everything.

**Dr. Rafeeq:** If that is the heading there—

**Mr. Imbert:** No, it is not a heading. Oh, you are right, it is a heading.

**Dr. Rafeeq:** Mr. Chairman, section 17 of the parent Act says: “The Council shall cause to be erased from the Register any entry which has been incorrectly or fraudulently made.”

**Mrs. Persad-Bissessar:** We will now have to delete section 17 of the parent Act because you are duplicating.

**Mr. Imbert:** So we delete it from here?

**Mrs. Persad-Bissessar:** No, you cannot delete it from here because we have just put a time frame as prescribed.

**Mr. Imbert:** We could take out (c).

**Mrs. Persad-Bissessar:** Why do you want to do that, we still need the time frame of (a), (b) and (c). Therefore, you should repeal section 17 of the Act.

**Dr. Rafeeq:** This is more elegant here, to put erasure and have the three ways of erasing in one section.

**Mrs. Persad-Bissessar:** And with the time frames.

**Mr. Imbert:** Delete clause 17 of the parent Act, then you will have to renumber the entire parent Act. Are you sure you want to do that?

**Mrs. Persad-Bissessar:** You can have 2(a) and (b) and with respect to (c) we amend section 17 of the parent Act to have the same in accordance with the Regulation—

**Mr. Imbert:** I cannot say great minds think alike, but that is where I was going.

**Mrs. Persad-Bissessar:** Fools seldom differ.

**Mr. Imbert:** So we will take out (c) and amend section 17 when we come to the end. In the list of amendments we are deleting (c).



**Dr. Nanan:** Mr. Chairman, we have a new clause and we are dealing with registers, I just want to point out that in my contribution I suggested a Medical Students Register because other jurisdictions have it and I asked for clarification if there is such a register in this country. The reason I pointed that out was that the Council would now have the ability to look at the training that the medical students are undergoing to ensure it is in conformity with patient care in this country.

**Mr. Imbert:** Medical students are not practitioners and, therefore, I really do not understand the point you are making because a student would not be entitled to be on the register, or the Medical Specialist Register.

**Dr. Nanan:** The Medical Students Register, because if you have to grant a temporary licence like you had before—

**Mr. Imbert:** We were not giving a student that, we are not doing that. Dr. Nanan with great respect, I understand where you are coming from but I do not think you want to tinker with the legislation and introduce the concept of a medical student register without thinking it through. Once you have it there, for what purpose are you going to use it, to give somebody a temporary licence? This is what I am picking up from you. You just said temporarily register somebody, and I do not like that idea at all.

**Mr. Sharma:** How will an intern be treated?

**Mr. Imbert:** How is an intern treated, Dr. Rafeeq?

**Dr. Rafeeq:** The interns get temporary registration.

**Mr. Imbert:** There is provision for an intern. An intern has passed; you cannot be an intern until you have finished your medical degree. There are provisions for interns.

**Dr. Rafeeq:** Mr. Chairman, the issue of including students in the Act is an important one and it has relevance. However, just as you said, you need to think that through because in the case of nursing students and dental students are registered. So it needs to be there, but you need to think it through.

**Mr. Imbert:** That is why I said to Dr. Nanan with the greatest respect, he has a good point but we have to think it through. It is not like your other points.

**Mr. Chairman:** Hon. Members, the question is that new clause 7 as amended be added to the Bill.

*Question put and agreed to.*

*Medical board (Amdt.) Bill*  
[DR. RAFEEQ]

*Wednesday, September 19, 2007*

*Question proposed, That the new clause be added to the Bill.*

*Question put and agreed to.*

*New clause 7 added to the Bill.*

*New clause 11:*

**The Clerk:** Insert the following new clause:

Section 21 amended.

11 Section 21 of the Act is amended by deleting the words “three thousand dollars and to imprisonment for one year” and substituting the words “ten thousands dollars and to imprisonment for two years”.

*New clause 11 read the first time.*

*Question proposed, That the new clause be read a second time.*

*Question put and agreed to.*

*Question proposed, That the new clause be added to the Bill.*

*Question put and agreed to.*

*New clause 11 added to the Bill.*

*New clause 13.*

**Mr. Imbert:** Mr. Chairman, I propose a new clause 13 which reads as follows:

Insert the following new clause:

13 Section 23 is amended in subsection (4) by deleting the words “three thousand dollars and to imprisonment for one year” and substituting the words “ten thousands dollars and to imprisonment for two years”.

