

Revocation of Appointment

Wednesday, July 09, 2003

SENATE

Wednesday, July 09, 2003

The Senate met at 1.30 p.m.

PRAYERS

[MR. VICE-PRESIDENT *in the Chair*]

REVOCAION OF SENATOR'S APPOINTMENT

Mr. Vice-President: Hon. Senators, yesterday I received the following correspondence from the President, His Excellency, George Maxwell Richards:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency GEORGE MAXWELL RICHARDS,
President and Commander-in-Chief of the
Republic of Trinidad and Tobago.

/s/ G. Richards
President.

TO: SENATOR ARNIM SMITH

Whereas by the provisions of paragraph (e) of subsection (2) of section 43 of the Constitution of the Republic of Trinidad and Tobago, the President acting in accordance with the advice of the Leader of the Opposition, is empowered to declare the seat of a Senator to be vacant:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Leader of the Opposition, in exercise of the power vested in me by the said paragraph (e) of subsection (2) of section 43 of the Constitution, do hereby declare the seat of you, ARNIM SMITH, to be vacant.

Given under my Hand and the Seal of the
President of the Republic of Trinidad and
Tobago at the Office of the President, St.
Ann's, this 8th day of July, 2003.”

SENATOR'S APPOINTMENT

Mr. Vice-President: Hon. Senators, today I received the following correspondence from His Excellency, the President, George Maxwell Richards:

Senator's Appointment
[MR. VICE PRESIDENT]

Wednesday, July 09, 2003

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency GEORGE MAXWELL RICHARDS,
President and Commander-in-Chief of the
Republic of Trinidad and Tobago.

/s/ G. Richards
President.

TO: MR. ARNIM SMITH

In exercise of the power vested in me by paragraph (b) of subsection (2) of section 40 of the Constitution of the Republic of Trinidad and Tobago, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Leader of the Opposition, do hereby appoint you, ARNIM SMITH, Senator.

Given under my Hand and the Seal of the
President of the Republic of Trinidad and
Tobago at the Office of the President, St.
Ann's, this 9th day of July, 2003.

OATH OF ALLEGIANCE

Sen. Arnim Smith took and subscribed the Oath of Allegiance as required by law.

ORAL ANSWERS TO QUESTIONS

**National Minimum Wage
(Increase of)**

62. Sen. Wade Mark asked the hon. Minister of Labour and Small and Micro Enterprise Development:

- A. Could the Minister state whether the Government has any intention to further increase the level of the national minimum wage?
- B. Could the Minister indicate what steps are being taken to deal with the terms and conditions of employment of specialized groups of workers (such as private security guards as well as non-unionized workers) employed in the energy and energy-related industries?

The Minister of Health (Hon. Colm Imbert): Mr. Vice-President, the National Minimum Wage is constantly under review and if the circumstances should warrant a further increase the Government would take appropriate action.

The matter is currently receiving the attention of the Minimum Wages Board and a recommendation is expected from the board in due course.

Sen. R. Montano: That required a delay of one week!

**Water Rates
(Increase of)**

66. Sen. Wade Mark asked the hon. Minister of Public Utilities and the Environment:

- A. Could the Minister state whether it is the intention of this Government to increase the level of water rates to residential, commercial and or industrial users in the immediate future?
- B. If the answer is in the affirmative, could he inform this Senate what measures/steps have been taken to reduce the level of water wastage due to underground leaks and illegal connections?
- C. Could the Minister give details about the total sum of money outstanding in the arrears of water rates for both residential and commercial/industrial users?
- D. Could the Minister state what steps are being taken by the authorities to collect such outstanding sums?

The Minister of Public Utilities and the Environment (Sen. The Hon. Rennie Dumas): Mr. Vice-President, I would like to ask for a deferral of three minutes for the question.

Sen. Mark: My friend, I will grant you the three minutes to get your papers.

Question deferred.

**Underground Leak
(Smart Place Belmont Circular Road)**

67. Sen. W. Mark asked the hon. Minister of Public Utilities and the Environment:

Could the Minister state what steps are being taken to repair an underground leak opposite Smart Place on the Belmont Circular Road which has been in existence for in excess of one year thereby wasting if not hundreds but thousands of gallons of water on a daily basis?

Sen. Mark: Do you need a few minutes for this one also? Mr. Vice-President, I will defer.

Question deferred.

**Kidnappings
(Number of)**

80. Sen. Sadiq Baksh asked the hon. Minister of National Security and Rehabilitation:

- A. Could the Minister inform this Senate of the number of kidnappings reported in Trinidad and Tobago on an annual basis from 1990—2001?
- B. Could the Minister further inform this Senate of the number of kidnappings which occurred on a monthly basis from January, 2002 to March, 2003?

The Minister of National Security and Rehabilitation (Sen. The Hon. Howard Chin Lee): The honourable Senate is advised that during the period 1990—2001, the number of kidnappings which includes all categories reported in Trinidad and Tobago on an annual basis, according to the records of the Trinidad and Tobago Police Service, was as follows:

In 1990—13; 1991—16; 1992—16; 1993—41; 1994—46; 1995—56; 1996—81; 1997—80; 1998—100; 1999—136; 2000—156; 2001—135.

For the period January 2002—March 2003, on a monthly basis: January 2002, there were 18; February 2002—13; March 2002—15; April 2002—20; May 2002—14; June 2002—21; July 2002—21; August 2002—24; September 2002—19; October 2002—19; November 2002—22; December 2002—20; January 2003—29; February 2003—15 and in March 2003—21.

Thank you.

Sen. R. Montano: Does the Minister have the figures—Of all the kidnappings that he just talked about, does he know how many of them were solved?

Sen. The Hon. H. Chin Lee: Mr. Vice-President, that is another question and I would be glad to bring it for the next sitting.

**Underground Leak
(Smart Place Belmont Circular Road)**

67. Sen. W. Mark asked the hon. Minister of Public Utilities and the Environment:

Could the Minister state what steps are being taken to repair an underground leak opposite Smart Place on the Belmont Circular Road which has been in

existence for in excess of one year thereby wasting if not hundreds but thousands of gallons of water on a daily basis?

Sen. Dumas: Mr. Vice-President, I am in a situation in which the answer is prepared but I seem to have left that question out of the honourable House. I am going to ask for a deferral of 15 minutes to retrieve it.

Sen. Mark: Mr. Vice-President, I just want to ensure that 15 minutes does not go to 30 minutes. At least, you can give the assurance that that question would be answered today.

Sen. Dr. Saith: Mr. Vice-President, let me give you the assurance that we would answer the question.

Question deferred.

**National Petroleum Marketing Company
(Ex-employees Engagement)**

85. Sen. Carolyn Seepersad-Bachan asked the Minister of Energy and Energy Industries:

- A. Could the Minister indicate if there are any ex-employees of the National Petroleum Marketing Company (NPMC) or any of its subsidiaries who have been engaged as consultants with the company from January 2002 to present?
- B. If the answer to (A) is in the affirmative, could the Minister indicate which of the said ex-employees/consultants (if any) were ever terminated by NPMC or its subsidiaries and the reasons for such terminations?
- C. If the answer to (A) above is in the affirmative would the Minister provide details of the contract between NPMC or any of its subsidiaries with the said consultants inclusive of the scope, cost and duration?

The Minister of Health (Hon. Colm Imbert): Mr. Vice-President, Mr. Edmond Arneaud, former head, Tobago Operations, Marine Customs and Purchasing and Mr. Ernest G. Williams, former General Manager of the

company's subsidiary, National Agro-chemicals Company Limited, have been engaged by the company as consultants from January 2002 to present. Both Mr. Arneaud and Mr. Williams were terminated by the company. In the case of Mr. Arneaud, who was terminated with effect from March 31, 2000, the reason given by the company for the termination of services was a surplus in managerial positions.

Mr. Williams was terminated effective October 28, 1999 on the grounds that he failed to get the approval of the board to enter into an agreement and this repudiated his contract of employment with the company. Counsel has since advised that the dismissal was wrongful. Because of their very special circumstances, National Petroleum was forced to re-hire both Mr. Arneaud and Mr. Williams.

Mr. Vice-President, it appears that the hon. Senator may be bringing her own case to this honourable Senate. In order to properly give a background and to properly answer these questions raised by the hon. Senator, it is necessary to examine and assess the performance of the Board of Directors of National Petroleum in particular, the chairman—

Sen. Seepersad-Bachan: Mr. Vice-President, that is not a relevant answer to this question, it is not the performance of any board of National Petroleum. I am asking for the terms and conditions of the engagement on contract. [*Crosstalk*]

Mr. Vice-President: Sen. Seepersad-Bachan, a Minister can answer a question in his own terms. When the answer is given, you can ask other questions that could elucidate clarity on the answer. Please do not disturb the Minister answering the question.

Sen. Mark: Mr. Vice-President, on a point of order. May I enquire that if you are answering a question and you seek to abuse the process by going into 2000—2001, would that, for instance, be allowed under these rules?

Mr. Vice-President: Sen. Mark, the Minister is answering the question. Apparently, you did not hear what I just said. What you just said is not a point of order. Please continue, hon. Minister.

Hon. C. Imbert: Thank you very much, Mr. Vice-President. And, by way of explanation, I am answering part B of the question which asked reasons for the termination of the individuals in question.

Mr. Vice-President, at the time of the dismissal the board was chaired by Sen. Seepersad-Bachan. The information at my disposal indicates that the chairman of

the board was reckless and put the company at risk by willy-nilly firing managers with competencies that are difficult to acquire.

Sen. R. Montano: On a point of order, Mr. Vice-President. As I understand the rule of this honourable Senate, one cannot make statements just like that about another Senator and start calling that Senator reckless. If, however, you overrule me, then I will remember this ruling and I would be able to use it as is appropriate. There has to be one law for the goose and the same law for the gander, and we in this honourable Senate have been pulled up time and again on this point of order. If this point of order is no longer, then fine. I will accept whatever you say but then do not come when we start doing it and tell us “point of order”. There has to be fairness.

Mr. Vice-President: Hon. Senators, I would like to ask you at this point to refrain from sounding like you are threatening the presiding officer, everyone! I would like to ask you also not to reduce the level of the debate or any proceedings we have in the honourable Senate.

Hon. Minister, I would ask you to stick to answering the question without imputing any kind of improper motive and let us get on with the business of the sitting, please. [*Desk thumping*]

Hon. C. Imbert: Mr. Vice-President, as I indicated, the competencies of Mr. Arneaud and Mr. Ernest G. Williams are very difficult to acquire in the energy market place. Mr. Arneaud, along with other members of management, was terminated after a spurious review of the management structure by the board.

The reason given was that several management positions were surplus to the requirements. Mr. Arneaud was also told that there were no alternative positions in which he could be accommodated. Indeed, the then chairman was so anxious to get rid of this manager that she sent him home more than five weeks before the effective date of termination. Mr. Arneaud was eventually terminated in March 2000. In June 2002, the company executed a service agreement with Mr. Arneaud to conduct a feasibility study on the company vessel, the *NP Enterprise*, to provide certain brokerage services. The company had to retain Mr. Arneaud because no one else remained in the company who had surplus management expertise and who possessed the competency and institutional knowledge to critically study all feasible options relative to the use of the *NP Enterprise*, and to market the company's vessel so as to maximize their earning capacity.

It was the same chairman who declared six positions on the management structure redundant knowing full well that this would widen the competency gap

and put the company at further risk. The then chairman terminated five of the incumbents in these positions. I am advised that the then chairman ignored the advice of members of her own board that the dismissal of Mr. Arneaud was unfair and not in accordance with good industrial relations practice. This dismissal decision by the former chairman has been challenged as a trade dispute and the company is currently pursuing settlement of this dispute with Mr. Arneaud.

In the case of Mr. Williams, former general manager of National Agrochemicals Company Limited, whose services were terminated by the former chairman in October 1999, the reason given for termination was that in failing to get the approval of the board to enter into an agreement, he repudiated his contract of employment. Legal counsel has since advised that this dismissal was wrongful and the company has since settled with him.

It is noteworthy that as a result of these reckless dismissals, the company has had to bear an inordinate financial burden. Further, the company has had to award a contract to Mr. Williams for project management services. The need to award this contract arose from the company's decision to tender for the installation of a fuel storage mooring facility and supply and fuel products to GEBE in St. Maarten. Mr. Williams, based on his previous work on a similar tender during his tenure at the company, possesses the necessary intellectual know-how and institutional knowledge to assist the company's management in submitting its bid proposal. Further, in May 2003, the company contracted Mr. Williams to provide consultancy services in respect of a new LPG plant due to be commissioned and installed at Sea Lots in November.

The need for the engaging of Mr. Williams arose from the absence of expertise in the company after positions were declared redundant and management positions were terminated and the critical need to ensure the speedy progress of all engineering works necessary for the commissioning and installation of the LPG filling plant by November, 2003.

The skills that were forced out of the company by the then chairman are specialized and not easily substitutable and one can appreciate there the recklessness associated with the removal of these skills from the company. The then chairman refused to deal with a number of issues regarding management during her term of office, despite the company's record of profits at that time. Yet, this chairman indulged in worldwide travels to the tune of over \$.5 million with no apparent benefit accruing to the company. Her travels took her to places such as—

Sen. Seepersad-Bachan: Mr. Vice-President, I am just referring again to Standing Order 35(3), like my colleagues, imputing improper motives. I have no problem with the Minister, but I will respond.

Mr. Vice-President: Hon. Senator, I cannot agree with you that improper motives are imputed if the answer to the question is as a result of research having been done. The material coming out of the answer is not the Minister's accusation of anyone. Please allow the Minister to continue.

Hon. C. Imbert: Thank you, Mr. Vice-President. The travels of the former chairman that cost over \$.5 million took her to places such as Venezuela, Florida, Ecuador, San Francisco, India, Barbados, Houston, St. Maarten, Brazil, Santo Domingo and Texas.

Under the chairmanship of this individual, the nine convenience stores at National Petroleum were constructed at an average cost of some \$9 million each. Under this PNM administration, it is estimated that the cost of construction of these same convenience stores would cost less than \$5 million; in fact, half that cost. In fact, NP has since had to retrofit some five of the nine convenience stations constructed at a cost of \$2 million.

Under the former administration a term called "rogue elephant" was given to a particular chairman in a particular state board by a former Minister of Energy and Energy Industries, the then hon. Finbar Gangar, who complained that this former chairman appeared to have abused her powers to oust a former CEO, George Sun. This same former chairman also created a parallel organization.

Sen. Seepersad-Bachan: Mr. Vice-President, this Minister is misleading the Senate. If you are saying that he is not imputing improper motives, he is misleading the Senate. There are no facts to that. No Minister ever made any such statements and no chairman ever ousted any CEO in the energy sector. This is what I find very—we are abusing the parliamentary processes here today.

Mr. Vice-President: Hon. Minister, are you far from the end of your answer to the question?

Hon. C. Imbert: I just have a little way to go.

Mr. Vice-President: Please refrain from any accusations.

Sen. R. Montano: Mr. Vice-President, on a further point of order. As you can see from the Minister's demeanour, and this is important to notice—he is clearly enjoying himself, the way he enjoyed himself in the Commission of Enquiry when he referred to a voter who was dead who turned out to be alive. The

Minister is quite clearly enjoying himself and, rather than tell the nation the truth the Minister is trying to use the privilege of the Parliament to make sweeping statements and allegations that ought not to be allowed. It is wrong that he is abusing the process like this, absolutely wrong, and the Minister should not be allowed to continue if this is how he is going to abuse the process. [*Desk thumping*]

Mr. Vice-President: Hon. Senators, we all know what the Standing Orders say, and when one rises to say “on a point of order” we expect that you would state what that is. I am going to try to be as tolerable as possible with every single participant in the proceedings here, but we must all try not to waste the Parliament’s time.

There was no point of order in what the hon. Senator said. He did not say what the point of order was and I have asked the Minister to try and conclude and also refrain from any direct accusations. Please continue, hon. Minister.

Hon. C. Imbert: Thank you very much, Mr. Vice-President. As I said, it is the same former chairman who created a parallel organization to get rid of the former CEO of NP. It is the same former chairman who had a practice of sending managers away from the company and it is the same former chairman who is now posing these questions. Mr. Vice-President, it is the same chairman who damaged the competency and the capability and the institutional knowledge of NP by irresponsibly sending managers with important resources away from the company; it is the same chairman who is asking the questions. This was a shameful episode in the life of National Petroleum.

In 2002, the company awarded contracts for the provision to the company by Mr. Williams of project management services. Details of the relevant contract would be lodged with the Clerk of the Senate. In May 2003, the company executed a contract with Mr. Williams for the provision of consultancy services relative to the LPG plant. The only functional LPG plant in Trinidad and Tobago at this time is the plant owned and operated by RAMCO, making time of the essence in installing the LPG plant at NP. The details of the consultancy agreement would be lodged with the Clerk of the Senate.

In June 2002, the company also executed a service agreement with Mr. Edmond Arneaud, by virtue of which Mr. Arneaud conducted a feasibility study on the company’s vessel, the *NP Enterprise*. Mr. Arneaud also undertook to provide to the company certain ship brokerage services. Details of the contract executed to Mr. Arneaud would be lodged with the Clerk of the Senate.

Finally, Mr. Vice-President, Mr. Williams and Mr. Arneaud challenged the company's decision to terminate their services by pursuing, in the case of the former, High Court proceedings, and in the case of the latter, a trade dispute. With the benefit of distinguished legal counsel's advice the company has settled the matter with Mr. Williams, and is currently pursuing settlement of the trade dispute with Mr. Arneaud.

I thank you, Mr. Vice-President.

2.00 p.m.

Sen. Seepersad-Bachan: Is the Minister aware that the same facility he referred to in St. Marteen, which Mr. Williams is working on, was the exact task that was performed almost six or seven years ago, was paid for by the company and has been resubmitted by Mr. Williams?

Hon. C. Imbert: Mr. Vice-President, I am not aware of that. I ask that the Senator pose that as a separate question.

Sen. Seepersad-Bachan: Is the Minister also aware that, in the case of Mr. Arneaud, the existing capability is there within the relevant department to supply such services with respect to that vessel, and that Mr. Arneaud is collecting fees for contracts with existing business customers of the National Petroleum Marketing Company (NPMC) on the basis that they are his customers?

Hon. C. Imbert: Mr. Vice-President, I would like the Senator to pose that as a separate question.

Sen. Seepersad-Bachan: Is the Minister aware that, in the case of Mr. Ernest—[*Interruption*]

Sen. D. Montano: Point of order.

Sen. Seepersad-Bachan: Would you please let me ask my question? What is your point of order?

Sen. D. Montano: Standing Order 17 is very clear. Senators may ask a supplemental question that can explain and elucidate an answer that has already been given. It is not intended to introduce new matters or to start a debate. As soon as a Senator starts with the words "Is the Minister aware" we are talking about something new; you are not talking about anything to do with the answer that was already given. Therefore, there is no place for that question.

Mr. Vice-President: Senator, the Standing Order referred to by Sen. The Hon. D. Montano is correct and relevant. I was about to ask you if you had any

other questions. We should not be seeking to pose a different question relating to the answer the Minister gave.

Sen. Seepersad-Bachan: Could the Minister give the details—he did indicate the reason for the termination of Mr. Williams as chairman was due to poor management—of the breach by Mr. Williams that caused his termination by the board of directors of NPMC?

Hon. C. Imbert: I would ask the Senator to pose that as a separate question.

Sen. Seepersad-Bachan: In his answer, the Minister indicated that Mr. Williams was terminated wrongfully. He said it was because of the chairman. The Minister knows it was because of a serious breach of responsibility.

Sen. D. Montano: A Senator cannot enter into debate at this point. She can ask a question. She is debating an issue. She can ask a question to explain the answer and sit down.

Sen. Seepersad-Bachan: With respect to Mr. Williams—*[Interruption]*

Mr. Vice-President: Senator, a minister cannot be forced to answer a question in a particular way; neither can the Minister be forced to answer the question. Do you have any more questions?

Sen. Seepersad-Bachan: The Minister mentioned that Mr. Williams is also working on the design of the LPG plant. Is the Minister saying that there is no capability existing within NPMC to provide such service?

Hon. C. Imbert: I thought I had made it abundantly clear that the removal of these two gentlemen from NPMC, by the former chairman of NPMC, resulted in a vacuum in terms of the necessary skills and expertise with regard to the specific projects that I outlined in my answer. I thought I had made that abundantly clear. The answer is yes.

Sen. Seepersad-Bachan: I just wanted to get that confirmed. In a similar light, is the Minister aware that in 1994/1995, Mr. Williams was strongly—*[Interruption]*

Sen. D. Montano: We are dealing with new matters here which have no place.

Sen. Seepersad-Bachan: —warned for breach of authority?

Sen. D. Montano: This is question time. This is not the time for debate. If the Senator wants to move a Motion, let her do so. This is question time.

Sen. Seepersad-Bachan: Let the Minister answer the question. Is the Minister aware—[*Interruption*]

Mr. Vice-President: We have to stop the supplemental questioning on this particular question at this time. I just saw Sen. The Hon. Rennie Dumas enter the Chamber. Is he ready to answer his questions? I will just make room for Sen. Baksh in the meantime.

Vide end of Sitting for written part of answer.

**National Housing Authority
(Executive Director Salary Details)**

113. Sen. Sadiq Baksh asked the hon. Minister of Housing:

- A. Could the Minister inform this House of the salary, perquisite and the various allowances currently being paid to the new Executive Director/Chairman of the National Housing Authority (NHA)?
- B. Could the Minister also inform the Senate of the salary paid to and the number of years of employment of the former Executive Director with the National Housing Authority (NHA)?

The Minister of Housing (Sen. The Hon. Martin Joseph): Mr. Vice-President, the salary, perquisite and the various allowances currently being paid to the new Executive Director of the NHA are as follows:

	Per Month
Salary	\$19,500
Transportation Allowance	\$ 2,300
Housing Allowance	\$ 5,000
Service Allowance	\$ 2,500
Telephone Facilities	\$ 500

With respect to the subsistence allowance, the Executive Director is entitled to \$75 per day when travelling on official business beyond a radius of 16 kilometres from the NHA and where it is necessary to purchase meals.

When on official duty in Tobago, the Executive Director will be eligible for hotel accommodation and meals, as necessary. In the absence of the provision of any meal(s) the Executive Director will be paid \$75 per day.

For travel abroad on official business, the Executive Director will be paid US \$50 per day, once not in receipt of other allowances for overseas travel, such as those payable under Ministry of Finance Circular No. 3, dated March 15, 1999.

Actual expenses for official entertainment provided by the Executive Director will be met from an official entertainment vote under the control of the NHA.

The Executive Director is also entitled to medical attention/treatment and prescribed drugs at any healthcare facility under the Regional Health Authorities including the Eric Williams Medical Sciences Complex, in accordance with the provisions of Ministry of Finance Circular No. 7 of 2002, dated August 16, 2002.

In response to B, over the period January 30, 1997—July 31, 2002 two persons functioned in the post of Executive Director; one as the substantive holder of the post and the other acted in the said position. The substantive holder of the post was employed for a period of four years and four months, from January 30, 1997—May 31, 2001, while the other person who acted in the position of executive director was employed for a period of one year and two months from June 01, 2001 to July 31, 2002. Each person received the following per month:

Salary	\$15,000
Transportation Allowance	\$ 1,800
Housing Allowance	\$ 2,500

With respect to subsistence allowance, the Executive Director was paid \$60 per day when he travelled on official business beyond a radius of 16 kilometers from the NHA and when in Tobago \$75 per day. For travel abroad on official business, the Executive Director was paid US \$50 per day.

The actual expenses incurred for official entertainment were met from an official entertainment vote under the control of the NHA.

The Executive Director was entitled to medical attention/treatment and prescribed drugs at any healthcare facility under the Regional Health Authorities with the exception of the Eric Williams Medical Sciences Complex.

Mr. Vice-President, it should be noted that the authority for the salary, perquisites and various allowances currently being paid to the new Executive Director of the National Housing Authority is Ministry of Finance Circular No. 1 of 2003 dated March 10, 2003, which is based on Cabinet's approval of the recommendations of the Salaries Review Commission contained in its Sixty-

Seventh Report. For the information of Senators, these recommendations can be found on pages 63–66 of the report.

It should also be noted that the authority for the salary, perquisites and various allowances paid to the former executive directors indicated in part B of my reply is Ministry of Finance, Planning and Development Circular No. 7 of 2000 dated November 29, 2000 which was based on Cabinet's approval of the recommendations of the Salaries Review Commission contained in its Fifty-Second Report. For the information of Senators, these recommendations can be found on pages 125–127 of the report.

I thank you.

Mr. Vice-President: Is there another supplemental question?

Hon. Senators: No, this is another question, No. 114. [*Interruption*]

Mr. Vice-President: I call on Sen. The Hon. R. Dumas.

The Minister of Public Utilities and the Environment (Sen. The Hon. Rennie Dumas): Mr. Vice-President, I am afraid the information I gave earlier was wrong. The responses to questions Nos. 66 and 67 as being required—I received the Order Paper on entering the Senate. What I had ready was the response that would have been due yesterday. I thought that would have followed on. When I answered that that answer was ready. I was referring to that question which I have ready. I certainly do not have the answers to questions Nos. 66 and 67. I would have to ask for a deferral of one week to answer those two questions.

Sen. Mark: Mr. Vice-President, could you guide us on this one? I do not know which question the Minister is referring to. The Minister said there was a deferral of a question. Is that the one on the Grimes issue? He is going to respond to that and later on—[*Interruption*] Which question is the Minister going to respond to?

Sen. The Hon. R. Dumas: Do you have a CEPEP question on the Order Paper?

Sen. Mark: Where is the CEPEP question?

Sen. The Hon. R. Dumas: You had that on the Order Paper yesterday. That answer is ready.

Sen. Mark: Not me. I am talking about me. What is the CEPEP question I asked?

Sen. The Hon. R. Dumas: Sorry, not you, it was Sen. Smith.

Mr. Vice-President: Hon. Senators, unanswered questions from one day should really go over to the next day. What actually happened is that these are two new questions which were put on the Order Paper today. The Senator is asking for a deferral of one week so that he could provide the answers for these two questions.

Sen. Mark: The reality is that the hon. Minister had these questions in his possession for some time now. To come and say that merely because they were placed on the Order Paper today, he was not aware. The Minister had these questions before him weeks ago. It is really an abuse of this process. I know Sen. The Hon. R. Dumas very well. I do not know what is happening. He does not appear to be in charge of what is going on in his ministry. These are simple and straightforward questions that you approved, Sir. The Minister had adequate time to prepare for these questions. As you know, Mr. Vice-President, a week's deferral is not on the cards. We are not going to be back here until September.

Sen. Dr. Saith: I understand that two questions were not answered yesterday and the expectation was that they would be put on the Order Paper today. The fact is these are two questions that appeared for the first time today. The Minister is asking for his first deferral on this matter. Let me also put to rest the suggestion that keeps coming from the Leader of the Opposition; that Parliament is not going to meet until September. I do not know where he got that from and surely, it is not in his hands to decide when Parliament would meet. I know of no decision that has been taken that Parliament will not meet until September. I think what is being asked for, more appropriately, will be a deferral to the next sitting of the Senate.

Sen. Mark: Is the Leader of Government Business saying that the Senate would be meeting next week, so if we seek a week's deferral, the questions can be answered?

Sen. Dr. Saith: I have been quite careful in what I have said. I said it should be deferred to the next sitting of the Senate.

Sen. Mark: Since it is not within my purview, could you indicate to us when this sitting is going to be?

Sen. Dr. Saith: I am prepared to discuss with Senators on the other side when the next sitting should take place.

Sen. Mark: Mr. Vice-President, if I may—

Sen. Dr. Saith: It was not my intention to meet next week, that is why we met today. If it is the view of the Senate, on all sides, that we meet next week then we will meet. It was not my intention—as I indicated when we last discussed why we should have a sitting today—not to meet today. It does not mean if we do not meet next week that we will not meet until October. The sitting would be adjourned to a date to be fixed. It was merely to give Senators, who had indicated that they needed a break for the vacation, some time to do that. I am prepared, subject to the rest of the Senate, to meet every Tuesday.

Sen. Smith: Mr. Vice-President, yesterday the Minister did not answer question No. 34. I was here yesterday; my instrument did not reach on time. That was the question we voted on and he agreed to answer question No. 34 today.

Mr. Vice-President: Sen. Smith, you would have every right to pose every question about yesterday's sitting if you were a Senator. You were not a Senator yesterday. You cannot—*[Interruption]* It is not right.

Sen. Smith: Mr. Vice-President, at the time of that sitting I was a Senator.

Mr. Vice-President: Hon. Senators, I would like to explain something to this Senate. Yesterday, probably things got crossed: signals, communication, whatever. Sen. Smith was not supposed to be in the Chamber at all. His appointment was revoked. I tried to be as discreet as possible in dealing with the matter. We spoke with the Leader of the Opposition in the Senate and, as a result, no mention was made of it. Today I had to read it into the records because you were appointed a Senator today. Yesterday you were not a Senator. If you were in the Senate it was at the discretion of the Chair only. It was dealt with very discreetly. We do not want to refer to that again, please. You cannot ask about matters of yesterday.

Sen. Mark: I am just interested in finding out when my questions would be answered. If the Minister is saying that he wants a deferral of a week, then I think we should have some agreement between the Leader of Government Business, the Independent Senators and me that we would meet next week. I need my answers to these questions.

Mr. Vice-President: Sen. Mark, when the Leader of Government Business, made his contribution he did say he would do just that. He would have those discussions.

Sen. R. Montano: Mr. Vice-President, can I seek your guidance? This is about the millionth time that we have had this kind of misbehaviour from the

Minister. How does one go about referring a minister to the Privileges Committee? As I understand it, I have to make a request to the Chair that the Minister now be referred to the Privileges Committee for his consistent refusal to answer questions in this Senate. What he has been doing is an abuse and it is time that we put a stop to it.

Sen. The Hon. R. Dumas: Mr. Vice-President, I want to make it very clear that I have never refused to answer a question in this Senate.

Mr. Vice-President: We have long passed the time for questions. With regard to questions Nos. 66 and 67, those would be deferred until the discussions are held between the Leaders of Government Business, the Independent Bench and the Opposition. The next sitting, no later, is when those questions will be answered.

Sen. R. Montano: Before we move on, may I move a motion that the Standing Orders be suspended for the time being so that the questions on the Order Paper for today can be answered today. May I also respectfully ask, under what Standing Order did you adjourn the Minister's questions?

Mr. Vice-President: We have already passed that stage. Definitely, we know the period for question time is 45 minutes. Do we have to go back to our Standing Orders to say: "Standing Order "X" says 45 minutes"? I ask for us not to waste the time of the Senate. Could we please do just that?

Water and Sewerage Authority (Water Rates)

The following questions stood on the Order Paper in the name of Sen. Wade Mark:

- 66.** A. Could the hon. Minister of Public Utilities and the Environment state whether it is the intention of this government to increase the level of water rates to residential, commercial and or industrial users in the immediate future?
- B. If the answer is in the affirmative, could he inform this Senate what measures/steps have been taken to reduce the level of water wastage due to underground and illegal connections?
- C. Could the Minister give details about the total sum of money outstanding in the arrears of water rates for both residential and commercial/industrial users?
- D. Could the Minister state what steps are being taken by the authorities to collect such outstanding sums?

**Inter-American Development Bank
(Housing Loan Agreement)**

- 114.** A. Could the hon. Minister of Housing inform this House about the date on which the Government signed the Housing Loan Agreement with the Inter-American Development Bank (I.A.D.B.)?
- B. Could the Minister state the amount of money received through the loan agreement?
- C. Could the Minister provide a record of the draw down of I.A.D.B. funds to date?
- D. Could the Minister inform this Senate as to how much standby fees and/or interest have been incurred so far? [*Sen. S. Baksh*]

State Land Policy

- 115.** Could the hon. Minister of Agriculture, Land and Marine Resources indicate to the Senate:
- (i) Whether there is a state land policy for Trinidad and Tobago?
- (ii) If the answer to (i) is in the affirmative, could the Minister state what is the current status of the state land policy?
- (iii) Could the Minister further state whether, if at all, this policy will be brought to the Senate for debate? [*Sen. Dr. J. Kernahan*]

**State Owned Agricultural Land
(Development of)**

- 116.** Could the hon. Minister of Agriculture, Land and Marine Resources explain the basis on which Government envisages the development of state owned agricultural land? [*Sen. Dr. J. Kernahan*]

**Agricultural Producers
(Status of)**

- 117.** Could the hon. Minister of Agriculture, Land and Marine Resources indicate the status of agricultural producers and production with respect to the sanitary and phytosanitary requirements for agricultural exports from Trinidad and Tobago? [*Sen. Dr. J. Kernahan*]

Natural Gas Reserve

- 123.** Could the hon. Minister of Energy and Energy Industries kindly state:
- A. What is the current proven natural gas reserve in Trinidad and Tobago?
 - B. What has been the increase in the current proven natural gas reserve since January 2001 to present?
 - C. What is the projected daily consumption for natural gas for Atlantic LNG Train 4?
 - D. What is the current R/P ratio for natural gas?
 - E. What will be the projected R/P ratio assuming Atlantic LNG Train 4 comes on stream?
 - F. What is the minimum R/P which financing institutions will consider for projects? [*Sen. C. Seepersad-Bachan*]

Question time having expired, questions Nos. 80, 84, 85, 86, 113, 114, 115, 116, 117 and 123 were not dealt with

MEDICAL BOARD (AMDT.) BILL

Order for second reading read.

The Minister of Health (Hon. Colm Imbert): Mr. Vice-President, I beg to move, That a Bill to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practise medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto, be read a second time.

Mr. Vice-President, I am pleased to present this Bill and I am very pleased to be in this honourable Senate today. It is quite entertaining. This Bill seeks to amend the Medical Board Act to provide for the establishment of a panel, as indicated in my preamble, to issue special temporary licences.

Before I go into the actual clauses in the Bill, I would like to remind hon. Senators that since 1995 the Government had embarked on a comprehensive Health Sector Reform Programme to promote wellness and ensure the availability of quality health care to the people of Trinidad and Tobago. The main objectives of this programme are to strengthen health sector policies and planning

capabilities, to ensure that public health sector expenditure shift to services that would reduce health problems, to influence a similar shift in private sector health spending, to provide quality health care, to promote lifestyle and other interventions aimed at preventing morbidity and mortality, to achieve a high level of cost effectiveness in the public and private services and to develop a high level of public awareness of the relationship between the payment for services and the actual health outcome. We on this side are committed to the success and full implementation of this programme.

As I indicated, the programme has been going since 1995. The loan agreement with the Inter-American Development Bank (IADB) was actually signed in 1996. The negotiations took place prior to that. Regrettably, over the last 7 years, the Health Sector Reform Programme has not been as successful as it should have been. At this point today, we have drawn down approximately one-third of the funding that is available from the Inter-American Development Bank for that Health Sector Reform Programme. We still have another two-thirds of the IADB-Assisted Health Sector Reform Programme to implement. This has caused us to go to the Inter-American Development Bank (IADB) this year to seek an extension of the loan agreement. Under normal circumstances, the programme should have been fully implemented. All the health facilities, hospitals, health centres, reforms, transfer of public servants, retooling, reequipping and training should have been completed by this year. Unfortunately, that has not happened. We have been able to persuade the Inter-American Development Bank (IADB) to extend the programme for a further three years, during which we hope to complete the implementation of the Health Sector Reform Programme

I would simply like to illustrate some of the issues that we have to deal with. One of the major issues with regard to health sector reform is the shortage of medical professionals required to provide quality health care in a timely manner to our people and the problems with equipment and the condition of the facilities themselves. In order to deal with the equipment side of things, we recently executed a \$55 million agreement with a large bank in Germany to procure equipment from a supplier by the name of Siemens for diagnostic imaging. These are equipment such as CT scan equipment, magnetic resonance imaging (MRI), and X-ray machines such as mammography machines. At present there is only one mammography machine in the public service at Eric Williams Medical Sciences Complex. I am told by the doctors there—I am not an expert—that is not suitable for Caribbean women. It was designed for women in other countries and I am told that it is not suitable.

2.30 p.m.

So that the five mammography machines that are on their way from Germany would take into account our local needs. The equipment is expected to be distributed in all major hospitals including Tobago. We have not left out Tobago and a significant number of X-Ray machines and other equipment would be installed in Tobago. We are convinced that the introduction of this advanced technology in the public sector would have an immediate impact on the quality, standard and level of care provided.

You see, Mr. Vice-President, MRI testing and CT scan testing are available in Trinidad and Tobago but in the private sector. For those who may not be aware, the cost of a typical CT scan can be upwards of \$2,000 to \$4,000 and a magnetic resonance imaging (MRI) can be as much as \$9,000. This is why we decided to install this type of equipment in the public hospitals so that persons would be able to get free access to this type of diagnostic testing. We are also actively engaged in the construction and refurbishment of a number of health facilities including five hospitals, ten district health facilities and 88 health centres throughout Trinidad and Tobago. The spread of all these facilities is wide.

In fact, recently I opened a district health facility in Princes Town. Construction was done by the previous administration but the facility did not have any equipment and staff and there were some infrastructure problems but we were able to deal with these issues, and we opened the Princes Town Health Facility just a couple of weeks ago. So there is now a 24-hour accident and emergency service, day surgery, and a number of other facilities. May I say that I found the design of the Princes Town District Health Facility very impressive, and when we toured it during the opening the doctors and nurses present were very proudly showing me the state-of-the-art equipment that had been installed there.

We intend to build a similar facility in Chaguanas because Chaguanas is a population centre that is literally exploding and requires that level of health facility. We also intend to build one in Diego Martin. Diego Martin is an area which, it is believed, has all the facilities that it needs, but that is not so. There are quite a few facilities that are required in the Diego Martin region. We should also build a hospital in Point Fortin because there is need for a hospital there. We have started construction of a hospital in Tobago. Yesterday we started construction of three new surgical wards, a day surgery ward, an intensive care unit, a burns unit; a new laboratory, a new mortuary and a number of other facilities at the San Fernando General Hospital.

The San Fernando hospital—like other general hospitals—is the core of regions served by a number of satellite facilities going down to district health facilities which are mini hospitals. In previous years, they were called polyclinics; we then went into enhanced health centres, which offer some form of accident and emergency service; then to the traditional health centres; and then to an outreach centre, which is a small facility that would be in areas such as Matelot and so on, where there would be visiting doctors and nurses on certain days of the week. The Health Sector Reform Programme is broad based and there is wide coverage throughout the length and breadth of Trinidad and Tobago.

The Sangre Grande Hospital is going to be upgraded with a \$66 million programme to bring that hospital up to the kind of level that is required. We would install intensive care facilities, increasing the surgical suites and other medical facilities in that part of the country. So there would be the Port of Spain General Hospital; the San Fernando General Hospital; the Eric Williams Medical Sciences Complex; the Point Fortin Hospital; the Sangre Grande Regional Hospital and the Tobago Regional Hospital then served by a number of district health facilities and other health centres.

Mr. Vice-President, one of our biggest problems is human resources. It is common knowledge that there is a serious shortage of health professionals in Trinidad and Tobago including medical practitioners, dentists, nurses, pharmacists, speech therapists and radiotherapists. That is a particular area where there is a crucial problem. Last year we were very fortunate to get assistance from the Republic of Cuba, who sent us two therapeutic radiographers and they are now employed at the St. James Radiotherapy Centre and are, in fact, saving a number of lives.

While I am on that, recently, the Permanent Secretary in the Ministry of Health went to Cuba and has procured the services of two additional therapeutic radiographers. That centre in St. James had deteriorated to the point where, if we had not moved swiftly to get these professionals out of Cuba, there would have been no radiographers in the Government's Radiotherapy Centre and several hundreds of patients would have been forced to seek treatment in the private sector at a fantastic cost. I am sure we all know that the cost of chemotherapy and radiation therapy can run in the hundreds of thousands and millions of dollars. So that we are very thankful to the two radiographers whom we got from Cuba and who have been working at the St. James Radiotherapy Centre for almost one year. The reports I am getting is that they are doing very well; they are interfacing with the patients and are providing very valuable health care.

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The health sector in Trinidad and Tobago is probably one of the better equipped services in the English-speaking Caribbean in terms of physical infrastructure, but it suffers from a chronic shortage of health professionals. At present, there are vacancies for approximately 250 medical doctors in the public health service, including the Regional Health Authorities. There is a shortage of over 1,000 nurses in the public health service. We have approximately 1,100 to 1,200 doctors in Trinidad and Tobago and there is a 50 per cent distribution; 600 doctors in the public service and 600 in the private sector.

The shortage of medical professionals exists throughout the Caribbean, and it is attributed, in part, to pull factors in larger health-care markets in the metropolitan countries such as the United States, Great Britain and also in the Far East; in Saudi Arabia and the Middle East, which attracts significant numbers of our local health professionals primarily because of the salaries that are paid. In fact, the salaries that are offered to nurses in some of these countries could be upwards of US \$5,000, which is converted to about TT \$30,000 per month. So there is continuous migration of our health sector workers to these countries, particularly the nurses. There are other reasons our nurses have left, such as poor working conditions and so on. In my visits to the hospitals quite a number of nurses wish to stay in Trinidad and Tobago; they are not merely attracted by the higher salaries in these foreign countries.

There is also a continuous outflow of young professionals who migrate to pursue postgraduate training abroad. After about three years in the system most doctors wish to specialize—unless they are continuing in general practice—in any one of the specialties such as oncology, obstetrics or paediatrics. So after three or four years many of our young doctors migrate to pursue postgraduate training to become surgeons and so on. Quite often they stay abroad for some time to continue to gain experience in first world hospitals before they return to Trinidad and Tobago.

In addition, it is traditional and typical for our doctors to use the public health sector to gain experience in the related fields before moving to more lucrative career options in the private sector. That is quite prevalent in Trinidad and Tobago and that is the reason we have all these shortages, and this is quite apart from the capability of the medical school at the University of the West Indies to produce the number of graduates that we require. With a shortage of 250 doctors and maybe 25 or 30 of the graduates at the University of the West Indies entering the public service in the Regional Health Authorities, it would take us quite some time. I am sure the hon. Senators would appreciate that it would take over ten years to deal with the current problems that we are experiencing right now.

As we build more facilities the Princes Town District Health Facility is a case in point. We had to provide approximately eight to nine doctors for that facility. In fact, right now we have five professionals from India who have been earmarked to go to that facility. We have some applications before the Ministry of National Security and Rehabilitation for that Princes Town District Health Facility because it is proving to be very difficult to find nationals to fill these positions. One of the reasons for the shortage is the compensation packages that exist to deal with our new facilities. As we continue to build the Tobago hospital and the Point Fortin hospital; as we upgrade the Sangre Grande Hospital; as we build the Chaguanas District Health Facility; the Diego Martin District Health Facility and we continue to offer more services in the public service, the shortage would increase rather than decrease.

We have a number of training programmes on the way and we are continuously holding discussions with the Faculty of Medicine. I have instituted a programme where I meet with the Dean of the Faculty of Medicine at the University of the West Indies once every two months so we could discuss issues relating to the Faculty of Medicine at the University of the West Indies; the production of graduates; the situation at the Eric Williams Medical Sciences Complex; the infrastructure; the new programmes that the university wishes to establish and so on. I am pleased to advise that one such programme is about to begin next month. This is the BSc programme for nursing.

There is a new category of medical professionals called a nurse practitioner which is becoming quite common in some foreign countries. The nurse practitioner is halfway between a nurse and a doctor. In fact, they would be trained to do some of the minor procedures and deal with many of the issues in the Accident and Emergency Department which consumes a lot of resources at this time. The BSc programme in nursing for which we have made arrangements with the University of the West Indies, would start in September. We are also providing 30 scholarships for registered nurses who are working in the public health service and who meet the entrance qualifications for the BSc degree programme at the University of the West Indies. Persons who have already paid their dues and who have stayed in Trinidad and Tobago could get the benefit of these scholarships to do a BSc programme in nursing.

We have also increased the intake from 200 to 300 student nurses this year. Currently, we have a number of post-basic specialization programmes in nursing on stream, and we are going to increase that to 400 student nurses per year within the next year because there is a shortage of 1,000 nurses to cut down. As a short-

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term measure we have approved 20 medical scholarships at the St. Georges University. That university bears 50 per cent of the cost of tuition and the Government of Trinidad and Tobago bears the other 50 per cent. This would allow us to get 20 more Trinidad and Tobago citizens into our public system in a quick space of time—five years, but in this particular case it would take six years because there is a pre-medical year programme before they go into the five academic years.

What I might add to that is that the students who are going to get these 10 scholarships—we are looking at a mix between merit and means. I know myself that there has been this huge debate in Trinidad and Tobago on whether scholarships should be granted on merit or means. We have decided to put 10 scholarships on merit and the other 10 on means once these persons meet the necessary academic standards for entry into the University of St. Georges, and we would continue to collaborate with other international agencies to deal with our programmes. I wanted to make the point that these medical graduates would work for the Government of Trinidad and Tobago on their return.

One of the little known facts in the public health system is that—this was, in fact, a decision taken by the PNM administration in 1995 when Sen. The Hon. Dr. Lenny Saith was the Minister responsible for Tertiary Education at the time—a decision was taken to subsidize the cost of medical education for all students at UWI to the amount of 50 per cent and then the Dollar for Dollar Programme came in with the former administration of the UNC.

Mr. Vice-President, this means that students who are accessing the Medical Degree Programme at UWI that the Government is paying 75 per cent of their tuition cost. This is in addition to 35 students who are sponsored by the Government and who get 100 per cent subsidy of their tuition. So there are 35 students getting 100 per cent payment of their tuition by the Government and everybody else is getting a 75 per cent subsidy. The students who get the 75 per cent subsidy—which is as much as \$400,000 over the life of their medical degree—are not bonded to the Government. They could walk out of medical schools and jump on a plane and fly away to the metropolitan countries the next day. It is absurd. In fact, the Government of Trinidad and Tobago is subsidizing the training of doctors for export to first world countries. It is an untenable situation that this level of subsidy should be taking place in a programme that was designed to create medical doctors who would work in Trinidad and Tobago, at least, for some period of time. The entire purpose of the subsidy has been defeated with the current arrangements. So that the Ministry of Health would be approaching the Cabinet, in due course, to review these arrangements to see whether these students who get this

\$400,000 subsidy should be required to, at least, spend a couple of years working in the public health system as a pay back for that substantial sum of money that they have received.

Recently, we also entered into a technical agreement with the Cuban Government. This agreement was signed last week and out of this initiative we are expecting approximately 35 medical doctors and 45 nurses to arrive in Trinidad and Tobago in this year, 2003. In fact, the first batch of medical professionals are scheduled to arrive on July 23, 2003 with the advanced party coming on July 10, 2003.

We have also signed an agreement with the United Nations Development Programme (UNDP), and we consider this to be a major accomplishment since there is a scarcity of medical doctors all over the world. We wish to thank the UNDP for coming to the assistance of Trinidad and Tobago and for offering us these United Nations volunteer doctors. These are professionals who are on a register of experts with the United Nations Development Programme and they have offered themselves to work in various countries that belong to the United Nations around the world. Through this programme the United Nations would be providing us with 100 expert doctors to work in Trinidad and Tobago for a period of three years. These include doctors who are very specialized.

In fact, just today, I asked my Chief Medical Officer to contact the UNDP to see if we could get an oncologist who is specialized in cervical cancer, ovarian cancer and other cancers. There is a significant shortage and a problem in Trinidad and Tobago with this kind of expertise which would, obviously, affect women. In fact, we have found out that there would be a vacancy in one of our general hospitals at this point in time and we would be moving very swiftly to bring in a UN doctor who is specialized in oncology so that there would be no crisis within our oncology programme.

We are also going to sign a Memorandum of Understanding very shortly with the Dalhousie University in Canada. This Memorandum of Understanding would provide a framework for co-operation between the Ministry of Health and Dalhousie University with respect to common activities initially in the field of mental health care. Some of the project activities include assessment and management of psychiatric emergencies; training of general practitioners in the practice of psychiatry; clinical refreshers; medical professional student exchange programmes; educational programmes for our local professionals; consultative

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services in mental health and the development and implementation of a special treatment facility at the Port of Spain General Hospital.