*New clause 13 read the first time.*

*Question proposed, That the new clause be read a second time.*

*Question put and agreed to.*

*Question proposed, That the new clause be added to the Bill.*

*Question put and agreed to.*

*New clause 13 added to the Bill.*

**Dr. Nanan:** Mr. Chairman—

**Mr. Chairman:** We have passed that, you cannot revisit it now. Do you want to go back to it?

**Dr. Nanan:** No, just for clarification. Have we reached clause 10 of the original Bill yet?

**Mr. Imbert:** Which original Bill are you referring to?

**Dr. Nanan:** The Medical Board (Amdt.) Bill, clause 10, where section 22 of the Act is amended.

**Mr. Valley:** We have reached clause 13.

*New clause 14.*

*Question proposed,* That clause 14 stand part of the Bill.

**Mr. Imbert:** Mr. Chairman, I propose a new clause 14 which reads as follows:  
Insert the following new clause:

Section 24 amended.

14 Section 24 is amended in subsection 2(c) by inserting after the word “Register” the words “the Medical Specialist Register”.

*New clause 14 read the first time.*

*Question proposed,* That the new clause be read a second time.

**Dr. Rafeeq:** Mr. Chairman, I suppose you are adding the words “Specialist Medical Register” to “Register” Would there not be the necessity for the word “and”? Just check that for me please?

**Mr. Imbert:** Mr. Chairman, despite the hour, I would not mind—

**Mr. Chairman:** We will come back to that at the end.

**Mr. Imbert:** If you look at the amendments which are circulated very carefully, in the quotation mark there is a comma.

**Dr. Rafeeq:** Yes, I see it.

**Mr. Imbert:** So after the word “Register” you are inserting a comma and then you are inserting the words “the Medical Specialist Register”.

**Dr. Rafeeq:** It is correct, because there is the word “or” after it in the parent Act.

*Medical board (Amdt.) Bill*  
[DR. RAFEEQ]

*Wednesday, September 19, 2007*

**Mr. Imbert:** Which clause is that?

**Dr. Rafeeq:** It is section 24(2)(c) which says:

“cause the name of such practitioner to be erased from the Register or his temporary licence to be revoked, as the case may be...”

**Mr. Imbert:** Are you okay now?

**Dr. Rafeeq:** Yes. I just wanted to make sure.

**Mr. Imbert:** We want to amend section 17 now.

*Question put and agreed to.*

*Question proposed, That the new clause be added to the Bill.*

*Question put and agreed to.*

*New clause 14 added to the Bill.*

**Mr. Chairman:** Before we go to clause 17, do you want to revisit clause 10?

*Question put and agreed to.*

*Clause 10 recommitted.*

*Question again proposed, That clause 10 stand part of the Bill.*

**Dr. Nanan:** The clause 10 with which I am dealing is “Section 22 of the Act is amended”. I do not know if I have the right clause, but that is the one I am speaking about.

**Mr. Chairman:** What was it renumbered?

**Dr. Nanan:** “Section 22 of the Act is amended.”

**Mr. Chairman:** That is 12 as renumbered.

**Dr. Nanan:** So I think you will have to put that question again.

**Mr. Chairman:** I did that already. I corrected that just now, just before we did clause 6.

**Mr. Valley:** He thought it was clause 10 and he now realizes that it is clause 12 he wants to revisit. So he is saying you have to put the question again for clause 12, not clause 10.

**Mr. Chairman:** Oh, I see.

*Clause 12 recommitted.*

*Question again proposed, That clause 12 stand part of the Bill.*

**Dr. Nanan:** Mr. Chairman, in my contribution I wanted to point out that this section 22 introduces a new part. In the parent Act, section 22 talks about a person who is not a member of the board and I want to know if the Government's intention was to move from a layperson who is portraying himself as a specialist, or are you talking about a doctor who is portraying himself as a specialist. I make that point with respect to the section that is actually included, that is section 22 of the Act and that subsection comes into that particular area where it talks about any person not being a member of the board, and another area, section 24 which deals with the member of the board. I do not know if that is the intention of the Government.

**Mr. Imbert:** If you look at section 22, it refers to a person who is not a doctor, what we are doing now, a person who is a doctor, or a person who is not a doctor who holds himself out to be a specialist without being registered as such is guilty of an offence. It is two completely different things.

In the first instance, it would be somebody who is not a member of the medical board, that means he is not a doctor pretending to be one and in the second case it could be somebody who is not a doctor or somebody who is a doctor, but not a specialist pretending to be a specialist.