Hon. Senators may not be aware that ward eight at the Port of Spain General Hospital was closed down some years ago. That was the Psychiatric Ward at the general hospital. This has created quite a problem in Trinidad and Tobago. There are some patients who are better in a general hospital environment rather than in a mental institution environment. We no longer have the Psychiatric Ward at the Port of Spain General Hospital and we are moving to deal with that problem.

With regard to the business we are about today, we find it necessary to come to this honourable Senate to ask hon. Senators to agree with us with regard to these amendments. Before I go into my contribution on the actual clauses in the Bill, I think I would share with this honourable Senate some of the information at my disposal regarding medical councils, medical boards and authorities that license medical practitioners around the world. In every single one of the 52 states in the United States, the medical board, which licenses medical doctors, is appointed by the State. I have some information here on the Medical Board of California which is appointed by the State's Governor, and there are 12 physicians and seven public members appointed by the State's legislature; and one public member appointed by the State's Senate Rules Committee. That is the situation in California.

With respect to Florida; all members of the Florida Board of Medicine are appointed by the State. There is a 15-member panel comprised of 12 medical doctors and three lay members. In the State of Wyoming—I did not bring all 52 states, I just brought some as a sample—the medical board which licenses medical doctors to practise medicine is appointed by the state and consists of eight members: five physicians, two lay members and one physician. From my research, every single state in the United States—the medical board, which is the body that licenses medical doctors to practise—is appointed by the state. In some of them the Government invites nominations from the professional bodies comprising of doctors but the state has the right to reject any nominations they receive from these medical boards in the United States. So that is the American situation.

Now, let us move to some Commonwealth countries. Let us go to the medical board of Queensland, Australia. All members are appointed by the Queensland Governor in council. I move now to the medical council of New Zealand—*[Interruption]* That is their legislature. In New Zealand, the medical council, which has the responsibility to license doctors, has 10 members; four members

are elected by the medical profession and six members are elected by the Minister of Health in the sovereign State of New Zealand.

In the United Kingdom there is the greater medical council, which previously had 104 members and was quite similar to our council. A new council was established on July 01, 2003, and it now has 35 members—19 are elected by the profession and 14 are appointed by the Government. These are all lay members by the way. In fact, the United Kingdom is leading the way in the appointment of non-medical professionals to its medical boards. There is a principle in Great Britain now with respect to the regulation of doctors, where the public should have a major role in the regulation of the medical profession in Great Britain. This is why 14, out of 35 general medical councils in Great Britain, are appointed by the government and they are non-medical doctors. The council had asked that the lay members be elected by some sort of commission but, in fact, based on information that I have here—which I got this morning—the 14 members are appointed by the Government.

The College of Physicians and Surgeons of Ontario, Canada has a very diverse methodology and there are 34 members. No fewer than 13 of those members are appointed by the Provincial Government of Canada. In Jamaica and Barbados there are government appointees on the medical board.

I would also like to debunk a fallacy that I have seen in the system. There is tremendous misinformation in the system. Apart from the fact that medical boards around the world do not have government involvement—that is a total fallacy, as I have indicated—in every single medical board in the United States the entire board is selected by the State. In New Zealand, the government appoints a majority and there are different circumstances in different countries. In Australia, the government appoints the whole board and so on.

Apart from that, there is another fallacy that I need to deal with and that is the fallacy that standards would fall in Trinidad and Tobago if the Government has the responsibility to appoint a board or a panel to license doctors. Of course, this is not occurring in the United States; this is not occurring in New Zealand; this is not occurring in Australia where the government appoints the council in question. However, it is a little known fact that the Medical Council in Trinidad and Tobago has taken a policy decision that the medical council has no responsibility for the investigation and action against doctors accused of negligence or malpractice. I think Senators need to know this.

3.00 p.m.

In a meeting with the Medical Council yesterday—in fact, that is another fallacy. The Ministry of Health and this Minister of Health has been meeting with the Medical Council of the Medical Board since 2002. I saw some commentary in a newspaper that there has been no consultation. I have here letters going backwards and forwards between the Ministry of Health and the Medical Board since 2002 and in fact in this year, 2003, we have had in excess of three meetings to deal with amendments to the Medical Board Act and also with the registration of foreign doctors. So there has been extensive consultation, Mr. Vice-President. In fact, I wish to read from a letter from the Medical Board to me dated February 2003. This is from the President of the Medical Council of the Medical Board addressed to me:

“I refer to our meeting in early December 2002 with reference to registration of medical graduates from the Republic of Cuba at which time an undertaking was given that the Council of the Medical Board...would consult with Caribbean Association of Medical Councils (CAMC) and also meet with the Medical fraternity on this issue after which we would further deliberate on the matter and then report back to you. In this regard, therefore, the Council met with the members of the executive of most, if not all, the medical bodies in Trinidad and Tobago on 18th December 2002 to sensitize them...”

It goes on to give a report on a number of meetings that were held in January to discuss this matter in February of 2002 and then it gives some indication of the conditions that the Council wishes to impose on Cuban graduates—Cuban medical practitioners—if the board would be required to license these people. So this is going back as far as 2002 and we have been meeting with them on a regular basis ever since. So that I want to put that to rest, this “ol’ talk” that I saw in a newspaper about how there has been no consultation—“we refusing to meet with the Medical Council” and so on.

You see, one of the problems in Trinidad and Tobago is that there are all sorts of persons who jump forward and present themselves as representatives of doctors, as authorities in the medical field and as the defining authority on the registration and licensing of doctors. The only lawful body at this point in time, Mr. Vice-President—and that is the body with which we have been meeting—is the Council of the Medical Board, which is given its authority under the parent Act to the amendment Bill that we are discussing today; but let me just move on.

As I said, we met with them as recently as yesterday and during that meeting they confirmed that previous councils had taken a decision and they too were of the opinion that the Medical Council—

Sen. Prof. Deosaran: Mr. Vice-President, could I just—sorry to interrupt you, Minister, but I think it is a vital point if I construe what you are saying correctly. Have you said that the Council gave the Government the leeway to come forward with this Bill?

Hon. C. Imbert: No.

Sen. Prof. Deosaran: “Oh ho.” I am sorry. Oh, I am sorry.

Hon. C. Imbert: Sen. Prof. Deosaran! Mr. Vice-President, I merely indicated that we have been speaking with them. We did not wish a situation to arise where we did not tell them what we were doing. We have been meeting with them since last year in an effort to get them to come around to our point of view in terms of the registration of foreign medical doctors and, you know, it has been going on for a long time. I mean, it has been going on for about nine months. We have been meeting with them. There have been letters backwards and forwards. They certainly do not agree with the legislation before the Senate and I would not want to give that impression at all. So that I hope that has cleared that up.

Anyway, as I indicated, we met with them as recently as yesterday and yesterday evening they told us that previous medical councils, and this current Medical Council, had formed the opinion that they had no authority, no responsibility, to investigate or take action against any doctor in Trinidad and Tobago for negligence and for malpractice. So we asked, “Well, who has the responsibility?” They said the courts. So we pointed out to them that if a person who is financially challenged, a poor person, has to go through that system, has to go in the High Court, hire expensive lawyers—because you could bet that the medical practitioner is not going to be represented by a junior counsel, so that you would have to come with, you know, serious, experienced counsel if you are going into that arena.

So that a poor person would have to go to the High Court. If they get judgment in the High Court then there is a question of appeal to the Court of Appeal, then a question of appeal to the Privy Council and this has been the situation in—this is the history. This is the history of investigations into complaints of malpractice in Trinidad and Tobago. That is what has happened and I am not aware of a single case—maybe Senators on the other side could give me one—where a member of the public was able to successfully take the matter

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through all these courts, all the way to the Privy Council, and get judgment against a medical—

Sen. Prof. Deosaran: Just one more vital point again. There is something called a patient's bill of rights and so on. Could you tell us the status of that, please?

Hon. C. Imbert: Certainly. There are three important instruments with which we intend to deal in 2003. One is the Quality Act, which would define standards for the first time in Trinidad and Tobago for health care, because there are no published standards in Trinidad and Tobago for health care at this point in time. That is probably one of the reasons why it is so difficult for members of the public to get redress because if you have to go into the courts and you have to deal with—this is new territory, because I am sure that there will be circumstances where they can eventually get justice but it is extremely difficult if there are no published standards with regard to health care.

The second instrument is a patient's bill of rights which outlines the rights of the patient, their right to access to their medical records, you know, the right to make a complaint and so on; and the third instrument is a system of accreditation of health institutions in Trinidad and Tobago, because the private health sector is largely unregulated at this point in time and there are private hospitals being opened all over the place with no proper inspection, monitoring or regulation, and that is something with which we certainly intend to deal. So the patient's bill of rights is part of that rubric of those three instruments—the quality legislation, the accreditation system and the patient's bill of rights. So I do not know if that has assisted—

Sen. Prof. Deosaran: What is the status?

Hon. C. Imbert: No, we have draft documents. In fact, we have circulated the Quality Act to private hospitals. One of the ironic things about that is that earlier this year I received a letter from a particular medical practitioner complaining bitterly that I had shown preference for a private hospital in North Trinidad by giving them a copy of the proposed draft legislation for quality and standards in private hospitals, accusing me of all sorts of sins, which is quite typical. I investigated the matter and found out that my predecessor, Dr. Rafeeq, had in fact circulated the very said document to all private hospitals in Trinidad and Tobago in 2001 and had a consultation and had had meetings with all these private hospitals.

You know, this is the kind of thing with which we have to deal in the health service at this point in time, Mr. Vice-President, these ridiculous allegations and

the misinformation that comes into the system. What we did was to write the medical practitioner in question and reminded him that he had received a copy of this document before from the former Minister of Health and that his institution, his hospital, had been involved in the consultations and told him, “Well, if you have lost your copy, just take another look at this”, because I did not wish to be accused by persons who have a vested interest of trying to implement something without adequate consultation, even though the previous administration had engaged in wide-ranging consultation among private hospital operators and medical practitioners.

I come back to this point. At this point in time the Medical Council cannot take action or will not—will not is probably a better phrase—will not take action against any doctor accused of negligence or malpractice, which is completely alien to the legislation in so many other countries. The medical boards that are appointed in North America have the power and the responsibility to investigate allegations of negligence and malpractice among medical practitioners and they—in fact, here I have some regulations and rules.

This is the State Board for Professional Medical Conduct. These are the regulations. This is in the State of New York, actually 15 pages of regulations on the procedures to be adopted in investigation of allegations of negligence or—we do not have anything like that in this country, Mr. Vice-President, and, in fact, if a doctor is negligent there is nothing that a poor person can do except to go in the court and 20 years later when the Privy Council finally gives its ruling, you know, the person may not even be in the country. The patient who made the allegation may have passed away and that is something we certainly intend to change in Trinidad and Tobago.

In fact, I can tell honourable Senators that this amendment we are proposing today is simply an interim measure and we do intend to repeal the Medical Board Act of Trinidad and Tobago in due course. It is 43 years old. It is archaic, it is antiquated and certainly it is virtually useless if members of the council have adopted the position over the years that they cannot deal with allegations of negligence and malpractice among the doctors and we need to bring our legislation in line with the legislation that exists in the United States and in Great Britain.

I have also looked at the procedures in Great Britain for dealing with allegations of negligence and so on—they are quite detailed—in New Zealand, Australia, in all of these countries that we want to—you know, in terms of our systems and our standards we have a requirement to upgrade our systems and I do

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intend at some point in time to repeal the Medical Board Act and I might say there was agreement on that, Prof. Deosaran, when I met with the Medical Board yesterday. After nine months and about 10 meetings, they eventually agreed that the Medical Board Act is antiquated and that it needs to be repealed.

When you look at what is happening with the movement throughout the modern world, more and more there is a belief that non-doctors should have some say in the licensing procedures for doctors. This is not to say—I do not wish to cast any aspersions on anyone. I am simply looking at what is happening in the world around us and Trinidad and Tobago cannot stay in the world of the 1960s with a board that is totally self-appointed, totally self-regulated, but performing a state function, licensing medical practitioners to work in public hospitals. That is the function that the current Medical Council performs in Trinidad and Tobago. They perform a government function, providing licences to work in government hospitals and all over the world it has been recognized over the last 40 years that we need to modernize the way we deal with this kind of problem.

The government, whatever government it is, whether it is a PNM government or an NAR government—[*Interruption*]

Mr. Vice-President, I do not know why the hon. Senator is so jumpy. I just paused. That is all. So let me repeat. Any government, whether it is a PNM government, an NAR government, an NJAC government, a DLP government, a UNC government—if that will make the hon. Senator happy—no government would want to continue a situation where at an annual general meeting or a general meeting of medical practitioners—I understand it is held every three years so it is not annual—anybody could come, any group of people, because the attendance at the Medical Board meetings is less than 15 per cent of the membership. There are 1,200 doctors in Trinidad and Tobago and 100 doctors could decide to take over the Medical Council and install themselves and that is fine as far as the profession is concerned, but with regard to the issue of licences to practise medicine, particularly in public hospitals, which is what this is all about, I do not think that that is what we want in Trinidad and Tobago as we move into this new millennium.

So let me move straight into the legislation itself, Mr. Vice-President, and deal with some of the clauses. Section 12 of the current Act provides that the council is required to register any person who establishes, to the satisfaction of the council, that he holds a diploma in respect of which he has entered or is entitled to be on the medical register of the council and that he is of good character and a fit and proper person to practise medicine. The council is entitled to do this. What this

means is that all graduates from universities, which are recognized by the General Medical Council, are automatically entitled to be registered as long as they can establish that they are fit and proper persons to practise medicine. Their professional qualifications are not subject to scrutiny by the local Medical Council.

The General Medical Council is the British council so we have a colonial piece of legislation which says that whatever the people in England decide is adequate for registration as a medical doctor, that is good enough for Trinidad and Tobago. So once a person is considered suitable to be registered by the General Medical Council of Great Britain, he is automatically entitled to registration in Trinidad and Tobago. However, the irony of all this is that the European Union, because of the fact that if a doctor goes to practise in Great Britain, because of free movement that doctor can then move to Germany or France or any other European country, the European countries have put up a wall and they have decided that no longer will degrees, such as the degree from the University of the West Indies (UWI), be recognized by the General Medical Council of Great Britain.

So because of our colonial attachment to this archaic piece of legislation, we have now reached the point where the existing law does not allow graduates of the University of the West Indies to be registered to practise medicine in Trinidad and Tobago—an absurd situation—and this has been in formation for years. This matter has been in the air for the last six years and since the hon. Senator likes to hear about the former administration, the former UNC government did nothing about it. They were very well aware.

They were given all the information that in 2003 the European Union would pass legislation whereby the General Medical Council would disqualify a number of universities around the world, including the University of the West Indies. They did absolutely nothing about it and, in fact, we now have the task to deal with this and what we are in fact doing is adding a clause in this legislation which would allow persons who graduate from approved universities listed in the schedule to this Bill—I have only put one university in for the time being because I have to deal with a particular problem.

There is a crop of medical graduates who just graduated. I do not know if any of you would have seen in the newspapers recently, they had reactivated the Hippocratic oath, something that again fell by the wayside under the former UNC government. The taking of the Hippocratic oath just fell away. Well it has been reactivated under the current PNM administration, but we have a particular

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problem where, from 2003, graduates of UWI cannot practise in Trinidad and Tobago. They cannot get full registration. They cannot practise in the private sector and I need to explain that nuance.

There are two types of registration in Trinidad and Tobago. There is full registration which allows you to practise in both the public and the private sector, and there is temporary registration which only allows you to practise in the public health system. So from 2003, not a single UWI grad would have been allowed to practise in the private health system. They would have all only been eligible for temporary licences and they would not have been eligible for full registration. Now we are fixing that in this amendment.

I have taken the opportunity, while I come with the substantive issue, which is to deal with the panel, to also give UWI automatic accreditation and I might say that we will continue to review the standards at that university and, you know, there will be a regular review and we will amend the schedule accordingly, but at this time I am satisfied that UWI grads should be given the privilege to have full registration automatically in Trinidad and Tobago. So that, in the legislation before the Senate, we will be dealing with that untenable situation and in fact coming to the rescue of our UWI graduates.

It is the intention of the Ministry to review a number of medical schools around the world because the same Medical Council that is opposing the registration of Cuban graduates has also come up with its own list and when I met with them I asked them, "Where did you get this list from?" Let me mention some of the universities recognized by our Medical Council. Central America Health Sciences, Belize; Higher Institute of Medical Sciences, Havana; Ross University, Dominica; Spartan Health Sciences, St. Lucia; a number of universities in India, universities in Pakistan, 2nd Moscow State Medical School; Heidelberg University; University of Khartoum; University of Cairo, I mean, I could go on and on. In the Philippines, Far Eastern University; South Western University; the Gazi University in Turkey and so on.

When I met with the Medical Council and I said, "Where did you get all these—why have you approved all of these universities as producing graduates that are suitable for registration in Trinidad and Tobago?" Do you know what the answer was? "That was a previous council. Doh ask us. We doh know." So you see, Mr. Vice-President, we have a situation where there is no proper accreditation. They have never visited any of these medical schools. They have not gone to Cuba, for example, to determine the standard of medical education

there but they have, I will have to say, arbitrarily, approved about 50 universities all over the world from unusual places as being of a suitable standard.

What we are doing with regard to this panel—that is another point I would like to make before I complete my presentation. Under the present system, once there is a takeover of the Medical Council by a determined group who can muster the numbers—because as I said the attendance is just 15 per cent—you can have people comprising the Medical Council—and it has happened in the past—with just two or three years' experience, being the recognized authority in this country to determine whether the distinguished professor from Cairo University—which has happened too.

A distinguished professor from a foreign university in ophthalmology came here and was told, “You cannot get full registration. You will have to be supervised.” So then they said, “By whom?” Well there is nobody in the country who has the competence to supervise this person. It is an absurdity. However, you can have the situation where a young—a band of recent graduates can take over the Medical Council and then decide “who should be doctor and who should not be doctor” in this country. This is why in our panel we have put in a stipulation, which is a raising of the bar, that each member of the panel shall be a medical practitioner with at least 10 years' experience.

So as I conclude, Mr. Vice-President, what we are doing today, we require to have this as a fallback position to deal with the registration of foreign doctors if we encounter any difficulties, we require this to deal with the shortage of medical professionals in Trinidad and Tobago and we believe that this panel, by its very creation, with the requirement that the doctors must have a minimum of 10 years experience, will in fact be superior in terms of the expertise to the existing Medical Council.

I thank you, Mr. Vice-President. [*Desk thumping*] I beg to move.

Question proposed.

Sen. Wade Mark: [*Desk thumping*] Mr. Vice-President, the Bill before this honourable Senate represents an act of desperation by a very incompetent Minister who has lost complete control of his portfolio and I believe his faculty of reasoning as well as the kind of support necessary and he comes to this Parliament today to rally support to seek justification for what can only be described as an irrational, senseless and reckless approach to what we would like described as basic, elementary industrial relations issues which, as far as we believe, if they are addressed properly, calmly and reasonably, Mr. Vice-President, this obnoxious and offensive piece of legislation would not be here today. It is a clear case of incompetence on the part of the Minister that is currently in charge of health. I do

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not know when the hon. Prime Minister will shift him but I am sure it will be shortly.

Mr. Vice-President, what we have here is a Bill proposed by the PNM and, you know, it reminds me of the old saying, a leopard never changes its spots, never. The more things change the more things remain the same. PNM's history has been one of destruction, undermining and subversion of key and critical institutions of our democratic structure and framework. This Medical Board (Amdt.) Bill of 2003 is just another continuation or a continuation of PNM's barbarism and destruction as far as we are concerned. *[Interruption]* Do not worry. I will drink some water.

Mr. Vice-President, the PNM for 47 years of its existence sought and attempted to destroy and undermine the freedoms and fundamental rights of the citizens of this republic. Who can forget the attempt by the PNM to impose the Public Order Act? Who can forget the attempt by the PNM to abolish the Police Service Commission back in 1994? When we look at this Bill, we see the hallmarks of a very incompetent administration. We see a Government that is prepared to interfere with the constitutional rights where professions are regulated by their own professionals and not by any minister, Mr. Vice-President.

I am sure as I develop my contribution here this afternoon, Sen. The Hon. Danny Montano, who is a chartered accountant, I believe in his heart is revolting because I will provide to this Parliament records of the proceedings of this Parliament when we were dealing with the Dental Profession Act. I am sure the Hon. Sen. Joan Yuille-Williams will not vote for this matter when I am finished reading from the parliamentary records when we debated the Dental Profession Act. I have walked with the *Hansard* so I will quote at the appropriate time. It is amazing but it is true.

Mr. Vice-President, although the Medical Board was established in 1887, and the Act was amended back in '57, we believe that the Government should allow the board, which is comprised of doctors, to continue to function as envisaged under the Medical Profession Act. Whether the Minister makes a joke by saying that when you have a general meeting you have 5 or 10 or 15 per cent of the members attending, that is the business of the medical profession. That is their responsibility. I do not believe that the Minister in this instance should seek to intervene and have a panel appointed by himself. What the Minister is seeking to do, whether he likes it or not—he can dismiss it in a very flippant manner as he has been accustomed to—but the reality is, this approach is going to leave a lot of

room for nepotism—nepotism, corruption and cronyism and obviously, Mr. Vice-President, what follows is a lowering of the standards—square pegs in round holes.

I believe that if we look at the history of the PNM, as I indicated earlier, whether it is the Public Service Commission, whether it is the independence of the Elections and Boundaries Commission, the pattern is the same with this regime. Destruction follows it wherever and what we have here is really an attempt to put the medical profession under manners. It is a Bill that has come here out of spite, wickedness and vindictiveness on the part of that Minister in question. He cannot control the doctors. He does not want to sit and negotiate proper terms and conditions of employment with those doctors so he comes here like a very gentle lamb seeking to persuade us to support this abomination.

Mr. Vice-President, this is a simple matter, you know. This Bill should be withdrawn. This Bill should be withdrawn from the Parliament today because it has no real basis in reality and logic. What is required is for the Minister to treat and to meet with the medical professionals of this country, treat these people as medical professionals and arrive at some kind of consensus as it relates to terms and conditions and other issues. Obviously he would have to treat with it. *[Interruption]* Yes, the shortage and so on can be addressed, no problem, but your issue here is not about shortage. “Dah is ah fig leaf. Dah is ah ruse.” You are not about shortage. You might be a short person but you are not about shortage here today.

So, Mr. Vice-President, I am arguing here and we are arguing that what is required here is not blame. What the Minister has been doing over the last 18 months is blaming people for his own incompetence. Everything that happens under his watch, he blames someone else. Well you know the famous whipping boy is we, the UNC. Everything that happens in the health sector, it is the UNC that causes it. We believe that this piece of legislation is not needed. How can a Minister of Health, in this instance, look at himself in the mirror and sleep well with this piece of legislation? Mr. Vice-President, I do not believe, as I said earlier, that Sen. The Hon. Danny Montano would be able, in good conscience, to support this piece of legislation. I still do not believe that Sen. Joan Yuille-Williams would be able, in good conscience, to support this piece of abomination that is called legislation here today. I do not think so.

Mr. Vice-President, the reality is that this Bill that has been brought here today in order to bring into effect a parallel organization manifested in the establishment of a panel, is really an attempt by the Minister to actually avoid

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addressing and dealing very aggressively with basic personnel and industrial relations principles and therefore it is wrong. It is wrong for the Minister to use legislation and to use the Government's parliamentary majority to legislate at this time a matter that we believe could easily be resolved with give and take around the negotiating table. They can sit and meet and treat with those matters, but, just as the Minister of Agriculture, Land and Marine Resources, this hon. Minister is very weak and devoid of any basic ideas related to good industrial relations practice and I think that is the problem with the regime. The regime today is being misadvised. They cannot deal with basic human industrial relations problems and once they cannot treat with people properly, they wield the big stick. This is what the Minister is doing today. He brings a Bill to this Parliament using all kinds of frills in order to justify his incompetence.