**Dr. Nanan:** Then this clause in the parent Act, 24(h)—

**Mr. Imbert:** What is wrong with it?

**Dr. Nanan:** It goes back to the requirement and section 24(2) talks about the various penalties that can be—

**Mr. Imbert:** If you look very carefully at the amendments that have been circulated, go to the second page of the amendments at Part B, page 2, Part B(ii) which deals with erasure.

The name of every person caused by the Council to be erased from the Register or the Medical Specialist Register in accordance with section 24.

Which is the section you just referred to, so we tied it back to clause 24.

**Dr. Nanan:** I know that, but section 24 only talks about three things that the Medical Council could do so this other area in terms of a penalty, imprisonment, fine and punishment, you see section 22 talks about the person as a layperson and you said you want to capture all.

*Medical board (Amdt.) Bill*  
[DR. NANAN]

*Wednesday, September 19, 2007*

I do not know if I am confusing the issue but I want to get the legislation right because according to the parent Act if a person directly or indirectly holds himself out to the public as being specially qualified in any particular branch of medicine and has not taken a special course in such branch and receives a certificate which is recognized by the Council, that goes back to the section that talks about “the Council may be guilty of infamous and disgraceful conduct” and I think the disgraceful conduct in a professional respect is pertaining to that particular—

**Mr. Imbert:** What we are seeking to do so to create the Register of Medical Specialists and to apply clause 24 to it. So if you look at the amendments you will see they all tie back to clause 24 so the penalties that flow from someone pretending to be a specialist when he/she is not, that ties into clause 24 which is the one that has all the things about infamous and disgraceful conduct and so forth.

What is the conflict that you are seeing which is bothering you? Can you explain it a little better?

**Dr. Nanan:** If you are tying it to 24, it only gives three provisions which are reprimand, suspend the medical practitioner and cause the medical practitioner’s name to be erased. In clause 22 that is where you impose the fine and imprisonment. I could be wrong. Clause 22 talks about the layman and 24 talks about a doctor. I think you said you were trying to capture the layman as well as the doctor. I do not know if that was the intention, or it was to utilize this provision to capture the doctor who is not a specialist.

**Mr. Imbert:** You see the layman's name cannot appear on the specialist register because he first has to be a member of the board. He cannot get on to the register until he is first an ordinary doctor. So if someone is posing as a specialist and he has no qualifications then he is guilty and he will get the \$10,000 and the two years jail.

**Mr. Valley:** What is in 22 does not come under 24 at all.

**Dr. Nanan:** I do not want to waste time, Mr. Chairman, I just wanted to point out that 24 talks about the doctor of which I am aware.

**Mr. Imbert:** There is something that has come out of this issue, not the point that Dr. Nanan is making but we should also amend clause 22 under the penalties because we have not harmonized them.

If you go to section 22(1)(c) of the parent Act, the penalty for someone posing as a doctor who is not is simply a fine of \$1,000 and imprisonment for six months. So perhaps we can amend that and make that the same as the penalty for posing as a specialist.

So Mr. Chairman, to ease the anxiety of Members, we harmonize the legislation in the amendment circulated to make it all \$10,000 and two years.

So we should also harmonize what is in section 22(1) because that refers to a fine of \$1,500 and imprisonment for six months but the offence is pretending to be a doctor.

**Mr. Bereaux:** That is different.

**Mr. Imbert:** It goes on to say “takes or uses any name”, assumes the title doctor, “holds himself out as a person authorized or qualified to practise medicine or surgery.” Do you have a problem with that? Dr. Rafeeq, are you okay with that?

**Mr. Chairman:** Where are we? I am lost.

**Mr. Imbert:** Mr. Chairman, we are coming to the end and I would like to insert some discipline to this. Can we deal with section 17 of the parent Act first and then section 22 of the parent Act?

Mr. Chairman, can I just verify that the last clause in the Bill is now clause 14?

**Mr. Valley:** Yes, because clause 14 amended section 24.

**Mr. Imbert:** Mr. Chairman, I propose that we amend revisited clause 9 as renumbered and insert a new section 9A to read as follows:

9A Section 17 of the Act is amended by:

- (a) inserting after the word “the” the words “Secretary on the advice of and in the manner prescribed by the Council”.
- (b) delete the words “cause to be erased” and substitute the word “erase”, and
- (c) inserting after the word “Register” the words “and the Medical Specialist Register”.

**7.30 p.m.**

I have just been told that in (a) after the word “Secretary” you should have the word “shall”. So it should be: “Inserting after the word “the” the words, “Secretary shall on the advice”.

**Mr. Chairman:** Should it be “deleting” or “delete”?

**Mr. Imbert:** Everything is “deleting” and “substituting”.

**Mr. Chairman:** Are you sure you have everything right? Do you want to come back and do this thing on Friday?

**Mr. Valley:** Yes. Let us look at it carefully.

**Mr. Sharma:** It is too risky.

**Mrs. Persad-Bissessar:** You are changing the penalty in section 22; you had a penalty for section 24. If you are harmonizing penalties, there is a penalty in section 21.

**Mr. Imbert:** We fixed that.

**Mrs. Persad-Bissessar:** When?

**Mr. Imbert:** In the list of amendments. But I would go with the consensus. Having been merely deputed to act on behalf of the person in charge of the Bill, I would suggest that we suspend the committee stage and I can report progress.

**Mr. Chairman:** The committee stage of the Bill to amend the Medical Board Act is suspended.

*House resumed.*

**Mrs. Persad-Bissessar:** Can I ask, through you, Mr. Speaker, when you are doing it, can we get a comprehensive set, so we have one set to look at?

**Mr. Imbert:** This is what the CPC’s representative just suggested and that will be done; a comprehensive, consolidated set of amendments.

**Mrs. Persad-Bissessar:** So you can do the amendments in red within the parent Act.

**Mr. Imbert:** No, within the Bill.

**Mrs. Persad-Bissessar:** Within the parent Act it is very easy to see where you are making mistakes.

**Mr. Imbert:** I can get two things done for you, because we are going to do this on Friday. We will do it within the parent Act for you and we will do it within the Bill before the House as well. Okay? So you will have both. So could you do that? They want to see it within the parent Act as well. Do you think that it is necessary? *[Discussion with CPC representative]*

All right, we cannot guarantee we could show you within the parent Act, but we could definitely show you in the Bill.



**Mrs. Persad-Bissessar:** You have this law online now. This is LRO 1990; any changes made from 1990 to 2007—17 years—would not be caught in here. So when we are reading this and trying to—

**Mr. Imbert:** Member for Siparia—

**Mrs. Persad-Bissessar:** Wait, let me finish. The Ministry of Legal Affairs has, on its website, updated up to fairly recently, so let us just insert these amendments in there. It is already online; it is already in soft copy.

**Mr. Speaker:** Yes. Report progress, Minister.

**Mr. Imbert:** Mr. Speaker, I wish to report that a Bill to amend the Medical Board Act, 2007, was considered at the committee stage and progress has been made. We have considered virtually all the clauses of the Bill but the House is still to complete its deliberations at the committee stage. The committee stage has been therefore suspended.

#### ARRANGEMENT OF BUSINESS

**The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley):** Mr. Speaker, I beg to move that the House now resume the consideration of Motion No. 1 under “Private Business.”

*Agreed to.*

#### INCORPORATED TRUSTEES OF THE PRESBYTERIAN CHURCH OF TRINIDAD AND TOBAGO BILL

#### Special Select Committee Report (Presentation)

**Mr. Speaker:** Hon. Members, on the last occasion the Hon. Member for Nariva was on his legs and I think he has one minute left.

**Mr. H. Partap:** Mr. Speaker, when the adjournment was taken during the discussion on the report, I was in the middle of a sentence and I want to complete that sentence. It is a compound sentence, but I will complete it.

It was during this period—and that is the period between 1868 to 1893—the church expanded its education thrust and firmly entrenched its theological underpinning, laying the foundation for the establishment of 73 primary schools, five secondary schools, the Iere Home for Girls, the Archibald Vocational Institute and the J. C. McDonald Home for the Aged.

Mr. Speaker, I have now completed that sentence. [*Desk thumping*]

*Trustees Of The Presbyterian Church Bill*  
[MR. PARTAP]

*Wednesday, September 19, 2007*

I am told that the date in the Preamble which I questioned cannot now be changed and it has to remain as 1893. If I am to accept that position, let me put on the record that the Presbyterian Church was actually established and founded on January 01, 1868 and not in 1893 as the Preamble suggests.

I thank you, Mr. Speaker. [*Desk thumping*]

**Mr. Manohar Ramsaran** (*Chaguanas*): Mr. Speaker, I was on that committee and I want to put on record the good work we did. I want to thank the Presbyterian Church for coming forward and being with us for five days, where we discussed all the merits of the Bill. But while discussing that Bill, and looking back, I want to put on record the role played by all the churches in Trinidad and Tobago in bringing us to where we are: the Presbyterian Church; the Catholic Board; the Maha Sabha; ASJA, all the other bodies, for really placing emphasis on our development. I cannot let this opportunity pass without thanking them for really building Trinidad and Tobago. I would like to see all of them come to this Parliament and have their Acts, and so on, cleared up for continued progress.