Mr. Vice-President, I believe what the Minister attempted to do to this Parliament today is to pull wool over our eyes. He was not truthful as far as I am concerned. I do not believe this question about shortages of doctors could really be used as a justification for this piece of legislation and I will tell you why. The shortage of doctors in this country is not something that happened under his watch. We have had that for a very long time and I do not think what the Minister is saying is that he has recently discovered a shortage of doctors. This Bill is a whip—this Bill is an attempt by the Minister to put the doctors, who he claimed are UNC supporters and members, in their place. Mr. Vice-President, I will show you the illogic and the irrational approach that this Minister has taken and the attempt that he has made to fool this Parliament this afternoon.

If we follow the logic of his argument this afternoon, we would be able to fully expose the fallacy and the obvious flaws in his argument. In today's newspaper, the *Guardian*, there is an article on page 3 which says:

“Imbert: Change is never easy”

Hear what he said in today's paper:

“We have had systems in Trinidad and Tobago now for registration of doctors that has been around since 1960, ...

‘Most other countries in the world have change the way they do things. T&T has not kept pace with the rest of the world in the way it licences its doctors.’”

Now tell me; the PNM was in power for all these years gone by. He is referring to this Medical Profession Act of the '60s and he is saying that we are behind time and we are outdated so he is catching up, but I will demonstrate to you that he is

attempting to catch up but, in his effort to do so, he is taking this country backward. So I say that this justification about shortage of doctors as a ruse to fool this Parliament and the country cannot stand proper scrutiny.

Mr. Vice-President, I would ask the question of the Minister and I would pose it through you. We have a severe shortage of surveyors in this country and you know surveyors are very important when it comes to land distribution matters. Is the PNM prepared to amend the relevant law to import surveyors? There is a shortage of forensic scientists. The Minister of National Security and Rehabilitation would be aware of it and the Attorney General would also be aware of it because the shortage of that kind of personnel in the system contributes to a delay in the criminal justice system. Why not bring a law or amend the law? Why do you not seek to import forensic scientists?

Mr. Vice-President, there is a shortage of pharmacists in this land. Are we going to change the law? Are we going to change the legislation to import pharmacists as well? If you look at the absurdity of the argument in an effort to justify this legislation, it boggles the imagination immediately. The truth is, the naked reality is, the stark fact is, the vexing question of a PNM regime attempting to establish a parallel organization in order to get around basic and elementary industrial relations issues. That is the bottom line—nothing more—and this piece of legislation is merely a fig leaf to cover up, as I said, the obvious incompetence and incapacity of the PNM administration to address basic industrial relations problems.

Mr. Vice-President, you would have observed that any time the PNM cannot handle a problem, what do they do? They use a big stick. They are using CEPEP to undermine local government. He is now trying to amend the Medical Profession Act in an effort to undermine the Medical Board of this country and the professionals here. They cannot deal with Caroni, they want to retrench all the workers. It is a pattern. What is the problem, Mr. Vice-President? What is the problem with the medical profession? It has to do with establishment of proper terms and conditions for the workers in that sector. That is the problem and that is why I would ask the hon. Minister, what about the salaries and the terms and conditions for these people who are going to be imported here—UNDP or UN volunteers, and you talk about of course doctors coming from Cuba?

We would like to know what would be their terms and conditions, Mr. Vice-President? Is it going to be superior to that of the local doctors? Is it going to be inferior? Is it going to be the same? What? Who will set the terms and

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conditions for these doctors? Is the Cabinet going to do that? Would these doctors be entitled to salary and travel and accommodation? Is it going to be greater than those that are enjoyed by national doctors in this country? Is there going to be an inequity? We want to know. We want to have transparency in this exercise because you are saying that you want to bring volunteers in order to deal with some of the problems that you have and that you have inherited and you need to address. Nobody could argue. No one can argue, and we are not arguing, against proper health care. That is a right, that is a basic right, but the Bill is seeking to address a question that we believe at the end of the process will create more questions than it can provide answers, Mr. Vice-President.

Let us take a look at clause 4 of the Bill. Mr. Vice-President, if you look at clause 4, we believe that this particular clause is a highly dangerous one. It says that:

“There is hereby established a panel to be known as the ‘Panel for the Issue of Special Temporary Licences’, consisting of members appointed in accordance with this section.”

Mr. Vice-President, it goes on:

“The Minister shall appoint the following persons to be members of the Panel:

(a) the Chief Medical Officer—”

Chairman, ex officio member:

“(b) three medical practitioners...

(c) one lay person of good standing in the community...

(3) A member of the Panel, other than the ex officio member, shall be appointed for a term not exceeding three years, subject to such terms and conditions as the Minister may fix in the instrument of appointment.”

It goes on to tell you about a quorum and so on but listen to the functions, Mr. Vice-President, 9B on page 8 of the Bill:

“The functions of the Panel are to—

(a) consider applications for the issue of special temporary licences, where requested to do so by the Minister pursuant to section 13(1A);”

It also has the power to issue special temporary licences and it also has the power to reject unsuitable applications.

Mr. Vice-President, I go to the Medical Board Act which is Chap. 29:50. There is something called a Medical Council and under the powers of the council, 20(1)(e), it reads:

“with respect to the determination of the professional qualification and experience including internship required of an applicant for registration or for a temporary licence, and to proof of professional conduct and general fitness to practise medicine;”

The Medical Council, Mr. Vice-President, already has the power under their Act. What the Minister is attempting to do is to seize that right and give it now to a panel of PNM friends to determine who will be able to practise. He made a statement earlier. He said a temporary licence gives you the authority to practise only in the public sector. So it means to say that when he appoints his friends and his PNM doctor friends to this panel, anyone that he recommends to be issued a temporary licence will be given a temporary licence. Now, if that is not a pollution of the justice process, if that is not going to be abuse of the process, tell me what is?

Mr. Vice-President, the Minister has no business, as far as I am concerned, in dealing with that matter. Why do you want to take away the power from the Medical Council and they have been in existence for more than 60 years? Why? *[Interruption]* Yes, you are talking about—Mr. Vice-President, that is a convenience as far as I am concerned, on the part of the hon. Minister, but hear what is taking place here. We say that what the Minister is attempting to do is to establish a parallel organization. What is going to be the function of the Medical Board? What is going to be the function of the Medical Council? Why is the Government seeking to denude this council of its powers? The Minister has not provided us with a plausible argument to convince us or to persuade us.

Mr. Vice-President, go to clause 14 of the Bill because it is related to clause 4 at the same time. Now, this is sheer madness. We cannot and will not support this Bill. Hear what 29A, that is clause 14, says:

“The Panel or a member thereof shall not be liable for anything done, permitted to be done or omitted to be done, in good faith, pursuant to the exercise of the functions and powers of the Panel under this Act.

(2) The Board or a member thereof shall not be liable for the acts or omissions of—

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- (a) the Panel; or
- (b) a holder of a special temporary licence.”

Mr. Vice-President, you have a situation where this panel—does this panel like, for instance, the Medical Council, have the competence, have the regulations? Where are the regulations? Where are the rules? Who is going to determine whether a doctor who comes here and is issued a temporary licence—how do we know that this doctor is qualified? How do we know this doctor is a competent doctor? What regulations? What rules do we have? None. The Minister is accountable because he is the one who is giving the authority to a panel to select his friends to be issued with special and temporary licences to practise in the medical field.

Who is going to be liable? What this is saying, these people have power but no accountability. You give them power but without any responsibility. You give them power and they have no liability. This is sheer madness. So you have a panel, you just overthrow the Medical Council. They have a history of good practice. They have been registering foreign doctors for years. Nobody could argue. My information—98 per cent of the foreign doctors who would like to practise in this country are accepted by the Medical Council.

Mr. Vice-President, the Medical Council has rules and one of the rules is that before you can become a doctor in Trinidad and Tobago and practise you must be able to be fluent in English. Is the Minister saying that, for instance, the doctors who are coming are going to be speaking two sets of languages? They can speak English, they can speak Spanish or they can speak French at the same time? We are not getting answers and this piece of legislation—what is here is very skimpy—no regulations, no rules, and the panel is not accountable. It is not liable and it is not responsible because this panel shall not be liable for anything, Mr. Vice-President, anything. This is a group that has power unlimited. They can do anything. They are permitted to do anything. They could omit anything and they are not liable and the other members of the board are not liable, Mr. Vice-President. This clause is one of the most offensive clauses in this legislation and if, for no other reason, this clause, I would call on the Minister when we look at clause 6, when we look at clause 4 and clause 14, I think this is sufficient justification for this Bill to be withdrawn from the Parliament today. There is no basis for this Bill being here.

Mr. Vice-President, I ask the question, when a patient is operated upon by a doctor who has been given a temporary licence, and that is a special temporary

licence, if something were to happen to that patient, who is liable? Who is accountable? What rules are there? Why are you exempting the panel? I ask a further question, Mr. Vice-President. Who will be protecting and safeguarding the public interest? You say you want to help the public on the one hand but you put no provision in the law to give the public any protection. In fact, you are exempting the people who are going to be issuing these licences to various persons to practise and to operate on people to have surgery, to attend to people who are sick, who are injured, but there is no provision in this legislation to protect and to safeguard the public interest. The Minister certainly is not in a position to safeguard the public interest.

4.00 p.m.

We ask the question, Mr. Vice-President, is the Minister serious about this piece of legislation? I hope that the practitioners in the medical insurance field have looked at this Bill carefully, because this Bill has a lot of implications for the medical insurance personnel.

Mr. Vice-President, if one goes to clause 6 of this Bill, it reads:

“(1A) Notwithstanding subsection (1), where the Minister is satisfied that there is a shortage of persons available to practise medicine in the public health sector, the Minister may request the Panel to consider applications for the issue of special temporary licences.”

This Minister has the power to instruct the panel to issue licences to his friends. Nowhere in this Bill is there provision for the assessment, evaluation and examination of these doctors who are going to be issued with these special temporary licences.

Who is going to assess their competence? Is it the panel? But the panel does not have that power. The panel does not have that experience, Mr. Vice-President. They have not been in existence to perform that function, so who is going to assess these doctors who would have been issued with special temporary licences? This Bill is very silent on this matter.

I want to know whether when these persons are issued with the temporary licences, would there be consultants who would be accompanying these junior doctors in terms of their functions? Who is going to supervise these persons, particularly given the fact that the Government has actually subverted the Medical Profession Act? The Government has actually sidelined the doctors of this country by establishing this panel to examine and to deal with the issuing of special licences. So we would like to know, Mr. Vice-President, who is going to

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supervise these doctors who are going to be here on a temporary basis. We need to know this.

I read an article in today's paper, Mr. Vice-President, and I wish to refer you to this article. It is in the *Newsday* of Wednesday, July 09, on page 11. It is a letter to the editor. It is entitled:

“Danger in changing Medical Board Act”

This particular piece tells us how long the Medical Council of the Medical Board of Trinidad and Tobago has been in existence, and that is over 40 years. They have been issuing temporary licences, but this letter that was written says among other things, before a temporary licence could be issued, hear what are some of the criteria as outlined to the editor. I am not a doctor. I think Dr. Quamina who has had a long and distinguished practice and who has always defended the independence of the medical professional will have more to say when he rises in defence of these medical officers.

Mr. Vice-President, hear what are some of the criteria. The person must be a graduate of a university that is recognized by the General Medical Council of England. I think the Minister has a problem with that, but it reminds me, it is a kind of *deja vu*. Looking through my notes some time ago on the Civil Aviation Authority Bill, my honourable friend, the Member of Parliament for Diego Martin East, was very vicious in attacking the attempt by the UNC government to establish the Civil Aviation Authority and move from the United Kingdom Civil Aviation Authority (UKCAA) and go to the International Civil Aviation Organization (ICAO). The records are there, and he talks about colonialism today. Let me go on. He has short memory.

Mr. Imbert: Bring the records.

Sen. W. Mark: The person must also be fluent in the English language. The person must have at least five years post-graduate experience which is usually not insisted upon. Further, if one holds a temporary licence, he or she must be under the supervision of a senior consultant doctor.

Mr. Vice-President, the Minister must tell this Parliament, if he is lucky to get this Bill passed today, who is going to supervise those doctors who are coming in from the United Nations and from the Republic of Cuba. Who are the people who are going to supervise them? Is one going to have senior consultants at the level of the doctors, and so on, to supervise those people as is accustomed under the

current system? We want the Minister to answer that question. He must let us know who is going to be supervising those persons.

Mr. Vice-President, this article is a very interesting one, and I think it is very important that I continue to just quote from this particular letter:

“The amendment will encourage an influx of doctors who cannot communicate with their patients, which sets the stage for disastrous situations including wrong diagnoses, incorrect treatment plans and undecipherable prescriptions for medication, all due to an inability to communicate in English on the part of these doctors.

Any doctor currently holding a temporary licence cannot work without being supervised by a senior doctor. The amendment specifically states that the new doctors registered do not have to work under supervision, therefore, if any emergency arises in which the doctors cannot go, there is no one else available to help.”

Mr. Vice-President, who is going to supervise these temporary doctors? The Minister has not said who is going to supervise those doctors.

I want to indicate that when we brought the Dental Profession Bill here, it was almost violently opposed by the PNM, and you know, they had some good arguments which I want to support today. [*Laughter*] I want to quote liberally from the *Hansard*. I want to quote, first of all, the hon. Sen. Danny Montano, because I am telling you, he was very passionate in his contribution as a member of the accounting fraternity.

Mr. Vice-President: Hon. Senators, the speaking time of the Senator has expired.

Motion made, That the hon. Senator’s speaking time be extended by 15 minutes. [*Sen. S. Baksh*]

Question put and agreed to.

Sen. W. Mark: Thank you very much, Mr. Vice-President. I quote from page 241 of the debate that took place on Tuesday September 01, 1998 on the Dental Profession (Amdt.) Bill, and this is what Senator, at that time, Danny Montano said:

“Mr. Vice-President,—”

Again, the Vice-President was in the Chair like your good self, Sir.

“the other issue that is far more significant to me as a professional, is the question of the Government legislating the standards to be met by a professional body.”

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He goes on:

“Mr. Vice-President, to the best of my knowledge, all the professions in this country manage their own affairs. They have their own institutes, and they regulate their own standards, they regulate on their own professional conduct of their members, and they look after themselves. Some of them have been set up by statute, but they are not regulated by the state; for the most part, they regulate themselves.”

He said:

“...as a Member of the Institute of Chartered Accountants of Trinidad and Tobago, I take great pride in such membership.”

I am sure he does.

Mr. Vice-President, he went on at page 242 to say:

“...there is no case to bring this legislation in front of this body; and with all due respect, the Minister has made no case at all. Why does he want to particularly interfere with the dental institute? Are we going to hear next, that somebody else is going to bring a Bill to interfere with the Institute of Chartered Accountants? Or the Institute of Bankers? Or the Law Society? Or the Institute of Architects? Or the Institute of Engineers? Why all of a sudden the dental institute?”

This is what my good friend, Danny Montano, was telling us on the Dental Profession (Amdt.) Bill. We want to know if he has changed his tune today.

Mr. Vice-President, hear what he goes on to say on page 244, which is more serious. I want to read it twice for the record:

“More than that, before I take my seat, Sir, I would like to let you know that by no stretch of the imagination am I, as a professional accountant, going to agree to the legislative interference of this Government or any other government in any of the professional associations of Trinidad and Tobago.”

This is what Senator Danny Montano said in 1998. I want to repeat it.

“I would like you to know that by no stretch of the imagination am I, as a professional accountant, going to agree to the legislative...”

This is what the Minister is attempting to do today. He is seeking through legislation to intervene and to interfere with the running of the medical profession

by setting up a parallel body to oust the Medical Council. And he said he is not supporting that whether it is a PNM Government, the UNC Government, he is standing firm. I agree with him on that. At that time, I totally support him. [Laughter]

Sen. Danny Montano went on to say:

“... the Minister wants to literally emasculate...”

This is what the Minister is attempting to do here.

“the Dental Council in such a way that the council will have only four members of its own on the board...”

He challenged Carol Cuffy-Dowlat to stand up for her rights as a lawyer and make sure that she defend the Law Association. I could not agree more with Sen. Danny Montano. I stand in your shoes today and I defend all your arguments and support Danny Montano fully on this matter! [Laughter]

I go further to my dear friend, the acting Prime Minister at times. I want to put on the record, but you know what was nice about it, Mr. Vice-President? Sen. Joan Yuille-Williams was very clear. She said on page 209 of the same text:

“I am wondering, therefore: Why are we here?”

I ask the question, Mr. Vice-President. I too am wondering, why are we here?

“It seems to me, to some extent, that we are using legislation to correct a fundamental problem.”

That is what Joan Yuille-Williams said. The PNM today is using legislation— [Interruption]

Sen. D. Montano: Mr. Vice-President, on a point of order, the good Senator is really misleading the Senate, you know, insofar as what he quoted from my *Hansard* contribution in 1998 and he is really quite confused, because what I said was very clear. And the situation here today—

Sen. W. Mark: Mr. Vice-President, on a point of order, he is abusing the process.

Mr. Vice-President: Please, one at a time.

Sen. D. Montano: Mr. Vice-President, I was on my legs.

Mr. Vice President: I gave way to Sen. Montano.

Sen. D. Montano: The reality is that this legislation is not seeking to regulate the profession and, therefore, my words stand. He is misleading the Senate. What

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I said there has no relevance to the issue here today. I will deal with it further, but he cannot mislead the Senate. This Bill is not seeking to regulate the profession in any way, shape or form, and if he does not understand that, I think we need to send him for some remedial training.

Sen. W. Mark: Your conscience is bothering you. Vote against it! What is your point of order? Abuse the process! He stole my time, Sir.

Mr. Vice-President: Sen. Mark, you are going to get back your time. I ask you to continue with your contribution. You have passed that stage. Please go on.

Sen. W. Mark: This is why I was quoting what my friend was saying, Sen. Joan Yuille-Williams, Sir. Mr. Vice-President, I think for the record, it might hurt some of my friends, but I think it is important to indicate to my colleagues here what was said. Let me tell you what Sen. Joan Yuille-Williams said on this matter in 1998:

“It seems to me, to some extent, that we are using legislation to correct a fundamental problem. I want to know, if one has a problem in other disciplines—now you tell me you have no problem because people cannot pass the examination—whether you are always going to come to the Parliament to use the parliamentary majority or legislation to correct problems. I am very concerned about it. Why are we wasting time here going through this?”

This is what she said. She said:

“What I feel should happen, we should be very seriously not going through this Dental Council Bill, but getting it to some committee...”

Are they prepared to send it to a committee where people examine what is happening in the dental school? Well, we want to support Sen. Joan Yuille-Williams. If you do not withdraw this Bill, refer it to a special committee so we could have some public hearings on this matter.

She said:

“...examine what is happening with the Dental Council, bring things together to let things work rather than coming here and getting a Bill through to make almost automatic registration for those people who went to the school. I am a bit concerned and very worried about the manner in which we are trying to solve problems.”

I, too, am very concerned, Mr. Vice-President, about how the PNM is seeking to solve problems in this country. She went on:

“We can legislate and solve any problem in this country, but at the end of the day: Is it the best for us? The hon. Minister would really have to convince me that it was necessary for us to come here to use legislation to get around what is the fundamental problem.”

I agree. I do not want to burden you, Mr. Vice-President, any longer. It is extensive in terms of what she said here.

I agree with Sen. Danny Montano's arguments. I agree with Sen. Joan Yuille-Williams' argument that there is no need for the Government to bring legislation to this Parliament to resolve a fundamental problem that can be resolved with the doctors. I do not support at this time any situation involving a change of legislation that would establish a parallel organization.

What the Government is seeking to do, Mr. Vice-President, is to establish a parallel organization in the medical profession or under the Medical Profession Act. So, there are some key issues that we need to resolve in this particular debate. We have to deal with the question of personal liability in the context of malpractice. We have to deal with the issue, whether we want to face it or not, of the failure of the Government to resolve basic industrial relations issues.

We have to look at the issue of accountability and responsibility in this context, Mr. Vice-President and, very importantly, there are no rules and regulations governing the activities of those persons who are going to be brought here to act and be issued, rather, with special temporary licences. No rules and no regulations, and we cannot have people coming to attend to ordinary people in this country and they do not have any rules, regulations or standards to govern their activity in this country.

We believe that this is not the way to proceed. We believe that the Minister is attempting to circumvent the legally established institutions simply because he cannot control them and he cannot have his way.

Mr. Vice-President, it has been brought to my attention that the Medical Professional Board was never meaningfully consulted on this particular matter. I understand that what happened is that the Minister simply sent the completed Bill to them and sought their advice and, at the end of the day, it was a fait accompli. As far as we on this side are concerned, this Bill is flawed. We believe it is unnecessary. We believe it is going to cause more problems than solve problems.

We believe that the Minister has a duty and a responsibility to withdraw this Bill, and we believe that the way to resolve the problems affecting the medical profession is for the Government to meet and treat with the professionals with a view to arriving at consensus so that we can resolve our problems in this country.

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We do not have any problem with inviting foreigners into this country, but we have a problem with inviting foreigners to torpedo our nationals and to destroy our institutions, and when one has a Government that is seeking to aid and abet those kinds of things, we have a problem with it. We cannot support this legislation and we call on the Minister to withdraw this legislation or, if not, refer it to a special committee for further deliberation, discussion, dialogue and debate, Mr. Vice-President.

I thank you very much. [*Desk thumping*]

Mr. Vice-President: Hon. Senators, it is 4. 25 p.m. and we shall now suspend for the tea break. This Senate is therefore suspended until resumption at 5.00 p.m.

4.25 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Sen. Dr. David Quamina: An Act to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practise medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto.

As I turn this around, I see that the Bill may be cited as the Medical Board (Amdt.) Act, 2003. Why amendment is put there, I do not know, or perhaps I should say, I have some idea why it is put there and I do not think that it is justifiably put there.

The Bill says:

“2. In this Act ‘the Act’ means the Medical Board Act.

3. Section 2 of the Act is amended—

(a) by inserting in alphabetical sequence, the following definitions:

“‘Chief Medical Officer’...

‘Minister’ means the Minister”

And then the word “Panel” means the Panel established under section 9A.

I turn to 9A and I see:

“(1) There is hereby established a panel to be known as the ‘Panel for the Issue of Special Temporary Licences’, consisting of members appointed in accordance with this section.”

I question why the panel should be there. While questioning why the panel should be there, I ask myself, “Who is going to be on this panel?” Then there is the

Permanent Secretary, the public health sector and then there is a special temporary licence that means:

“a licence to practise medicine in the public health sector, issued in accordance with section 13(1A);”

Now, what do “panel” and “special temporary licence” mean? As I read before:

“There is hereby established a panel to be known as the ‘Panel for the Issue of Special Temporary Licences’, consisting of members appointed in accordance with this section.”

And it goes on to say:

“The Minister shall appoint the following persons to be members of the Panel:

- (a) the Chief Medical Officer, who shall be both the Chairman and an *ex officio* member;
- (b) three medical practitioners each having at least ten years’ experience as a medical practitioner; and
- (c) one lay person of good standing in the community, representing the interest of the public.

(3) A member of the Panel, other than the *ex officio* member, shall be appointed for a term not exceeding three years, subject to such terms and conditions as the Minister may fix in the instrument of appointment.”

Now, we ask ourselves, first of all, why a special temporary licence. And the answer would be forthcoming toward the end of clause 3:

“(c) by deleting the definition of ‘temporary licence’ and substituting the following definition:

‘temporary licence’ means a licence issued in accordance with section 13 and, except where otherwise provided, includes a special temporary licence.”

Why a special temporary licence, and to whom are we going to give the special temporary licence? I would like that question to be answered, though I think I know what the answer might be.

It goes on:

“(5) The quorum of the Panel shall consist of the Chairman and two other members.

9B.(1) The functions of the Panel are to—

- (a) consider applications for the issue of special temporary licences, where requested to do so by the Minister pursuant to section 13(1A); and
- (b) issue special temporary licences;
- (c) reject unsuitable applications.”

It adds:

“(2) Where the Panel rejects an application, it shall give reasons for so doing.”

At clause 6, it reads:

- “(a) in subsection (1), by inserting after the words ‘a temporary licence’ the words ‘, other than a special temporary licence,’;
- (b) by inserting after subsection (1), the following subsections:
 - ‘(1A) Notwithstanding subsection (1), where the Minister is satisfied that there is a shortage of persons available to practise medicine in the public health sector, the Minister may request the Panel to consider applications for the issue of special temporary licences.’

And then it goes on to say in (1B):

“The Panel may, after consideration of the applications to which subsection (1A) relates, issue a special temporary licence to any person who establishes to its satisfaction that he holds a diploma—

- (a) in respect of which he is entered or entitled to be entered on the Medical Register of the General Medical Council;”

At subclause (c)(2):

“The Council or the Panel, as the case may be, shall determine the nature and extent of a temporary licence issued by it, including—

- (a) the time during which the licence remains in force;
- (b) the area to which it extends;
- (c) the nature and character of the work which may be performed under the authority thereof; and
- (d) such other terms and conditions as the Council or the Panel may deem expedient to impose.”

Subclause (2A) states:

“A special temporary licence shall not—

- (a) remain in force for more than three years;
- (c) be renewed more than once.
- (2B) A special temporary licence shall be signed by the Chairman of the Panel.’;”

It goes on to say at subclause (e):

“(4) For the avoidance of doubt, the Panel shall not be entitled to grant to a person, registration as a member of the Board.’.”

I shall read that again:

“(4) For the avoidance of doubt, the Panel shall not be entitled to grant to a person, registration as a member of the Board.’.”

Why should this be so? It goes on:

“7. The Act is amended by inserting after section 13, the following section:

13A. (1) The Permanent Secretary shall cause to be kept a book to be known as the ‘Book of Special Temporary Licences’ in which shall be entered—”

And there is a list of things that should be entered there, a name and address, the date of issue of special temporary licence, a description of and dates of diplomas the person holds, and so forth.

At clause 9:

“Section 16 of the Act is amended by inserting after the words—

- (a) ‘the Secretary-Treasurer’, the words ‘or the Chief Medical Officer, as the case may be’; and
- (b) ‘the Council’, the words ‘or the Panel’.”

Again, the word “panel” comes up and again, “Chief Medical Officer” comes up.

And so, in clause 13:

“Section 29 of the Act is amended by—

- (a) renumbering section 29 as section 29(1); and
- (b) inserting after section 29(1) as renumbered, the following subsection:
 - ‘(2) For the avoidance of doubt, this section shall not apply to a refusal by the Panel to grant a special temporary licence to a person or to suspend or revoke a special temporary licence.’.”

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I will read that again:

‘(2) For the avoidance of doubt, this section shall not apply to a refusal by the Panel to grant a special temporary licence to a person or to suspend or revoke a special temporary licence.’”

Clause 14 reads as follows:

“29A. (1) The Panel or a member thereof shall not be liable for anything done, permitted to be done or omitted to be done, in good faith, pursuant to the exercise of the functions and powers of the Panel under this Act.

(2) The Board or a member thereof shall not be liable for the acts or omissions of—

- (a) the Panel; or
- (b) a holder of a special temporary licence.”

This does not include anywhere the functions of an intern as we have been practising for some time, and this leaves a hiatus in it, which I do not know how it will be filled, but it seems to me that this is divided into two. We have a panel on the one side, and we have what we may call the Government Ministers on the other side. How the two come together, I do not know.

It seems to me that the panel will work towards a senior member who is assigned to the panel and that the rest of the hospital would work towards a Chief Medical Officer, whoever is there, but there is confusion in all of this, as I see, and I do not know really how this thing would work. Perhaps there are answers to it.

I listened to the Minister quite carefully and I think he jumped over some of the answers. He did not give them quite clear, but it seems to me that there are two separate medical groups functioning in the hospitals: One functioning to the panel and the other one functioning to the Chief Medical Officer, or whoever is in charge. I am of the opinion that except these two parties work together, there shall be some sort of confusion in setting the hospital working.

Thank you.

Sen. Prof. Kenneth Ramchand: Mr. Vice-President, the Medical Board (Amdt.) Bill puzzles me a bit because I cannot really work out why it is necessary and I do not think that the Minister offered sufficient explanation. The amendment proposes that a panel should be created to issue special temporary licences and the amendment also provides for the recognition of diplomas granted by certain institutions.

Mr. Vice-President, I am unhappy about the phrase, “in cases of”, because from the press and from the Minister’s presentation, I have formed the impression that the issue is the registration of Cuban doctors and other foreign doctors to practise in Trinidad and Tobago in the public service because of a current shortage. I am not happy with the phrase, “in cases of”, because it seems to imply that we are catering for continuing shortages, and it points to a deficiency in our provision that we are not really tackling the question of why are there shortages.

There are at present 250 vacancies—according to most reports—and I have been told that over the last 10 years, 50 per cent of the graduates from the Eric Williams Medical Sciences Complex no longer practise in the Caribbean. We have lost 50 per cent in the last 10 years. We have to ask, why. The general answer is that they are unhappy with conditions including remuneration, including equipment in the hospitals for treating patients, including equipment and facilities in the hospitals for research, including encouragement for publication and there are other reasons we do not have enough in the public service.

Of course the Minister explained, I think he said it was 50/50 in private as against public and then, of course, the rise of the private hospitals and nursing homes where specialists work on a part-time basis, even while working in the public service, and there are many other doctors who do that. I have had complaints of people working in the public service who do not put in the hours that they are supposed to put in.

Mr. Imbert: It is a fact.

Sen. Prof. K. Ramchand: We have got to analyze the whole problem of the shortages and think about how to stop them and, of course, the first thing is to produce more doctors. This would mean the expansion of the training facilities and I would much prefer to invest my money in expanding the facilities and producing more doctors than to be giving money to people to come in to put a little plaster over the cut. I would rather heal the cut than plaster it over, because after this lot, we have to pay for another lot, another lot and another lot. So, I am sure the Minister is considering this question of producing more doctors.

Then, how to control those people who are not being honest when they hold appointments in the public service and are also operating in private practice? How do we control these people and get them to abide by the contracts they have entered into? Of course, the terms and conditions.

Mr. Vice-President, I was told that a UNC Minister of Health, trying to deal with a backlog in a hospital in the south—it was a three-year backlog—said to the

specialist, "What would happen if I paid you more?" And the specialist said, "A lot." He paid him more and the backlog was cleared in three months. I was told this by a very reliable source. I think that is just a dramatic instance of the kind of problem we have to deal with.

The second thing that the amendment proposes, that is to provide for the recognition of diplomas granted by certain institutions is, of course, very necessary. One might have thought from the Minister's presentation that the University of the West Indies had always been excluded, but I do not think this is so. If one is a graduate of UWI, one was ipso facto admissible to the UK General Council, so the problem only arose as a result of the European Union which had the effect of delisting the UWI.

Now, that amendment, 12(1)(b) then, is very good because it covers a situation that arose subsequently, but I think a controversial one, or one that we would need to think very hard about, is 12(2) which says that the Minister, by order, can amend the schedule. This means that not only does the Council have the power to amend the schedule, but the Minister has the power to amend the schedule. I am not sure why we need to have both, whether there could not be some kind of combined thing where the Council amends the schedule with the approval of the Minister if he wants it that way, but I certainly do not like the idea of the Minister having the power on his own, by order, to amend the schedule.

Mr. Vice-President, Sen. Dr. Quamina raised the question of why is it called an amendment Bill. It really is an amendment, and I am not happy because I think it is so ad hoc. It is just dealing with the present problem and the Medical Board Act needs a lot more to be done to it. I took the trouble of interrogating members of the Council as to what amendments they would really like to see done to the Act, and I think it is worth listing them because the Minister, in criticizing the Council, criticized them for not doing some of the things that they have told me they would like to do.

First, the composition of the Council. They seem to be unhappy about the composition of the Council and would like to see non-elected members of the Council. They would like to see non-medical persons on the Council, and I suppose they will be quite open to representatives of the Ministry of Health being on the Council. I feel that if we were to reconstitute it, making sure that there is this kind of representation, some of the problems that have arisen might not arise.

Secondly, they would like to see amendments to require continuing medical education as a requirement for annual registration. There should be a requirement that doctors continually update their knowledge to continue to practise medicine.

Number three, mandatory certification of specialists. Specialists should be required to be certified by the Medical Council before entering specialist practice. Fourthly, fifthly and sixthly, devising a formal process for dealing with disciplinary matters. This function should be handled by an independent committee.

Increasing the authority of the Council to summons persons to appear before the Council in matters of discipline. Many persons ignore the request of the Council to appear before it, thereby frustrating the process. Increased sanctions for unprofessional and unethical conduct. The sanctions need to be increased for breeches of the Act and unprofessional conduct. I heard the Minister talking about this and I think, therefore, although he might not believe it, he is at one with the Council in this.

Number seven, making it mandatory for practitioners to pay the annual fee to engage in medical practice. Number eight, devising an easier way for receiving complaints from the public. The public should have easier access to the council to enter complaints and the process must be formalized. There should be some consideration as to whether the hearings should be public.

Number nine, a more effective way for dealing with persons who hold themselves as doctors but are not. Not an uncommon occurrence in Trinidad and Tobago. Number 10, a process to determine a doctor's competence if and when there is doubt. Some practitioners, by reason of health or otherwise, may be incapable of practising medicine on occasion, and I would add, control of private hospitals.

Mr. Vice-President, I do think that the Act needs a thorough revision and I feel that the present amendment is only an ad hoc thing. I am glad that the Minister said it was an interim measure and I look forward to the total review that he spoke about, but it really seems a terrible waste of our time to have to come to deal with two little piddling amendments arising out of a dispute that might have been resolved in other ways.

As I understand it, the temporary licence to practise in the public service is a licence that leads to the practitioner being monitored, supervised, instructed, guided, and this is followed by assessments and reports, because the person who is granted a temporary licence becomes eligible after a certain period for registration for full membership of the board, and I think that this is a very good safeguard. These people cannot work on their own. They cannot go into health offices and be the sole doctor there. They always have to work in relation to somebody who they could regard almost as their mentor or supervisor. That is the theory, I do not know if that is how it works in practice, but I think in theory it is a very good thing and it is a safeguard.

The problem is, we do not see any such arrangement being proposed for the holders of special temporary licences, as granted by the panel and as I understand it, the council may not be happy. I do not know if they have been asked, but as I understand it, the council may not be happy to undertake the monitoring and supervising of people whose applications they never saw, who they do not know anything about and who have been foisted on the public service.

5.30 p.m.

Mr. Vice-President, if we insist on having the panel, maybe members of the council could join the panel in granting these special temporary licences; maybe they could cooperate in setting up the required safeguards, so that the public is protected. I know that I am just speaking in an idealistic way here. It is very clear, from the amendment, that the way the panel is going to operate is not the way a selection committee normally operates. What the amendment suggests is that the panel would be called upon to process applications handed to them by the Minister. It is not that people could just apply to the panel by themselves. I think this is a sticking point with the council. Why it is a sticking point with the council has to do with the monitoring and selection process.

I think, Mr. Vice-President, to get a better grasp of what is going on, we need to go into the history of the dispute, for it is a dispute, between the Minister and the Council of the Medical Board. We all read the newspapers and listen to the radio. Some commentators are of the view that the dispute has to do with the Minister's fear that the Medical Practitioners Association of Trinidad and Tobago, which is a trade union, might, in time, have too strong an influence on the Council of the Medical Board.

If there is any truth in that, there might be a very real connection between industrial disputes that have been flaring during the last few months and the Government's wish to set up a panel that will bypass the council and accept recruits into medical practice. If there is the slightest truth in that interpretation, then it would be an intolerable political assault upon the independence and integrity of the council and the profession.

The council is a properly constituted and professionally competent body; a legal entity that bears the responsibility, among other related things, of making sure that the health of the nation is entrusted to professionally equipped and generally fit persons. Section 20 of the original Act makes this very clear:

“The Council...shall have power to make such Rules or Regulations as it deems necessary...for all or any of the following purposes:

- (e) with respect to the determination of the professional qualification and experience including internship required of an applicant for registration or for a temporary licence, and to proof of professional conduct and general fitness to practice medicine;”

This seems to be a very serious mandate, and no professional body, whose concern is the setting of these professional standards and the welfare of the public, should be undermined in the way that I think they are about to be undermined by the creation of the panel.

Mr. Vice-President, the Minister referred to correspondence with the council. I would like to look at that correspondence, because I really want to know why the Minister opposes what the council proposed. The Minister asked the Council of the Medical Board in December 2002 what was their policy concerning the admission of graduates from Cuban medical schools, of which there are about 40. The council said that the person must have a certificate or diploma from the United States, English or Caribbean boards. The person could also write the Caribbean board exams, which are available twice a year for people who have to practise in our country. It is multiple choice in Part I and practical in Part II. Graduates of the Guyanese Offshore and the University of Guyana medical schools are required to take this exam. It is not required of some of the universities of India or Africa where the curriculums are taught in English.

According to the report, the Minister’s view was that these terms were too harsh, and the curriculums of the Cuban universities were geared to community practice and not hospital medicine. My interpretation is that many of them are geared to producing paramedics, so it is not an advantage to say that they are geared to community practice. It is a confession that some of those universities are producing paramedics. There is nothing wrong with paramedics, but I do not think that one would want to license paramedics into the public service without proper supervision.

The Minister asked the council to come up with a solution in the form of different conditions. The council came up with three conditions; firstly, that the applicant should be a graduate of a school listed in the directory of medical schools compiled by the World Health Organization (WHO). It is not necessarily the case that schools there listed are accredited, but they are known to be bona fide colleges. Fourteen of the 40 Cuban schools are in the WHO compilation. The council said, “Okay, let us know whether they are graduates of one of these 14. ”

The second requirement was that there should be five years post-graduate experience, that is five years practice as a doctor. The third condition was a facility with

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the English Language. The need for that does not have to be elaborated. If people are sick, they have to tell you what is wrong with them. If I wave my finger and say, "My finger is hurting me," and the doctor thinks I said, "Cut it off," you know what could happen. I just used the finger as an example; there could be other parts that I might lose because the person does not understand what I am saying. [*Laughter*] I really think the language facility is very necessary.

The fourth condition was that the graduate should be in good standing with the Cuban Medical Board. I believe that the Minister questioned why the five years, and why the council required English. He was not too happy with the five years and, according to the council, they were prepared to negotiate the time downwards. Maybe the Minister could clarify this for us, because I consider the precautions built into these conditions to be eminently judicious and reasonable. I would like the Minister to explain what makes these conditions unreasonable and how the conditions laid down by the panel would be better, more reasonable or more acceptable. If we had this spelt out to us, we would be allowed to decide whether the council is too strict or whether the panel's conditions would be so mild or non-existent that they would be exposing the population to risk.

Mr. Vice-President, I understand that the council has not seen any of the applications for special temporary licences. I understand that they are willing to look at applications, and, according to them, to act in a reasonable manner. I believe this offer was made. [*Interruption*]

Mr. Imbert: I thank the hon. Senator for giving way. The notes that you were given were not entirely accurate. I would correct the record when I speak. They are not totally accurate.

Sen. Prof. K. Ramchand: At least, we would get a clarification. On the notes that I have made and the correspondence I have seen, I would like to urge the Minister to take the council at their word. Show them the applications and see whether they are acting reasonably. If a compromise can be arrived at, and the council could accept the majority of the applications, then our problem of monitoring, supervising, assessing and making reports would disappear.

I would like to urge the Minister to try this. How can I say it without saying it? I really think he should try this and see whether this would give him an opportunity to withdraw the amendment, and if he can enlist the cooperation of the council in the interest of public health. I think the Minister should have no fear. I do not like the

suggestion, “Okay, we will let you choose them, but we will still pass the legislation, because you never know in future who might get control of the council”. I do not think the Minister needs to pass legislation just to have a deterrent. I think the Minister could get the cooperation of the council.

The council is different from the trade union. If the council started to behave as if they were the trade union, I would expect, the Medical Board, the doctors of Trinidad and Tobago, to stand up and say, “That is not right, you cannot do it”.

Mr. Vice-President, to summarize, I would really like to know why the Minister finds it necessary to create the panel and the special temporary licence. I would like him to assure us that if this is persisted with, systems will be put in place to monitor, supervise and control the people who are given this special temporary licence. I would like him to explain why the terms and conditions set out by the council are unacceptable. Finally, I really do look forward to his taking on board the suggestions of the council about how they think the Bill should be thoroughly revised.

Thank you.

Sen. Dana Seetahal: Mr. Vice-President, as I see it, the question that needs to be confronted here is whether the Bill, as Sen. Wade Mark said earlier, emanates as a result of the failure of the Government to deal with industrial relations matters between itself and the doctors, or is it that the medical council, as emerged from what the Minister said, is a recalcitrant body that is frustrating the Government’s desire to relieve the shortage of medical professionals in the country, and if we can come to terms, decide or come somewhere in determining which is the purpose of the Bill. Is it that we have a simple industrial relations situation that, effectively, stems from a confrontation between a current minister and the medical personnel, or is it something that emanates from how the medical council is currently functioning? That is the crux of the matter as I see it.

The Minister in his contribution said that this Bill must be seen in the context of a comprehensive health sector reform; we need to relieve the shortage of personnel, and to deal with the equipment situation, which has been ongoing. I think that is more or less what he said. I have heard stories about patients in the Mount Hope Maternity Hospital, where you do not even have surgical gowns, and you have people to tie up and pin up these gowns. You do not have a lot of basic things.

The Minister has outlined a plan to deal with the lack of equipment, and part of his plan, that is my A, and the B is the shortage of medical professionals. He also talked about relieving the nurses and doctors’ situation and getting people from the United

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Nations. When I heard on the news that on July 23, 35 Cuban doctors would be coming to Trinidad and Tobago, I wanted to know, “Are we here just for decoration; and are we just going to come here and pass this Bill?” It seems like everything is done; everything is in place, Mr. Vice-President. We are just mere rubber stamps, as it were; but that is the reality of the situation.

Mr. Vice-President, if the Government has a bill and it can give us some rationale as to the need for that law, I expect that the minister who is piloting that bill would reasonably feel that he can go ahead and put things in place before the law is passed. This is as it is today.

The problem I have with this Bill is really a matter of principle. I am a member of the Law Association of Trinidad and Tobago, and I would find it very difficult to accept intrusion by the State in running the operations of that association. Under the Legal Professions Act, an attorney-at-law is admitted to practise once he satisfies certain qualifications; once his name is put on the roll. There is a code of ethics and all of that. By analogy, it may be perfectly acceptable for the Government of Trinidad and Tobago, whoever that government is, to amend the Medical Board Act or the Dental Council Act to allow whatever particular practitioners, professionals, who have not been trained, let us say in Trinidad and Tobago, England or wherever, to practise that profession in our country, whether it is law or medicine; that should be acceptable.

We need to ensure that those practitioners meet some specified qualification requirements, they are subject to the rules and regulations of the body, they are required to pay the necessary fees and, fourthly, that they be subject to disciplinary measures. After the first “biggy”, the question that I just posed, whether we are dealing with an industrial relations matter or a situation where the Government—I do not want to say the Minister, as if he is the bad guy here—just wants to circumvent the Medical Council, we have to look at the Bill itself, and see if it provides for those four things that I think are very important.

I am just going to deal with the matters I talked about. One of them is the need for criteria. There are no clear qualifications for the issue of the special temporary licences to persons who apply to the panel. There is nothing specified in the Bill. In contrast, section 13 of the parent Act, the Medical Board Act, sets out qualifications that an applicant for a temporary licence must fulfil. He must hold a diploma; he must be a person of good character; he must be a fit and proper person and so on. We do not have similar criteria for the persons who are accepted as applicants. I may have missed that, but I do not see it. I think it says something like “you must be guided by certain things”,

but I did not see criteria for the doctors who would be issued licences by the panel. It is spelt out in the Act. *[Interruption]* If you can correct me, please do.

Mr. Imbert: I thank the Senator for giving way. If you go to clause 6, the first qualification is that the person must hold a diploma from various institutions. *[Interruption]* If you turn to clause 6 you would see that he or she must hold a diploma from a particular place, must also be of good character and a fit and proper person to practise medicine. It is very similar to what is in the parent Act.

Sen. D. Seetahal: Thank you. According to the amendment to section 13, that is clause 6 of the Bill, to which I have been directed, says:

- “(1B) The Panel may, after consideration of the applications to which subsection (1A) relates, issue a special temporary licence to any person who...holds a diploma—
- (a) in respect of which...
 - (b) ...he is of good character and a fit and proper person to practise medicine.”.

Thank you, Mr. Minister.

I understand the criteria the Medical Council also requires, because the Act says that in the issue of temporary licences, the Council shall be guided “subject to the terms and conditions contained therein...in the issue of the licence.” I was informed that the Medical Council, in granting temporary licences, established certain criteria. *[Interruption]* I am going to be short, so you can probably deal with it after. This is what I had concerns about. If the Minister can answer that, then I am perfectly happy with it.

My second area of concern is the question of fees. The persons who are to be issued special temporary licences are, for some reason, exempt from the payment of fees. This is in clause 8 of the Bill:

“Section 14 of the Act is amended by inserting after the words ‘a temporary licence’, the words, ‘other than a special temporary licence,’.”

My understanding of that is that a person upon being admitted to registration and to whom a temporary licence, other than a special temporary licence has been granted, shall pay a fee. They are exempt from paying the fees. I would like to know why, if we have people who have licences to practise for three years in this country. One positive thing I see in the Bill is that the persons who are granted the

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special temporary licences are not automatically entitled, after so many years, to be registered by the council, so that is a good point.

Insofar as the content of the Bill is concerned, that really is all that I have concerns about. As I said at the outset, my concern is that you will have two bodies. The Medical Council will be capable of doing the same thing as the proposed panel; the panel will be granting the special temporary licences. The problem, however, is that the panel would be functioning at the say-so of the minister. Now, that may not be a bad thing, because the persons who have special temporary licences will be functioning in the public health sector.

As a matter of principle, when you are dealing with a professional body, whether it is lawyers, doctors, or dentists, to have any kind of parallel controlling body—and I call it “controlling”, because they do control the issue of licences in this way—appointed by the minister, whether we think the minister is capable of appointing people who are concerned about the profession and not readily amenable only to him, or we say that these people are professionals and they will not allow themselves to be politically biased, I do not know, I think that there is something fundamentally wrong with having a parallel panel appointed, as it were, by a political person.

I have heard about situations in other countries, the United States for instance, where you have the whole council appointed by government. In this situation we are talking about a minister, one person, not the government; but that is another point. You may not have ministers subsequent to this who might be as aware of what is going on in the health profession as the present minister. You may not have somebody who is interested enough. You may have someone who might be otherwise motivated; that is my concern.

Mr. Vice-President, we are talking about having the entire Medical Board Act amended, at some point in time. If this Bill is just for a year to supplement the number of doctors we have now to work in the public health sector, that would be fine. *[Interruption]*

Mr. Imbert: I just wanted to deal with the issue of the word “minister”. In this case minister means Cabinet. I just wanted to correct that.

Sen. D. Seetahal: Well, I am reading “minister” here. *[Interruption]* Again, thank you; I appreciate that.

If the specific power given to the panel giving those special licences is terminated in a year, I do not see a problem there. You say, “Fine, we are going to

amend this Act,” but 20 years from now we may still have it; you can have this thing going on forever. We talked about land reform 20 years ago. We talked about the Condominiums Act dealing with townhouses. How long ago was that? The prison rules were supposed to be amended in 1981. There was one lousy amendment to Rule 285 and nothing else. This is my concern, chiefly.

In general, I think it is not a good idea to have two parallel groups; you would have some conflict. It is not good for the profession or anybody to have that type of conflict. I think it needs to be resolved. As long as it continues, you will have this growing apart. You will have this perception that one side is operating in a political manner; that the doctors union, for want of a better word, is against the Government. It will get harder and harder; it will soon be written into clay if it goes on, so we have to do something about that.

Mr. Vice-President, I think you have a reasonable head of the Medical Council now. I think you can get things going to amend that Act. I share the concern of the Minister that the past councils may not have been functioning as effectively as they should in establishing ethics and codes of conduct, so you can do something about prosecuting negligence in the medical profession.

This is something I find very strange. We have had doctors taken before the court. Some years ago, there was a doctor convicted of rape. At that time I worked with the State. We asked, “Well, what are you going to do with this person, he was interfering with his patients?” Interfering, to put it nicely; there were three charges concerned with him and they all related to pregnant women; they got a conviction. The court said, “Oh, he might appeal.” He might appeal? Of course he would appeal, but what does that have to do with anything? They dragged their feet.