It is a pleasure for me to have—[*Desk thumping*]

**The Minister of State in the Ministry of Trade and Industry (Hon. Diane Seukeran)**: Mr. Speaker, I have been asked by the Moderator of the Presbyterian Church to clarify one or two issues raised in the House at the last sitting. So very briefly, to point out where I think what needs to be clarified is that in seeking to widen the powers of the trustees of the Presbyterian Church and in the course of the five very lively discussions that we had with the Church, we discovered that the old ordinance sought to incorporate both the church and the trustees of the church at the same time, and in the course of doing that, since it is very unusual to do two at the same time, the complete nexus between the two was not properly achieved. As a result of that, we came to the point at which we are today, asking the House to adopt this particular report in which there is a draft Bill attached that speaks to the incorporation of the Presbyterian Church, the original ordinance having dealt with both the church and the trustees of the church.

To take Mr. Partap's—I beg your pardon; I am in the private sector already. [*Laughter*]—the Member for Nariva's point—[*Interruption*] You know, Mr. Speaker, doing this was a most informative exercise. There is a Schedule at the back of this old ordinance that speaks of the year 1893 and of the Presbyterian Church having 30 properties, among them the original Scottish Church of Grey Friars in Port of Spain, but you note that every single other landholding church which subsequently gave

birth to a number of schools, et cetera, that we talked about, were in the countryside of Trinidad and Tobago; Port of Spain and St. Joseph being the only, sort of, capitals that we had at the time.

Sir, you had, in 1893, the church buildings, and what became the Susamachar Church in San Fernando, the Arouca Church and you had the Exchange Village Church in Couva. All this was land.

**Mr. Sharma:** Tell the PNM that.

**Hon. D. Seukeran:** The Member for Nariva is making the point—and it is a good point that is worth elaborating—that it was in 1868, I think he tells me, that the very first church and school was opened in Princes Town at Iere Village in somebody's home; that this particular church was the very first doorway. It was not an official church but it was the very first church that he is talking about. So this tells you that there had been a 25-year period and more, history before which these lands had been acquired and which today now, when you look at the new Bill and the new Schedule, you see that we now have 156 schools, churches, homes, et cetera; all of these things. [*Crosstalk*]

Mr. Speaker, we are speaking about a church. You know, I find that in this House we tend to use the word of God; we quote biblically all the time and yet when you are dealing with an institution and such as this, there is all this disrespect—we talk about institutional-building. The Member for Diego Martin East was just spouting about the establishment of institutions; institutions of the House. We are dealing within the incorporation of a church and yet you hear the irreverence from one end to the other. I will not be hurried and I will not be shut up!

The church is an extraordinarily strong institution that ought not to be brought into disrepute; this needs to be properly done and, therefore, your committee had great pleasure in being of assistance to the Presbyterian Church which has done yeoman service to this country in all the areas of Trinidad and Tobago and it is worthwhile to point out that it has a history beyond 1893. I thank the Members for it and assure the Presbyterian body listening, at the request of the Moderator of the Presbyterian Church, that the new Bill that is being incorporated here, the recommendations of your committee are done at the behest of the church and brings about the nexus between church and its properties, properly constituted within a new ordinance that is in front of the House in the report. It brings together the two so that there is control, the one of the other we are not living in the age of gentlemen anymore; we are living in the new world where the church is a very wealthy church and it's properties must be properly controlled.

*Trustees Of The Presbyterian Church Bill*  
[HON. D. SEUKERAN]

*Wednesday, September 19, 2007*

It is therefore with great pleasure that I—a Presbyterian child, born, bred, educated by a Presbyterian school, educated by a Presbyterian mother, of a Brahmin father—lay in this House and to ask the House to adopt the report of the special select committee, that is, the repealing of the original ordinance and incorporation of the Presbyterian Church of Trinidad and Tobago and the trustees who now report to its church, as should have been done originally.

I beg to move.

*Question put and agreed to.*

*Report adopted.*

*Question put and agreed to, That the Bill be now read a third time.*

*Bill accordingly read the third time and passed.*

#### ADJOURNMENT

**The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley):** Mr. Speaker, I beg to move that this House do now adjourn to Friday, September 21 at 1.30 p.m. On that day the Government plans to debate the Finance (No. 2.) Bill which is tabled today, through all its stages and, of course, we will complete the committee stage and the third reading of the Medical Board (Amdt.) Bill.

*Question put and agreed to.*

*House adjourned accordingly.*

*Adjourned at 7.47 p.m.*