Mr. Vice-President, he won his appeal, and the other two people got frightened. We all knew he was not, “not guilty”, in other words he was guilty. I think he is still practising medicine today. To make it worse, I got a message, when I was supposed to be involved in the matter, from a patient of his who was a relative of mine saying, “See what you could do.” Well, I sent a see-what-you-could-do message back to him in strong terms. That is an anecdote, but the point is, I strongly agree that we need to have included in the Bill the need to prosecute. I think we need major amendments, and we need them soon. One way of doing that is to limit the operation of this amendment to a year or so.

Thank you.

The Minister of Science, Technology and Tertiary Education (Sen. The Hon. Danny Montano): Mr. Vice-President, I want to make a very short intervention this afternoon. I suppose I can really pick up from where Sen. Seetahal stopped off, because it touches on the issue that Sen. Mark referred to a little while ago.

Allow me to go back to what Sen. Mark was talking about earlier, when he referred to some remarks I had made on the amendment to the Dental Council Act in 1998. Just to explain the facts as they were to the Independent Senators. Graduates from the University of the West Indies Dental School were required, by the profession, to write an examination before they could be registered with the council and licensed to practise as a dentist; that was the issue.

Let me explain one other thing. The council had a schedule of schools that they recognized as being accredited, graduates from which would not be required to do any further service or examination. They would be immediately and automatically accredited and licensed to practise in Trinidad and Tobago. We had the unusual situation where graduates from our own school were not so licensed. The Dental Council had made an arrangement with an agency, I think it was in the United Kingdom, I cannot remember exactly; it would use their examinations in Trinidad. If the students passed those examinations, then they would be registered with the Dental Council.

History showed that over the three to five years before 1998, the pass rate from the University of the West Indies (UWI) students on those examinations was increasing quite rapidly. The University of the West Indies recognized that their programme was fairly new and only now coming into itself. They clearly needed a couple more years to get their programme up to standard. The dentists who were licensed here said, "The students are actually quite bright; they are very good and everything else, but they need a little more practice." The experience was when the UWI graduates had a year or two practical experience and some training with the dentists, the pass rate shot right up. They were world-class students at that point, but they needed a little extra. There was evidence that the school was bringing itself up to that level.

There was an indication that the son of a UNC Senator was exactly at that point, and he had to face those examinations. He did not want to face the examinations; therefore, the law was changed. It was mandated that the council could not do that; it could not impose examinations on the UWI graduates. They should be automatically accepted into the council and licensed.

My objection was that the Senate and the legislative branches of government have no business legislating professional standards. That was my point then, and that is our point now. I agree with the point that Sen. Seetahal made, that this or any government really has no business involving itself in the professional standards out there; whether it is for engineers, architects, lawyers, accountants or whatever it might be. We have no business doing that, because we are not experts.

The situation here is slightly different. One of the problems that we face in Trinidad and Tobago is, in fact, the measurement of standards. What we have to realize is that the professions, to a very large extent, make every effort to police and regulate themselves and to monitor the professional standards, but there are no agencies out there that go through a formal process of accreditation and measurement. Anybody can sit back and say, "Well, you come from a school or an area that is fully accredited by someone and, therefore, of an acceptable standard".

The medical professions in Trinidad were relying on the council in the United Kingdom, and were using them as an accreditation agency; even though they really were not. Now that that council has said, "Listen, you cannot use us anymore, because we are not going to certify anything at all," the Minister has said that this is a temporary measure. He has jumped over that and legislated a situation where graduates from the University of the West Indies would achieve full-accredited status, even though no one has, in fact, accredited them. In order to, at least, leave the status quo alone, this is what we are doing.

I received some correspondence from the University of the West Indies recently. As you know, Mr. Vice-President, I am the Minister with responsibility for tertiary education, and the university falls under my portfolio. The university is planning to establish a Caribbean association to be headed by a number of professionals. It would be a regional association to govern the accreditation of medical personnel. It does not yet exist. We are going to have a crisis come September; therefore, the Minister has done something that is going to fill the loophole. If we do not, there will be graduates coming out of UWI who are going to say, "Why can I not be licensed?" So we have had to go down this road.

In terms of the legislation at hand and trying to facilitate the registration of foreign doctors, again, it is not a question of legislating standards. In the absence of an accreditation agency or institution, you are faced with a situation where the Medical Council of Trinidad and Tobago has no accreditation mechanism. It is done very much on an ad hoc basis. I do not want to say "arbitrary", but it is done on an ad hoc basis; somebody says, "Oh, yes, I know that is a good school." It is a bit of a club; that is how things work: "Oh, yes, let us put them on the list and

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we would accept that.” There is no mechanism by which we can reasonably be assured that any foreign doctors the Government might wish to bring, could or should be accepted by the council.

You have a situation where, as Sen. Seetahal asked, “Is it because of a failure to deal with an industrial relations problem or is it, in fact, a genuine effort to meet the demand for doctors, because there is a shortfall in the supply?” I suppose it is a function of both, because the existing legislation definitely falls short; it tends to be rather arbitrary. There is no accreditation mechanism. There is no guarantee that even if you left it entirely up to the Medical Council, and assuming that you remove from the equation any issue of industrial relations, you still do not have the assurance that anybody coming here is properly qualified.

What the Government has done is very simple. It has said, “Look, in the absence of all this, we have a very specific need that we must fill.” Look at the numbers; the Minister said that there are 1,200 or so doctors in the country, half of which are in the public service, half of which work for themselves privately. We must recognize that the concern of the Government is the State-owned institutions. Therefore, it is only the 600 or so doctors that are employed by the State that we are concerned with. If we have 600, and there is a shortfall of 250, it means that your shortfall is 41 per cent of the 600. Of the 850, it means you have a 30 per cent vacancy rate.

I think it was Sen. Prof. Ramchand who said that there was already a serious deficit in the supply of working hours from the supply of existing doctors. When you compound that fact with the shortfall, you recognize the critical nature of the problem. It is not as if the Government intends to bring doctors from abroad and let them loose trying to compete with the private sector; that is not the issue. The Government has a specific mandate to provide health care to the people, and that is what we are attempting to do. [*Desk Thumping*] Again, in the absence of any accrediting agency, a team from the Ministry of Health was sent to Cuba. The qualifications of all the doctors from the United Nations and so on are being examined by a team in the Ministry of Health. They have set up, for want of a better expression, their own little accreditation unit, because there is nothing else; there is no other way of doing it. They are literally doing exactly what the Medical Council should be able to. The council cannot do anymore. The only thing about doing it this way is that it gives us the assurance that we can supply the people with the health care they deserve and need; that is the short point.

It is important, therefore, for Senators to understand that the Government, recognizing its social responsibility, must take certain action to be able to fulfil its mandate. The Minister of Health has articulated, very clearly, that the entire set of

legislation governing healthcare in the country is being looked at. I think that he has articulated some of the issues already, and there is understanding, at least on the part of the Minister of Health, as to what are the dynamics of the problem. In the meantime, we have holes to plug; therefore, we must do this.

I think that we would be inclined to recognize that this is not the most entirely satisfactory way of doing it, but for the moment, it is expedient. We recognize what the dangers may be, but the reality is, when you set up a panel, like we are suggesting here, it will be staffed by members of the profession. My experience has been that people tend to take their tasks very seriously, indeed.

I remember Sen. Prof. Ramchand's words very well, when he was put on the committee to review textbooks. Notwithstanding the fact that it may have appeared to some that he had been bought out by the then administration and he was going to capitulate, he took a stand, and said, "No way; there are some shortfalls here that must be fixed!" He took the job seriously. I think that no matter what happens, we have to rely on the professionals we have in our midst. There is no other way of doing it. There is no way of knowing what are a person's political allegiances. If we go down that road, as Sen. Mark is suggesting, then we will never get anywhere in the country. The reality is, people tend to do what they believe is in the best interest of the country, as a whole, and to do a proper job with an impartial and determined view.

Therefore, Mr. Vice-President, I would implore the Members of the Independent Bench to support the legislation. I just want to add one other thing. Sen. Prof. Ramchand spoke about the supply of doctors, why we do not have enough doctors. It is something that I have been discussing with the University of the West Indies. In fact, there is a huge demand for lawyers. We have had to place lawyers at a law school in the Bahamas, because the law school here cannot accommodate them. Let me just give you a little about what is happening at the university.

Mr. Vice-President, the university has just put down a very impressive sports complex on the campus. It is a gymnasium, fully air-conditioned and is really state of the art business. I have here the Financial Report and Accounts of the University of the West Indies, St. Augustine Campus, for the year ended July 31, 2002. While I implore the university to develop its facilities so that more students in all the faculties can go to university, because as of now UWI is the only university that we have, I just want to share this bit of information with you.

Their accounts are not done in a normal accounting manner. They do not subscribe to the generally accepted accounting principles; they have their own set of rules. It takes a bit of pulling, adding and subtracting, to be able to get to the

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real number inside here. In the budgeting process of the university, they approach governments and say, “We are spending \$500 million a year,” let us say for the sake of argument, “We get \$100 million from fees, therefore, we need \$400 million from you”. In the \$500 million they include depreciation as an expense that we have to then fund. For those of you who do not know, depreciation is a non-cash item.

PROCEDURAL MOTION

The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith): Mr. Vice-President, I wish to move that the Senate continue sitting until the completion of this Bill.

Question put and agreed to.

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Sen. The Hon. D. Montano: Mr. Vice-President, when you look at these numbers, let me just show you a little of what the situation really looks like. The St. Augustine campus alone is what we are talking about, for the time being. In the year 2002, the campus ran a surplus of \$60.2 million. In 2001, the surplus was \$89.7 million; [*Crosstalk*] and we still cannot get enough students in; that is the point. So when we are talking about the medical faculty, this is what we are talking about. It raises the question: What are they doing with it? I will tell you, Mr. Vice-President.

The University of the West Indies campus alone has \$147.9 million in assets; it has \$183 million in liabilities. The difference between the assets and liabilities of UWI is \$964.8 million; in the black. [*Crosstalk*] In cash, short-term fixed deposits and so on, the university has \$363.7 million. [*Crosstalk*] I am just trying to tell you the level of frustration that we have. The university is sitting on \$363 million; operating with a surplus of \$60 million a year, and we cannot get enough students in; we cannot generate the doctors and businessmen that we need! We just cannot get enough people into the university. Every year, the Government of Trinidad and Tobago contributes just over—in fact, for the next year it would be about \$318 million. In other words, they could give us a free year, and still end up with \$40 million in their bank account. [*Desk thumping*] We understand exactly what is necessary; that we have to do more to get people qualified, to get them through the university.

Mr. Vice-President, university-wide, when you translate it, because, of course, it is in Jamaican, Barbadian and TT dollars, the three campuses are sitting on a total in cash and short-term investments of TT \$1.1 billion; [*Crosstalk*] yet we do

not have enough doctors, dentists, architects or engineers; that is where we are. That is only a bit of information; I will share more with you as we go on. The point at issue is clear: we have some work to do. We have to provide the population with the health care it deserves, and we need to do it now. We cannot have roadblocks in our way to say whatever the case might be; it has to happen.

Allow me just to reiterate, Mr. Vice-President, that at this point, there is no formal system of accreditation by anybody at all; therefore, no case can be made to suggest that the doctors the Government proposes to bring in from Cuba or anywhere else, are not up to the standard that we would want for the people. Every effort will be made to ensure that the standards of the doctors we bring in are of international standards, but the reality is, there is no agency that we can turn to. As the Minister of Health has explained, this is a relatively short-term measure, and I implore the Independent Senators to support it.

Thank you.

Sen. Ambassador Christopher Thomas: Mr. Vice-President, at this stage in the debate, I hope I could use a deductive approach to ask a few questions in relation to the amendment. I have some concerns and some questions. I felt that, perhaps, the best way for me to understand the content and thrust of the Bill was to ask a number of questions through the Minister, to which I hope he will be kind enough to respond at the end of the debate. Particularly since a number of other areas have been covered, I will restrict myself to three groups of questions.

My first group of questions will be on the following: We are told that the purpose of the amendment is to meet shortages in the public health sector, and this is proposed to be done through the mechanism of a panel. My first question then is: Is this a contingency measure or is it a response to a current situation? If it is a response to a current situation, could the Minister tell us what are the areas of shortages, how much is needed and in what time frame? Is the panel being proposed, in his view, the most expeditious way of meeting the present shortages? Do we normally or should we institutionalize, by an amendment, the mechanism for short-term solutions? Can there be a transitory mechanism to meet these short-term needs? In other words, assuming that the needs are short-term, is there another way or some form through which we can meet them, than be institutionalizing a mechanism through amendment that may, indeed, serve for all times, when the issue is short-term?

Mr. Vice-President, section 13(1) of the parent Act talks about the issue of temporary licences. Temporary licences, I understand, are issued to junior doctors

who are required to be supervised. Will persons who receive special temporary licences be required to work under supervision or will they be senior personnel, or both? That is, in fact, related to my earlier question where I asked about shortages. Is it short-term, long-term or a particular need? The Bill is silent as to whether we are talking about junior doctors for special temporary licences or senior or junior personnel. Could we have some explanation on that?

6.30 p.m.

My next question is why can the competence of the present board not be extended to issue both temporary and special temporary licences? When I say board, I mean the council, because the council is the Executive of the Board. Is there any form through which the competence of that board could be extended to meet the issue of temporary as well as special temporary licences? Would this not meet the need if we were talking about a contingency measure? The result would be that we would then have a board or a council with competence to issue temporary licences and special temporary licences as shortages arise under a single administrative structure. Can the council be so capacitated by being reconfigured to provide both these functions? My question obviously is: Do we really need to go the way of a panel at this time?

If we go the way of the panel, can a member of the council be a member of the panel to ensure policy compatibility? If the panel were established in its present structure, how could we assure a unified health care structure from two separate, distinct, and quite probably incommunicable instances of admission where you have the panel and the council issuing licences? Can we get some sort of compatibility between them? Will the present public health care environment be diffused, or in the Minister's view, exacerbated by the implementation of this amendment? Would it ease the present tension, or would there be more tension as a result of these two parallel structures? There are a number of other administrative questions, which have been dealt with by some of my colleagues, so I will simply point out that there seems to be a serious notable omission from the panel. It is silent on what we call the substantive regulations. What we are told in the amendment is that the panel will have its own regulations, establish its own regulation procedure, but the substantive regulation in terms of how it would be guided in its work is not there. What would be the compatibility between the way it works and the way the council works at present is not clear, so we would like to see some clarification in relation to that.

Having said that, I believe we all know the reason for this problem, so I would shift my focus a little and instead of talking about the board in its relation to the

panel where we are dealing with structures, I would like to emphasize the real need and interest of this; which is the people. Because essentially, this is not a war of generals, this is not a contest between the Minister and the board. What we are talking about is how we provide health care in the public sector for people. I must say that I do agree with hon. Minister Montano when he said we are dealing with people. The focus should be on people and I think we need to keep that in mind.

I want to shift to that focus because in my view, the health of the people must come first and good governance cannot compromise this question. So when we look at the structures, we ask ourselves—and this goes back to my original question—is it short-term needs, or is this a contingency? Whatever it is we are dealing with people, and I emphasize the question of public health because the private health sector will see after itself. There are some serious concerns and reports relating to the private health sector which I will not read at this time, and why it is so important that we ensure that there are continued and uninterrupted provisions in the health sector because most of the clientele are persons who are unable to go to the private facilities, and if they do, can only do so on a one-time basis.

I am not satisfied that all members of the board carry the same level of attention to the public health sector, and recent reports and developments have shown that the public sector or those who depend on the public sector health care have suffered tremendously in this country because of certain industrial action. If that is going to be the case and it is going to be continued, then certainly an amendment of this kind in some form is required. And when I look at the way the amendment is drafted, I do not have the same difficulties as some of my colleagues.

I wish to list some of what I consider to be fairly satisfactory requirements and safeguards. The amendment to section 12 safeguards the professional standard of the special temporary licensees. I am quite comfortable with that section because there are safeguards in terms of the professional standards.

I am also satisfied with the amendment of section 13(2A), which safeguards the standard of conduct of the special temporary licensees, and (2A)(a) limits the tenure, but I see no provision for malpractice. I think this is something that is missing in this country, and whether they are foreign or private doctors, we should seek to ensure that our legislation brings into focus the question of malpractice.

I am also satisfied by the regulation that the amendment does not interfere with the competence of the council to grant registration and that is in the amended section 13(2B)(e), it recognizes a measure of advice by the council to the panel with respect to disciplinary measures of the special temporary personnel in section 24(2).

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I feel however, that it is very soft on this question because it talks about “may”. “May take advice from...” or “may consider the advice of the Council”. I think it should be stronger than “may”. In my simple analysis, given what I consider to be the safeguards and the non-intrusion of the competence of the council, I do not believe that the amendment infringes on the authority except in circumstances of shortages and at the discretion of the Minister.

Much has been said about whether the Minister should have this discretion, but it was explained that when the word “Minister” is used it means Cabinet. My view is that we are dealing with the public sector and the Minister and Cabinet do have the ultimate responsibility of looking after the public’s care. I think it is a very important and precious commodity and I can see no reason why the discretion of the Minister cannot be exercised in the context of the public health. So I have no difficulty with that, I think it is well placed and the discretion of the Minister should be so exercised.

What I would like to suggest, dependent on the answers that the Minister would give, is if we are dealing with a short-term measure or a contingency, and as the Minister has said to us, it is expected that the parent Act would be repealed because it is anachronic, it is outdated. I certainly agree with that, but would the Minister agree then to subject the amendment to a time frame even if it is introduced into the parent Act? Would we say therefore that this should operate for five years subject to review or renewal of some kind? This will do two things; first it will ensure that we are not institutionalizing for all times two parallel institutions, a council and a panel; it will also seek to spur the legislators to ensure that the repeal about which the Minister spoke would in fact take place, and there would be a certain time pressure on the authority to ensure that this happens.

I believe that fundamentally the people of this country have an interest in ensuring that the medical facilities are provided early. Over the last few months or years, we have witnessed what I may call an increasing phenomena of siege. The people of Trinidad and Tobago have been subjected increasingly to a siege of kidnapping, a siege of crime, a siege of violence, and a siege of medicine. I think if we focus on the people and understand that this is really the issue, then subject to suggestions we would like to make to the Minister, I would certainly wish to support this amendment.

Thank you.

Sen. Mary King: Mr. Vice-President, from my viewpoint, the amendments to the Medical Board Act are attempts to modify two aspects of the existing Act. The first has to do with the accreditation for the so-called special temporary licences, and the second is about their registration, and I would like to discuss these two aspects of the Bill.

First, let us consider accreditation. If we take our Minister of Health who is a professional civil engineer with a University of the West Indies (UWI) degree that is accredited by the British Institution of Civil Engineers, despite its excellent reputation. UWI by its charter can award degrees but another body actually accredits its civil engineering degrees. This accreditation assures the public that UWI's training programme meets certain standards. In the accreditation process, visits are paid to the university by the accreditation team every two to three years.

Let us look at another entity, the board of engineering is another legal entity. It registers engineers with accredited degrees. The power of this board is not as encompassing as we find that of the Medical Council of Trinidad and Tobago. At present, the medical council is a legal body that can register medical practitioners in Trinidad and Tobago in this country. In part for registration, the qualification of the applicant has to be accredited and the present Act allows two approaches.

By section 12 of the Act, a qualification is acceptable if it is also acceptable to the United Kingdom General Medical Council. Secondly, the Medical Council of Trinidad and Tobago with the Medical Board is also an accreditation body, and by that I mean that if in the opinion of the council an applicant is suitably qualified, then he or she can be temporarily registered, according to section 13(1) of the Act. Upon expiry of that registration period by majority vote of the board, the council can then grant full registration.

If the medical council refuses an applicant registration, then that applicant can seek judicial review of the decision in our local courts. We must also note here that the council can make its rules and regulations with respect to the determination of acceptable professional qualifications and as part of their accreditation function and this is also subject to approval of the Minister.

Mr. Vice-President, this is the background to the amendment before us today as I see it, which seeks to create another category of temporary registration; that is your special temporary registration which differs from that now under the jurisdiction of our Medical Council in that it is to be used just to fill shortages in the public health service, not in the private sector.

Also the tenure for this registration is different in that it is for three years in the first instance, it can be renewed for a further three years and no more if the performance of the licensees are satisfactory of course. So what this seems to suggest is that it would be renewed if the Chief Medical Officer wishes to extend the appointment. If an applicant is refused renewal after its three years, he or she has no recourse through the local courts.

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Mr. Vice-President, if this amendment were to be approved, then this Senate would have to be assured that the qualifications of the applicants as approved by both the council and the proposed panel would be at least at an acceptable standard since we certainly cannot have a lower standard of temporary doctors in our public health system.

Section 9B(2) as amended gives the power to the panel to make its own rules without reference to the medical board but subject to the Minister's approval. The Minister has since told us that it is really subject to Cabinet's approval but I hope he will confirm that for us.

However, by section 9B(4), the panel may be guided by the existing rules and regulations of the council under section 20, that is telling us that the panel has no responsibility for harmonizing the operations with that of the council and I really feel this is management gone wild. Can we really allow that to happen?

The question which jumps out at anyone analyzing the Act, and this amendment is: What is the rationale for the establishment of a new registration panel, in fact, a body parallel to the Medical Council to carry out the same task that the council does with respect to temporary registration except for the tenure of the appointments?

This parallel system of registration of doctors could present the country with a management nightmare and I want the Minister to tell us how he is going to manage that. Let us just speculate a bit; if the range of expertise on the Medical Council is too narrow, there obviously is a problem with our medical council. It may be too narrow which may be influencing its decisions and which could constrain the market. Then, is the solution not simply to enhance the expertise of the Medical Council? In any case, to my mind, the qualifications for the registration of doctors are only partly technical competence, hence the present council is limited in that it does not have in its rights any non-medical representation.

Self-regulation is indeed ideal, but in many cases it does not work in practice. I think if in the Minister's opinion, the present council does not work, then it is poor management practice to sideline it for the award of temporary registration to our public health service. One should notice that a political custom seems to be to sideline the system if it does not work, or create a new one and bypass the existing problem. That is really not good management either. If the Minister thinks this is the case, and if he is correct, will the poor performance of the council also adversely affect its private sector decisions on temporary registrations to the detriment of the public? In other words, what I am saying, if

the council is adequate or inadequate for public service special temporary appointments, why is it now adequate for temporary appointments? So we have to look at the holistic problem within our council.

Let me turn to the second part of the problem which I see is the accreditation aspect of the amendment and we have already mentioned today the current Dental Act. As we did in that Act, I support the development of a schedule which lists the training schools, whose degrees are accredited and are accepted as registration qualifications within Trinidad and Tobago. The problem however, is that there does not appear to be a mechanism to keep the schedule dynamically updated.

For example, the Minister can again testify that the Civil Engineering Department of the university has to undergo an accreditation exercise by the Institute of Civil Engineers every couple of years. Clearly, if our Medical School of the University of the West Indies and others are on this schedule, some mechanisms have to be put in place to ensure that these schools over time deserve their places on this list. UWI has an external examiner system, which can be used for this purpose in the health sector also.

What is of great concern to me is that section 12(2) of the amendment; the Minister can by order amend the schedule apparently without reference to the medical board, or to any ad hoc accreditation body. Even the existing accreditation methodology of the council, and the medical board leaves much to be desired both in system and in practice.

In the first case, if we take a page out of the Jamaican experience and create a professional accreditation unit whose job is to accredit qualifications in general and investigate them in particular, one may notice that he/she is not on its dynamically updated list when the occasion arises. Jamaica has done this for its engineering profession and the region seems to be going along these lines as well.

Again, it is a surprise to me that with all the talk of our getting Cuban doctors to alleviate our current shortage in the health system, the Medical Council appears not to have done anything about assessing the standards of the Cuban medical schools. We actually met the Medical Council yesterday and when asked what are the standards of the medical schools, what are the problems with the medical schools in Cuba, they told us they have absolutely no idea because they have done no assessments. This, I think is something hard to believe and understand.

The anecdotal evidence before us, for example, the present good health of our own Prime Minister, the medical research reported to have come out of Cuba would suggest that these standards may be acceptable and may just need our investigation.

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If this amendment were approved in its present form, then the only school on schedule is the University of the West Indies, and the only other qualifications acceptable would be those approved by the United Kingdom General Council.

I am concerned as to by what rule the Cuban doctors will be assessed. Will the schedule be amended by order of the Minister to include the Cuban schools? If so, this is also not good enough. How are we going to bring our schedule up to date vis-à-vis the current practice of the Medical Council which has not done very much? What are we going to do to improve on that?

Lastly, let us look at this anomaly. A Cuban, or let us say any other doctor may apply to the Medical Council for temporary registration and be turned down, yet he may be accepted by the panel for a special temporary licence. This to me is a further demonstration of the management fiasco that this parallelism can unleash upon the nation.

Mr. Vice-President, the problem before us is to temporarily register a set of doctors whose training has not been accredited locally, I do not think the solution is a creation of a panel that bypasses the existing management system. The solution I think is to enhance the existing systems and one recommended addition would be the creation of a national accreditation body whose formal responsibility we have already defined.

We have been very tardy in assessing the qualifications of our Cuban neighbours and others, but the solution is not just to include them on the accredited list by ministerial decree after this amendment is passed.

Mr. Vice-President, I cannot support the amendments in their present form. An amendment is surely required to strengthen the accreditation role of the current Medical Council and the board, and further, the council's composition needs to be widened to reflect the actual job of doctors so I would like to suggest a further amendment to the council's membership now rather than later although the Minister has told us he is going to repeal the Medical Act and bring a new one.

I would like the Minister to tell us if that would be done in the short term and ask also when does the Minister actually intend to repeal the Act. I have heard something like a five-year extension for this, and I think that would be a very long time to have a situation where we may have management problems. I think the most urgent matter before us today is the repeal of the medical board and the composition of the council.

Thank you.

Sen. Dr. Eastlyn McKenzie: Thank you, Mr. Vice-President. At one time I wondered if you were never going to look in my direction. I rise to make a short contribution to the debate because so much has been said by my colleagues that at times when you speak late there is very little left to say. I am one of those persons who really do not like to repeat but I would make a few comments.

We have heard from the legal minds, some of the legal aspects of the Bill and we have heard from the medical minds some of the medical aspects of the Bill. I want to say that I am sure that everyone here would appreciate the services of foreign doctors.

I can speak for us in Tobago and I know that had it not been for the services of many foreign doctors, some of them who have been there for years, some who have come and gone in three to six months, I can tell you the Tobago public has had very good service from them. So I hope the impression is not given that we are knocking foreign doctors, this is not the case at all.

I can talk about those brought in by the Lions Club who checked on the poor people in Tobago; they do screening and recommend from children to the very old cataract surgery, and our people benefit and those coming from the United States of America and other countries for very short periods render services to the people in Tobago free of charge.

7.00 p.m.

Just recently paediatric surgeons from the United States performed operations on many of our children; some of them from our own handicapped school and the people were not asked to pay anything. They have been given free service. Again, I would like to say that we in Tobago have benefited immensely. I want also to say, and I am sure you would know this, Mr. Vice-President, we in Tobago benefited. Every three to six months, we have a team of doctors who come to Tobago and perform prostate surgery on our menfolk and this is done free of cost. Of course, if they had to do it in private clinics, I understand it would cost them in double digits, thousands of dollars. So, I would like to say that we have benefited but there are some points I would like to raise before I refer to one or two in the Bill.

The hon. Minister mentioned that there were Cuban doctors at the St. James Cancer Treatment Center. I would like to ask him whether our local people are trained to replace them or to complement the services or to take over or to expand our services in the country; whether they are training people or our local people are understudying them as we say in drama, or whether we are offering scholarships to our people to encourage them to go into this field of study.

I would also like to ask you, through the Vice-President, whether there is any sort of policy as far as our Medical Council is concerned about continuing professional education for our doctors because I know that in some countries, and I know from the experience in Tobago, that many of our local doctors working in Tobago go abroad annually to update their knowledge and receive refresher courses, as this was one of the conditions that they had to satisfy to keep their membership in the foreign professional bodies. This is something that I think we need to look at.

As the hon. Minister mentioned the Cuban doctors I want to bring some experience I have about the relationship between the Trinidad and Tobago culture and the foreigner. For the last ten years or so, there is a nursing school in the United States of America—I cannot remember the university—this nursing educator or whoever is in charge has been bringing down the nurses studying in that programme to Tobago, and they go to other Caribbean islands. That school is located where a number of Caribbean people live and these nurses have to interact with them when they go to these medical facilities, their clinics, hospitals and so on. And what the nursing instructor said to us was that oftentimes when the Caribbean persons go to the hospital or the clinic they have problems understanding their behaviour, their reactions, their explanations, et cetera, when they have to interact and communicate with the nurses.

So what did they do? They brought them to Tobago and a number of us go in and talk to them using the knowledge of our culture and heritage as far as it concerns childbirth, with how people refer to them. Do you know in our local Tobago language, we have names for some parts of the body that nobody else has any part like that. People like Sen. Gift would know what I am talking about, and Sen. Dumas and someone as steep in the culture as you, Mr. Vice-President, will very well understand what I am talking about. This part, Sen. Gift would know very, very well, and do not talk about my own Independent colleague, Sen. Dr. David Quamina, because I am sure he would be so versed in the language of parts of our bodies that our local people would have in Tobago that no part of the world you would hear about that. I would not give you some examples, Mr. Vice-President, because at this hour of the night I do not want anyone rolling over in their seats with laughter but, we need a little light heart sometimes. I was trying to bring to the notice of the honourable Senate how culture could impact upon communication and how necessary it would be for us to really ensure that we understand each other when we come to these types of situations. It is very important.

I have been reading where one of the fears is that of misdiagnoses because of misunderstanding—and so I just wanted to make that special note. From my own understanding of the whole situation and from what I have read and from what I know, one of the biggest problems is the matter of trust. I think the Government if I may say so, does not trust the Medical Council anymore and the Medical Council does not trust the Government, that they are opening up to what is really the situation. So I think we have a serious matter of trust. If that is so, it is unfortunate because I think we need each other.

When I look at the amendment, and I would ask the hon. Minister, through you, Sir, to correct me if he thinks that I am misreading some of the statements here, there is nothing in the amendment that refers to a board member, not necessarily a council member, who could not be a member of the panel.

Mr. Imbert: Thank you very much, Sen. Dr. McKenzie, for giving way. In fact, it is explicit that the members of the board must be medical practitioners with at least ten years' experience; by definition they have to be members of the medical board.

Sen. Dr. E. McKenzie: So this is one of the things that sort of not make me very, very fearful. In other words, members registered by the council could very well make up the majority of members of the panel. That sort of twists my arm a little towards understanding the amendment.

The next point I noted, and that is from my own layman's interpretation, is that the amendment does not nullify the actions of the council. In other words, if this amendment is passed, it does not say that the council's actions would stop. They can continue to register doctors and they can continue to do temporary registrations. Am I right?

Mr. Imbert: Yes.

Sen. Dr. E. McKenzie: Good! I see also that the number is just an amendment to some parts of the parent Act and not a replacement of the parent Act. Would I be right to say, hon. Minister, through you, Mr. Vice-President, that special temporaries, can also apply to the council, as well as to the panel, so they have a double whammy, they can apply to both organizations? I am looking for the little things that other hon. Senators did not talk about. I agree with what has gone before. Therefore, the special temporary can also apply to the council to obtain a licence and go ahead, so they are free to do this.

The next point I noted was that the amendment also rescues the bona fide lead doctor. Is that so? No, as of now. I mean, before fine, but since the EU has come

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into operation and they no longer recognize UWI as coming from the British registration, the amount is the only option they have to be registered as a doctor. Am I right?

[Hon. Minister nods head in the affirmative]

The hon. Minister read out a long list, he did read all but they were institutions, universities and colleges, et cetera, all over the world, India, Pakistan, Nigeria; to give us the places from which interns could come or from which temporary or registered doctors could.

Mr. Imbert: I thank the hon. Senator for giving way. The list I read out is the list of medical school graduates who have been granted either registration or temporary licences by the Medical Council. All of those universities like the University of Cairo, Iraq, the university of Hong Kong and so on, have all been accredited, if you can call it that, by the Medical Council of Trinidad and Tobago.

Sen. Dr. E. McKenzie: Thank you very much. Mr. Vice-President, I also would like to support Sen. King and others who made the same recommendation—that probably, I would have preferred to see, but again—You know something, those of us who are not members of Government nor Opposition, like the Independent Senators, there is always something that we do not know that the Government hides or cannot disclose, and it comes from the party politics situation. We do not envy you that but at times these are the little things that we do not know that prevent us from understanding fully. It holds the same for what the Opposition may know and we would not know because we are not in the thick and hustle and bustle of party politics. But what I was saying is that probably, we could have answered the question by adding nonprofessionals or what you call lay people to the existing Medical Council, and probably that could have helped if we would have added lay people to the existing council and then forwarded those applications for temporary licence to them to see how things would have worked. Nevertheless, we have passed that stage.

Just to make a few comments on the Bill. I said this before, that with the composition, the establishment of the panel that the Chief Medical Officer obviously would be a board member and the three medical practitioners obviously would be board members. They may not be members of the council but they could have been eligible to become members of the council, if. There was nothing to prevent them except being elected to the council. Whereas, the present council could admit and issue temporary licences, they cannot issue special temporary licences. Is that so? I want to look at clause 6(2A):

“A special temporary licence shall not—

- (b) be renewed unless the holder of the special temporary licence performed satisfactorily during the period covered by the licence;

Who would say that they performed satisfactorily? I would like to know who would say this because I do not believe that the panel—if you have 20 doctors scattered all over—would be able to clinically supervise them. This is what I understand by clinical supervision; somebody has to be there to actually have a sort of hands-on approach, a sort of observation, close observation of how you performed and how you go about your work. Obviously, there would be performance appraisal through observation as well as through other means but I think this would need close supervision and this is what I am afraid of in the Bill. My fear is that presently the temporary licensees are being supervised by senior doctors on the wards or wherever they are. These special temporaries, if the council and the panel would be at loggerheads, I cannot see members of the council and members of that board being willing to clinically supervise special temporaries appointed by the panel. I think you would have a management problem and have chaos. Can you imagine junior doctors and senior doctors not talking, according to “we”, watching one another “bad eye and cut eye” and sabotaging one another. This is trouble. Rather than that, one would stay home and grow bush medicine and push up your “bouchet” how you can and all sorts of things. That is one of the parts of the body that only Sen. Dr. Quamina and Sen. Gift would know about that. I want to take the hon. Minister to clause 7(2).

Mr. Imbert: Thank you hon. Senator, for giving way. I just want to clear up a little misunderstanding you have. The members of the council are president, vice-president, secretary and four other members, so that is seven. There are 1,200 members of the medical board so there are 1,193 other doctors in Trinidad and Tobago available to supervise these foreign medical practitioners; so there is no question that the council is expected to supervise. The supervision would come from the other 1,000-odd doctors in the country.

Sen. Dr. E. McKenzie: Thank you. As long as we could get that commitment. When I looked at it, I said probably—again as I talk about the “party thing” that we would not be in—the hon. Ministers and some of the doctors would have had some sort of agreement in the public sector that they would tell them that they would supervise.

I am aware that whenever there is a shutdown of the health facilities it is not shut down completely. There are some doctors who still continue to serve and who go out to work, and probably this is what you are banking on.

“7(2) The permanent secretary shall be made ...”

In the original Act section 10(4) talks of a register open to the public. I would like the hon. Minister, Mr. Vice-President, to tell us whether this book that this permanent secretary will keep with the special temporary licence fees, and so forth, if it would be as open to the public as the one that would be kept by the secretary/treasurer of the council. I want to know why these special people are not paying any fee, so please if you would let us know.

I looked at section 25 of the parent Act, and I need some clarification. It says:

“No certificate required to be given pursuant to any Act by any physician, surgeon or licentiate in medicine or surgery, shall be valid unless the person giving the same is a member of the Board or is the holder of a temporary licence.”

Not being a medical person I do not quite comprehend what is meant by, “no certificate required to be given pursuant to any Act by any physician, surgeon...” I was wondering if it is like when you grant a death certificate or you had to give a sick leave certificate or something. Is it only valid unless the person giving it is a member of the board? Now I understand it, if you are saying that, because it means that the person supervising the special temporary could issue it.

As I said before, I am not very happy that the Government had to go this route. I would have preferred to see a merging of ideas and a coming together of members of the profession to rescue a situation in the country. I have listened and I have heard what the hon. Minister had to say and I had listened to the undertaking that he gave, that this is only a temporary measure, that the present Act would be repealed and a new Act would be put in place and that the fears that some of us have would be taken care of and this is only a temporary measure.

Mr. Vice-President, I hope that trust would be rebuilt between the Ministry of Health, the Government, if I should say so, and the Medical Board, especially the Medical Council. I want to suggest that—I know even if we oppose all we would be outvoted so let us not look at that. Let us be practical, realistic and patriotic and let us feel happy and confident that we can go to a public institution and be comfortable and confident that we would be well treated and that the service given would be second to none. I urge that as soon as is humanely possible that both sides would sit down together in the interest of the poorer class of people of this nation, because we are the ones who use the public health facilities, be it health centre, hospital or emergency unit. As far as I know, in the health centres, only registered doctors could operate on their own there. Even if you have the special temporaries you must have a registered doctor in charge.

I appeal to the Minister and the members of the council to soften your hearts towards each other, sit and talk, argue and debate but convey to us. Let us as members of the public feel that there is a healing that is taking place and that members of the public have absolutely no fear to go to these institutions and be well taken care of because the service given would be second to none. As I said before we are not against—I am, I should say, not against foreign doctors. We benefited immensely from them. In fact, one of our senior surgeons in Tobago is originally from Haiti. We have had many Filipino doctors and right now, in Tobago there are more doctors from Nigeria, Ghana and those places than from Trinidad and Tobago. We in Tobago know the benefit but we still would insist that we want the best.

Mr. Vice-President, that is my contribution, and I hope the hon. Minister would listen to humble people like us who have no axe to grind. We just want to ensure that the public gets the best. [*Desk thumping*]

Mr. Vice-President, you would know in Tobago that we do not have the facilities for any private clinics. One would know the people of Tobago have to be flown to Trinidad by helicopter and it costs a lot of money to do this. Again, we say thanks because every Tuesday—When I came down there were two persons who travelled to Trinidad on the same flight with us and were coming for treatment. They come twice per week, on a Tuesday and Thursday. There is another set that comes on a Wednesday. This costs the Assembly a lot of money and now we have our own dialysis machines and there are trained personnel and that has helped our people in not having to come to Trinidad for treatment.

I chatted with them and feel very happy and comfortable because at times when they have to return to Tobago, they are not well enough to travel and that used to break our hearts to see our people having to do that.

Hon. Minister, harden not your heart against the council. Let not spite and vindictiveness reign. You are a smiling person and I take it that your face is a reflection of your heart.

At this stage of the evening we do not want to be sad and sullen. We want to give the Minister support. We are all in this together, and I hope that likewise as I would have said to the members of the council, because we have a doctor from Tobago on the council, that with time we would sit and heal the wounds and let the poorer people feel that we are all doing everything possible in their own interest and to give them the best service.

Thank you very much, Mr. Vice-President.

7.30 p.m.

Sen. Parvatee Anmolsingh-Mahabir: Mr. Vice-President, I rise to offer some insight on the Bill, as well as to seek clarification in some areas of the proposed amendments. Mr. Vice-President, there is serious and widespread concern about the state of affairs in the health sector. Far too often the print and electronic media feature some aspects of poor delivery of services at our health institutions. Clearly there is need for urgent and significant improvement in that sector.

Historically, successive governments' response to problems in the health sector has been a plaster and bandage and cosmetic approach without any long-term vision or effective planning or implementation. It is without doubt that the modification of the Medical Board Act will have serious and far-reaching consequences. Therefore, one must ask: Why has this Bill not gone out for public comment, to bring on board views of the principal stakeholders such as the Medical Council, the various medical societies and the allied health professionals? We need to be vigilant, that in the process of treating one problem, we do not generate a multiplicity of other serious problems later on. The manner in which this Bill is being passed recalls the similar manner in which the Regional Health Authorities (RHA) Bill was passed some years ago. One wonders whether the introduction of the RHAs has anything to do with the disquiet and turmoil that has prevailed in the health sector since its introduction.

The Dental Council too had its own bitter experience under the previous administration, when the Dental Act was amended in 1998. This Act removed the council's core function of regulating the dental profession. The hon. Minister of Health has stated that there exists a chronic shortage of doctors in our health institutions and as a result, our citizens cannot receive the optimal health care they deserve. Therefore, the Minister of Health obviously, must take the appropriate action and put mechanisms in place to facilitate the entry of medical personnel who would fill that breach and improve the ratio of doctor to patient. One cannot easily forget the heartrending scenes at our nation's hospitals recently, when all the doctors in our hospitals became sick at the same time. This resulted in the crippling of our institutions and caused tremendous distress to our citizens. The medical doctors who observed their code of ethics and volunteered to work must be commended for rendering yeoman service during this period of crisis. Our focus must always be centred on the delivery of health care to those who need it most.

Therefore, it is quite understandable that the Minister of Health would naturally seek assistance from the nearest source available; in this case Cuba,

especially in the light of the increasing contacts with our neighbouring Third World countries, as well as accept the assistance of the United Nations Development Programme. However, like my colleagues, I would like to caution the hon. Minister, that in seeking to recruit medical personnel, those personnel must be able to communicate easily and comfortably to facilitate diagnosis and treatment of the patient. One can easily foresee language and cultural problems with the new recruits. Also, it would not be wise to overlook the traditional sources of doctors from India, Africa and the Philippines. These professionals have received their training at universities where the medium of instruction is English Language and the curriculum is similar to that used by the University of the West Indies.

This leads to the question that has been raised by many of our colleagues: the supervision of the recruits who have been given a special temporary licence. Have the logistics and legalities been worked out so that they will be properly supervised and monitored by the senior doctors? Another major concern is that the panel does not include any member of the Medical Council. The spirit of the Medical Act is to give the authority to the council to admit persons to the practice of medicine. It is section 13 which imposes most of the work of the council in the first place and, therefore, to place the authority in the hands of the panel is to take away the main authority of the work of the council. Mr. Vice-President, to completely exclude the council from the admitting process may not prove to be the best way forward. May I respectfully suggest that the council have at least one representative on the panel? This can help to create a better working relationship between the council and the panel.

If this piece of legislation is to achieve its desired objective and redound to the benefit of our citizens, there must be some measure of collaboration and cooperation with the members of the Medical Council and the panel. I thank you.

Sen. Brother Noble S. A. Khan: Thank you, Mr. Vice-President, for allowing me the opportunity to share some thoughts on what is before us: a Bill to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practise medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto.

Much has been said on what is before us. I may be accused of going over some of the grounds, but I will try to avoid that. Obviously, what we are here about is against a background of meeting a problem in the health sector. In wider terms, the Government promised to give health service to the people of the nation.

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The question of if that has been achieved is one that is wide open. I would dare say that relatively, not the best has been given. An attempt is being made to address this. No one could deny the Government the opportunity of seeking to address a problem, especially when it is charged so to do. Hence, we have what is before us.

Obviously, one would think in terms of idealism and the best practices that are available, a search should be made throughout to get some paradigm which we can work with. Here we have it today. It is not in a situation of a vacuum. We have had for quite sometime—I think for more than a century—the question of the Medical Board or what passes for it. They have been doing the job of providing us with high skills in the area of the medical profession. Today we have an attempt being made to, more or less, bring to bear another parallel organization, as so many of the other speakers have mentioned. The position of putting parallel organizations—especially as the world moves today—is questionable, because we will be having parallel in an area working in the same environment too. How well that will work, and human nature being what it is, we can surmise some problems arising. We are in the area of medicine and psychology. The area of social interaction and social change has always been a challenge and high training and high qualification may possibly be a strong collation to the amount of tension that may bear. This is one area which, I think the structure that is before us, would have to be addressed; not written or orally, but possibly by making changes as has been suggested in the law that is before us.

One could think in the days of doctors—some of us who have been around and had parents who lived long would have told us about some of them. My mind reflected on doctors such as Dr. Robinson, Dr. Carter, Dr. Sankerali, Dr. Hosein, Dr. Omar Maraj, Dr. Haynes, Dr. Joseph, Dr. Chan, Dr. Soodeen, Dr. Phistine and Dr. Stetcher. Both Drs. Phistine and Stetcher were foreign doctors. I was treated by Dr. Phistine. I have called men who have all gone to the great beyond. They were doctors who were trained abroad. I know Dr. Phistine was trained in Poland and came here during the war. We have had a history of foreign doctors coming to our country. At that time, Trinidad and Tobago was under the colonial government and I take it that the medical authority would have been drawn out of the United Kingdom. The qualification standards then would have been based on what obtained in the United Kingdom. When we became independent we drew out of that experience. We have had a continuity in that area.

I had alluded earlier to the question of promising service and the people not receiving it. This was a promise made and a hope of the Caribbean people. One of

the positives of our hopes is the University of the West Indies. I think quite a number of the persons who are in this Chamber today are UWI products. Yet we find that we have people wanting a service, which the country paid for, and are unable to get that service. I think that arose out of the social interaction. This could definitely skyrocket again. If we are to move in an area within the structures we are about to be placed then arrangements should be made for that.

The hon. Minister alluded to something in his contribution which touched me very deeply. He mentioned that we train persons here and they leave. I was at Mona Campus many years ago and a young doctor, a very close friend, came to me and told me that he had passed his exams and was going to do his internship. I was very depressed when he told me he was going to do his internship in Canada. It struck me that we had spent quite a bit on him. He was a Caribbean person who was going out of the country. It even flashed in my mind whether there was a way whereby we could have restricted his licence so that he could have given some years of service to the country and the Caribbean people. At that time what occupied my mind was the question of human rights. I must mention that good and proper health care is a right that our people deserve. In his case, this was what took place as he left, later on he returned to the Caribbean shores and gave service. To some extent that original feeling I had was assuaged, but it still left within me that feeling of a denial of service to a people for which they had paid and it still obtains. When the Minister mentioned that one would expect that—maybe not in this law, but in some other law—we would have reflections of some kind of control, this could possibly extend into other areas of high technique such as nursing and tertiary education.

As we touched on UWI, we have a Minister of Science, Technology and Tertiary Education. We are all very hopeful of that. With respect to Vision 2020, UWI is totally inadequate and we hope that the expansion in these areas would take place. I know in the area of education where I have a little more insight of what normally would be, the Ministry of Education—under our very affable and committed Minister—would be the feedstock that would go into the tertiary system to expand it. We would have an expansion in the area of tertiary education, possibly homegrown, through the university which is being touted about at the moment.

With respect to the question of the meeting of a shortage, one gets the impression that we are making a temporary law to deal with a temporary situation by creating a temporary, special licence. This is fraught with adhocery and, as in the old days, putting a plaster on a sore foot. The questions of how we will deal

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with that if we are to go forward and address the problems arise. In the parallel organization there is the duality in one area with the same set of people operating. Particularly, there would be one set who would obviously be foreign. The area of culture has been mentioned. Are we watering down the brandy so to speak? Forgive me for using brandy. When we think in terms of actualities—

I do recall many years ago at that same place in St. James where the radiograph machines were used, someone whom I knew was burnt because the person who was operating the machine did not have the necessary technological training. Because that person had been to Canada, they were able to see what was done and they were able to inform the other person to adjust the machine. These persons have all gone to the great beyond. These are some of the things which come to my mind when we think in terms of the fear of someone with whom you do not have a cultural alliance dealing with you. Some of us know that much healing is done by the communication that takes place between three persons: the master healer himself, God above; the health care people and the medicine that they use to do it; and the person. If they do not have the will, nothing will happen. Culture is one area of healing where medication will definitely impact.

The Minister mentioned what had taken place in other areas of the world such as the United States of America and the University of Dalhousie. I think if we are to go forward with some of the changes that have been mentioned by my colleagues, we will have to think in terms of a frame. One of the best frames we use at the moment, which is called “matrix”, in the area of time. I felt very heartened when it was mentioned that there are three major pieces of legislation which are impending. Very often in the area of governance—some of us have been around for quite some time—we hear a lot of talk. Talk is cheap, as we say outside. Obviously, a man as affable as our Minister of Health, one would think that there would be some commitment towards that. I expect that we would hear something on that in his response to some of the changes.

Also, with respect to the question of standards, as I see it, the medical profession—through the board—have been able to establish in a collegial way, elements of standards which they themselves would have set. This extends in all areas of professionalism. The chief question of standard as we know is what emerges from a person: his commitment with himself as to how good he will be and what he would do. These are important aspects which would not be written in any law books. I am hoping that within the educational system—I know the

Minister is committed to this—this would be feeding up to our people so that the hope and expectations my mother and grandparents have had as Caribbean people would be moving towards building a better society. Health care and wellness are fundamental.

A great responsibility lies on that. I wish, by the grace of God that what we are doing, even as temporary as it may appear to be, will not carry with it an element of permanence. We are all transients; we are just passing through. I am seeking a way on the benches to use that transient position. The question of creating something that would have an element of permanence—even the law is not permanent, it is highly organic and subject to pathology—and definitely make a commitment to ensure that that hope and aspiration of giving our people a good health care service will definitely be realized.

I thank you, Mr. Vice-President, for allowing me these moments.

Mr. Vice-President: Hon. Senators, it is approaching 8.00 p.m. It is 7.50 p.m. I would like us to take the dinner break now and return at 8.30 p.m. This Senate is now suspended for 40 minutes.

7.50 p.m.: *Sitting suspended.*

8.30 p.m.: *Sitting resumed.*

Sen. Dr. Jennifer Kernahan: Mr. Vice-President, I am going to make a very short intervention on the Medical Board (Amdt.) Bill. Our Senators have made very extensive and in-depth contributions. I think there is a sort of consensus this evening with respect to how people feel about this Bill and the pros and cons of the issues. We need to recognize that the result of our deliberations this evening will have the greatest impact on the poorest and most disadvantaged sectors of our society, because these are the ones who have no choice but to use the public health system. To face the reality of it, only the people who have no other choice right now in Trinidad and Tobago, are the ones who go to the public hospitals and clinics.

Right now, in the public health system, people do not feel that confidence that they get quick treatment and their needs are attended to in the manner which our people deserve. Mr. Vice-President, I believe this is a major challenge for the Minister. When we reach the stage in the society, when we are able to go to all sectors of the society with confidence, then we can say we would have arrived in the society and we are providing quality health care to this country: the kind of quality health care that all our people deserve. I hope to see this in my lifetime,

but I have my doubts. All of us in Trinidad and Tobago are very much interested in having this sort of treatment and delivery in our country.

The Minister said in his contribution that this Bill is primarily to provide for the issue of special, temporary licences in cases of the shortage of persons available to practise medicine in the public health sector. I wonder if it is possible to speak with any assurance, of temporary shortages, given the industrial relations climate that exists in this country today between the major stakeholders: Government, the doctors in this country and the public? There is a climate of tension, distrust and unease and in that context, I do not think that we can speak with any degree of confidence of any temporary shortage. What is going to happen is that because of this climate there is going to be a chronic shortage of health care providers in this country. The Minister mentioned it himself: there is a tendency for doctors to leave these shores because of the remuneration packages, the systems and the existing tension. This is something we have to look at. One of the major challenges that the Minister has to face is to improve this climate and dialogue and lessen the tension between the major stakeholders because it is the poorest people in our society: the ones who can least afford it, who will suffer most.

Mr. Vice-President, we have been faced over the last few months with the public spectacle on national television of a virtual standoff between doctors and the Minister. It was tit for tat, give and take nearly every morning on TV6 with people of different views back and forth. This really boded no good for the future of public health care delivery in this country. If we continue along these lines, especially with the sort of parallel systems we are looking at here, it will continue into the future and the so-called temporary shortages which we seek to fill with foreign doctors, including Cuban doctors, will become a permanent feature of our public life and medical landscape.

I lived in Cuba for over six years and I can tell you that the mere fact that Cuba at this point trained hundreds of doctors every year—to the extent that they can export the services of their doctors all over the world: Africa, Latin America and the Caribbean—is due to the tremendous sacrifices that the Cubans make to ensure that their systems are intact, that their children go through primary and secondary schools and university, totally free of charge. These sacrifices do not come cheap or easy. We have to be aware of that when we are looking at bringing Cuban doctors. We have to be aware that societies that build that level of confidence, health care and health delivery do not do this overnight. There are a lot of sacrifices involved in this.

I remember during the special period in Cuba between 1989–96, when I was there, for the worst of the special period, tremendous sacrifices were made by the Cuban government and the people to keep all schools open. At one point when it was looking very bad there was even a “plan zero” where teachers were prepared to actually live in the schools and not have to travel because of the shortage of petrol and fuel which were used to transport persons around the country. It was actually being discussed in the schools that the teachers would live in the schools in order to deliver the necessary teaching to the students. In those days, we got around in trucks. The government brought special personnel on the road called “the amarillos”, who were dressed in yellow. They would flag down all the trucks and state cars and shove persons into these forms of transport to make sure everyone got from one place to the next. Tremendous sacrifices were made.

During that period, the Cuban imports were cut by 70 per cent and that society managed to survive that. Not one single school was closed, neither was a single foreigner sent home. It would have been very easy for that government to send home all the foreigners because they could not have afforded to keep them and give them the best their society had to offer because they were going through their own problems. They did not do that. All the foreigners stayed and we got through our studies with the highest standard of excellence and commitment of the Cuban teachers and the people because that is the way they view their society. They have a high sense of nationalism, commitment and culture that keeps the society stable and going forward. Their medical personnel and government are in sync and have a common vision for where they want to go.

Mr. Vice-President, I am making this point because in order for us to develop and grow in our society, this is where we have to go too. We are not going to develop any long-term solutions to our health care system. We are not going to get all our people going to the public health institutions if we do not take a leaf from the Cubans’ book. We should not only bring Cuban doctors here, but we should take an ideological leaf from their book in the way they approach their society, the problems of their society, the way they work together, the type of love and commitment and the nationalism that the Cubans have exhibited over the years. We are not going to build this sort of partnership and dialogue if we continue to engage in all kinds of standoffs and antagonistic attitudes towards the medical doctors in the country. I am not saying that it is a one-way street. I totally agree with my colleague Sen. Mary King, when she says that the major issues that we face in this country with respect to this issue is the whole question of setting up systems of accreditation which has not been addressed by the Medical Council and the Veterinary Board. This is why we are faced with this position today.

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Fifteen years ago, a young medical student graduated from Cuba and came home here and was turned away by the Medical Council. He was unable to practise here because the Government refused to set up any system of accreditation which would allow him to practise in his own country. He had to leave and go back to Jamaica. He had to live in Jamaica practically an exile because of this situation.

8.40 p.m.

Mr. Vice President, I am saying that it is a two-way street. The Government and the professionals in this country have to get their act together to work out a partnership in order to service our people. The bottom line is that the poorest people are the most disadvantaged in our country. They are the ones who feel the brunt of all this power play between the various groups and sectors in this country.

I also felt this very brutally when I came back in 1996—[*Interruption*] My story is an open book; it was all over the place—I am not now coming out with this story—when the veterinary board refused to recognize my degree and refused to set up any sort of system of accreditation. I was running up and down the University of the West Indies for two years and talking to the head of the veterinary faculty there, trying to find out how they could put some sort of accreditation programme in place whereby it would be incorporated in the system here, and they never did it. The irony of this is that presently this Government is sending students to Cuba on Government scholarships and they are being paid a stipend to study—and a tremendous amount of money is being invested in these students. In fact, there is one veterinary student who is due to come back home next year and the whole question of accreditation for veterinary students has not been addressed.

I am very much aware that the Friends of Cuba Association has written to the relevant Ministers and so on, raising this issue of the whole question of accreditation, going to Cuba and looking at their systems and coming to some sort of consensus about accreditation. I am also aware that the Cuban Ambassador is concerned about this situation. Cuba is going through tremendous sacrifices to train Trinidadians and Tobagonians to send them back here to this no man's land.

I am also aware that all the other Caribbean islands have been able to get their act together and the Cuban graduates are very active in all fields of endeavour in countries such as Barbados, St. Lucia, Belize and Central America. All my colleagues with whom I have studied were able to go back home and contribute to

their societies because of the Cuban scholarships and the tremendous struggles that the Cubans have made to extend a neighbourly hand to all the Caribbean people. Mr. Vice-President, this is not a new issue; this issue has been on the burner for some time and this has to be sorted out. I totally agree that the whole system of accreditation is of paramount importance.

On the question of setting up this panel, I believe most of the hon. Senators who spoke have serious reservations about the panel. The Government sees it as a short-term solution to what is happening now. It may seem as an attractive short-term solution but what is actually going to happen is that there is this air of antagonism between the council, the panel and the Government, and there is going to be an ongoing sort of unrest and dissatisfaction with respect to the parallel functions of the panel and the council and so on. This is not good for Trinidad and Tobago; it is not good for the people who rely on the public health service; who rely on doctors who are satisfied; doctors who are relaxed; doctors who like their work environment and doctors who do not have all these issues. So it is okay for the Government to say, "Yes, you have to accept this because this is the short-term solution and we would pass this and we have to deal with it." I am saying that the people who would suffer in their flesh any of these negative implications are the poorest people in our society. The people who can afford \$100 to \$150 would go straight to their private doctors and clinics and do their operations, and it is the poor people who are going to suffer any negative implications of this.

Mr. Vice-President, I understand the thinking behind this because it has been a problem, but I also understand that we in this society have to show some degree of maturity at this stage and come out of the whole confrontational attitude and postures that we have adopted, and the hon. Minister has to take that leadership. He has to show responsibility; he has to be able to deal and foster dialogue with the Medical Council and so on, and together they have to set up the proper systems that are going to be the long-term solutions to the problem that we face here, and not just the short-term solutions, because the short-term solutions would not foster the kind of environment and climate that we need in Trinidad and Tobago.

I thank you very much.

Sen. Carolyn Seepersad-Bachan: Mr. Vice-President, I rise to make just a very short contribution. It was not my intention to speak on this particular debate. However, after listening to all of the Independent Senators—and I must pay some tribute—I think they have covered the issues well and in a comprehensive

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manner. I want to endorse the comments of my colleague, Sen. Wade Mark. In addition, I think the contribution by my other colleague here, Sen. Dr. Kernahan, brings to bear on this debate a bit of her personal experience, which I think we need to be guided by.

I was a bit confused when listening to all the contributions, especially on the Government side, from the hon. Minister himself and Sen. D. Montano, because we seem to be getting confused as to the whole process. I think this has nothing to do with where the doctors are coming from, and if they are Cuban doctors. I think the issue that we want to raise here is the process by which you are doing it. What process have you deployed? Or what process have you felt you had to deploy? You felt that you wanted to put a temporary measure in place to fulfill, what you consider a temporary transient problem, but when you try to fix a transient problem without looking at the long-term implications you end up with a situation where you set a dangerous precedent.

After listening to all the contributions—and I must say that there were quite a lot of good contributions—there are one or two issues that I just want to reiterate. Sen. King brought up the issue about accreditation *versus* registration. Do you know why accreditation is playing a big role in this debate? How are you justifying the import of Cuban doctors? It is not for the sake of solving this temporary shortage that you are dealing with. Why Cuban doctors? I know that they have the best of schools and so on, but what is the basis? *[Interruption]* Well, foreign doctors. A lot of mention has been made of Cuban doctors.

Let me just make this very clear. Many of the pitfalls of the management problems have already been highlighted—and which I do not want to go into—by having two parallel bodies; the panel, the council and the potential conflicts. Mr. Vice-President, the hon. Minister talked about this being a temporary measure. The hon. Minister had better pray that this does not last for more than one year or a year and a half because he would need another hon. Minister to start solving those problems because of the conflicts that would exist in our public health sector.

There is one area I would like the hon. Minister to clarify for me. I have heard other hon. Senators say this. I have looked through the Bill and I get the impression that this is only to deal with a shortage in the public health sector and not the private health sector, but I am not seeing that properly spelt out in the amendments. So when we get to committee stage we can probably pick that up. Also, the hon. Minister could highlight to me how he is going to ensure that when somebody is coming in, the person does not end up in private practice.

I want to go back to accreditation *versus* this registration process. Let us not get confused. Sen. King used the analogy in the engineering profession. As the hon. Minister would very well be aware, at the University of the West Indies there are the United Kingdom bodies like the Institution of Electrical Engineers accrediting the electrical engineering degrees and then we have the Board of Engineering. But the Board of Engineering would only be used as one of the criteria, whether or not you have an accredited degree. So the accreditation process is just to say whether or not that formal training programme is up to standard. In the case of engineering, it does not say anything about practice. So when you go before the board of engineering, other criteria come in like: How many years have you practised? What sort of practice did you have? Were there any problems in terms of malpractice? I am just drawing from the experiences of the Board of Engineering. I am not sure if somewhere along the line the perception was developed that the council itself undertook to say that it was an accrediting body. I do not think the council could ever be an accrediting body. Some other body must exist for accreditation. Accreditation itself has become a more complex issue.

A recent experience of my own—when I was at the Department of Electrical Engineering—the hon. Minister would remember when he was in Chemical Engineering we used to go through this accreditation process every three years and it involved this visit—let us say in our case—from the IEE Team, which is a United Kingdom based team and they would come and interview you and look at your courses; look at your examination papers and they would say, “Okay, for the last three years let me see all your past papers and the external examiners’ comments; in terms of when you prepared the paper; in terms of when you marked the paper; what were the comments. How have your courses actually evolved?”

The last time—and I think everybody would be aware—that same department ran into a problem with respect to getting accreditation and we did not do anything different in the sense that, not that our standards had fallen in any way, it is just that the accreditation process itself had matured and had gone to another level and had become a more continuous process. In so doing, they started looking for more administrative procedures which you would be aware, through you, Mr. Vice-President, really did not exist in the UWI, especially not in the Faculty of Engineering. We focused on our academics, technical training and our practical and it turned out that because we did not have all the quality assurance programmes; and we did not have all our spruce procedures properly documented;

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and every time we signed off how many people were signing off, and it was almost equivalent to the whole ISO 9000 type system. We were given a year and we did not receive the accreditation in that year. So we were put under some pressure and we went back out and we recognized that we were given this time frame in which to get all these things in place. They came back and they still were not satisfied, but eventually we got it.

The point I am trying to make is that when it comes back to this—even for the medical profession—I would imagine that this is where your problem is going to start. Because when you start talking about a panel to look at approving doctors, the council on the other side which is registering, I think something common is needed to stop that conflict and that may be the accreditation body.

I was listening to Sen. D. Montano talking about a Caribbean accreditation body. He mentioned the University of the West Indies and how many graduates we turned out, but the point is that in the medical profession itself, being a branch of the University of the West Indies—I was being informed just now because I was not too clear on this—the Medical Faculty never really had the programmes that the rest of the university had in turn to give those kinds of assurances. So definitely there is a need for accreditation. What I am trying to say is that if you look at the bigger picture right now, one of the first steps that ought to be taken is the establishment of a body.

I also went into detail just now with the problems we had with accreditation to suggest that it is not to say that I am suggesting—or in any way we should suggest the setting up of a professional accreditation body here. Because if the Government starts demanding that for the medical profession and all the other professions in Trinidad and Tobago we would run into a costly exercise. But there are ways now that an accreditation body could be set up—either through the National Institute of Higher Education, Research Science and Technology (NIHERST) or whatever—which can then align itself with other accreditation bodies around which could actually carry out the accreditation exercise. Then you leave this local body to manage that process. In fact, the expertise in terms of the accreditation itself can come from some other expert body which has been approved.

I make this point because we have to be very careful as a nation going forward and one of the things that we started doing is taking retrograde steps and we have started putting back some of these responsibilities into the hands of the political directorate. This is why I cannot support the whole concept of the panel under the responsibility of the hon. Minister himself, because that questions the whole

professional integrity of it. It must be an independent body of professionals, so at the end of the day when questions are asked they can be properly answered and there can be no bias; and no questions about it. That is the only way we would go forward.

The Minister of Finance would agree—this is one of the reasons we are moving towards a regulatory body within the Central Bank because you want it to be independent. You do not want it associated with the political directorate; you do not want it within the Ministry of Finance. In that sense, this is why when we are talking about moving forward, anywhere that you move you would see that what has started happening is that we place this in the hands of independent professional bodies. We need to start looking at independent professional bodies to be able to look after these sorts of issues, especially when it comes to accreditation.

I also say this because someone brought up the issue of consultation. I am not convinced that there was any measure of—*[Interruption]*

Sen. D. Montano: Mr. Vice-President, I really do not follow what Sen. Seepersad-Bachan is trying to say and the hon. Minister does not either, because I asked him. When I made my contribution I indicated that the University of the West Indies had set up an initiative to establish a Caribbean Health Education Accreditation Board. That is going to be an independent body. We are also about to establish an Accreditation Council of Trinidad and Tobago. Is the Senator talking about some third entity? I would really like to understand what the Senator is talking about.

Sen. C. Seepersad-Bachan: Mr. Vice-President, I was about to come to what Sen. D. Montano had mentioned. That is why I had started to pull back on what he had started to say. You had mentioned about a Caribbean body and what I was saying is that sometimes you would still need your local body but the local body is not one that is filled with experts. You see, I do not understand quite clearly, through you, Mr. Vice-President, how would the hon. Senator's Caribbean body be staffed? Would it be taking on the responsibility for accreditation; meaning staff with the expertise to do it, or the quality assurance procedures, administrative and the technical expertise?

Sen. D. Montano: Mr. Vice-President, I thank the hon. Senator again for giving way. What the university is talking about is a special body to deal only with health care, so that they would have a certain level of expertise. Under different circumstances how these agencies work is that if they lack the expertise,

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then they go and get it on a consultancy arrangement. The local accreditation council is a separate issue that would actually be the agency to which the university itself would be accredited. So that there would be a double set of agencies looking at the accreditation of the university.

The Medical Faculty would be accredited by the Caribbean Health Education Accreditation Board. Other faculties would have to be accredited by the Accreditation Council of Trinidad and Tobago. They would have a certain resident expertise, but in special circumstances they can go out and acquire it to do a specific task. So that if somebody comes into the region and wants to be accredited, they could apply to the accreditation board or agency, as the case may be, and if they do not have the expertise they would go and get it. That is how it works.

Sen. C. Seepersad-Bachan: Mr. Vice-President, the only point that I was not clear on—and which is now clear to me—is that I was not sure as to what role the Caribbean body would be playing. Is it only for health care and not the full range? Therefore, what I was suggesting and because he wanted to deal with that problem right now—because the hon. Senator does not have the Caribbean body right now. Am I correct?

Sen. D. Montano: Yes.

Sen. C. Seepersad-Bachan: So there is still need for some form of accreditation. Because I still feel—and because of what the hon. Minister is trying to achieve—he is going to be looking at a local body that would liaise with that Caribbean body. The local body does not have to have the full range of expertise. It would be more a body managing the process; a body responsible for the administrative functions, and as a result of that, if the expertise is not resident within that local body—which most likely it would not, because it is going to be a very small body—then you could go to the Caribbean body. If it is not resident there then you could go internationally for it from the other international accredited agencies.

So what I am saying is that it is not that we want to go and set up all these big units and start spending a lot of money, but there is a need and until that Caribbean body is set up, because of the dilemma that you find yourselves in now—because there is a panel and a Medical Council—what are they going to be using? How are they comparing? How are they justifying? The first criterion would be accreditation. The other criteria that you could set up can be easily devised; whether it is a code of ethics; whether it is the practice; the length of practice and so on. I was bringing this up because I looked at a piece of correspondence on which the Medical Council met with

the Independent Senators and spoke on a number of points as to the way forward in terms of the total revamping of the Medical Act. What I am saying is that the council could still remain with the registration responsibility and that would eliminate many of the conflicts.

Secondly, if you look at what has happened there, it is not going to take that much to do in order to amend, in terms of including the continuous improvement exercise which many of the Independent Senators spoke about. That is an ongoing criterion in any registration process, which requires that there is some continuous professional development programme. One of the other things that it spoke about is that there would be some defined process to deal with conflicts, because the council maintains the responsibility for the registration. Then, if someone is aggrieved by the registration saying he was denied—this is why I like my colleague, Sen. Dr. Kernahan's experience because situations like that where they were aggrieved and not given recognition, there must be some appeal process, because you are talking about a big medical body and a company which is like an appellate body that can review the decisions of the council. These are simple amendments that can be made. I am saying you are trying to get to a stop-gap measure which I do not support. I feel that you are creating more conflict and confusion and at the end of the day you have just found a solution to subvert and circumvent the Medical Council. That is all you have done.

If there are 1,200 practitioners, a complaints body could be set up. Even if the foreign doctors who come to this country are required to register with that council, then they themselves could become members and make that contribution. They can inform that process. [*Interruption*] Mr. Vice-President, our problem is that we did not try to solve this problem by looking at the process and procedures. They looked at personalities; the present council being difficult; the present council has a hidden agenda. The present membership on the council should never be an issue. We should have tried to devise a solution based on systems and processes, not on personality issues. This is why it would end up in conflict. What they do not understand is that with conflict comes serious mismanagement issues in the years to come. This is why everybody here has highlighted that management problem that would arise.

Mr. Vice-President, I do not want to go on much longer but there are several other issues that could be set up. The hon. Minister himself would remember the Association of Professional Engineers and the various complaints, disciplinary bodies and committees within that association. I would imagine something like that could evolve out of the medical association which, again, would have a forum

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to air those views, and I cannot see those views or any such concerns going unheeded. Then we may as well say, let us give up on our medical profession, and I would hate to think that.

Just one other issue I wanted to clarify with Sen. D. Montano because he mentioned the University of the West Indies and I would take it up in another debate at the right time. This is about the second or third time I have heard him speak about the capacity of the University of the West Indies either to produce graduates or the intake of students. I want him to understand that it is not that we have a shortage. Some people say shortage and some people say we have excess engineers. What really is it? You would find that you have engineers, but they are not finding jobs so that would tell you that there is excess. You say that there are people who are qualified as accountants and still they cannot get accounting jobs. So that would mean there is an excess. I do not think you can say that that is what guides you to determining or ascertaining whether there is an excess or a shortage. I think what you have to look at is what is on the receiving end. What is absorbing these professionals? What is creating that market demand for those professionals. So I think when it comes to these issues, especially when it comes to the University of the West Indies—and I am sure we would have another opportunity to go through that in some detail—I would really like to take the opportunity to elaborate a bit more on that.

I thank you.

The Minister of Health (Hon. Colm Imbert): Mr. Vice-President, I would try my best to deal with all the issues that were raised, and let me try, however, to deal with some of the issues raised by the last two speakers. Mr. Vice-President, I always find Members of the Opposition to be a bundle of contradictions. Because it is the said UNC that amended the Dental Profession Act to allow former Sen. Selwyn John's son, who was a UWI graduate to practise dentistry. It was the said UNC that amended the Legal Profession Act, to allow former Attorney General, Ramesh Lawrence-Maharaj's son to practise law in Trinidad and Tobago. I always find the Opposition to be a bundle of contradictions. But I was particularly intrigued by the contribution of Sen.—
[*Interruption*]

Sen. Seepersad-Bachan: Mr. Vice-President, would the hon. Minister give way? The hon. Minister just made some comments there and I do not think that brings to bear in this debate. [*Interruption*] I was not here. I do not even know if it is true or false. None of us here can attest to that.

Secondly, even if that did happen, is that what you are going to use to guide what you want to do? [*Desk thumping*]

9.10 p.m.

Hon. C. Imbert: Mr. Vice-President, I know I am a guest in this Senate but I will have a little difficulty in giving way again to the hon. Senator opposite because I think I made my point very clear. I spoke in the English language and my sentences were complete. The Members of the Opposition are a bundle of contradictions. They have come up with all sorts of reasons why they will not support this legislation but they, when it was expedient to them, did far more draconian and subversive things dealing with professional bodies in Trinidad and Tobago and it is inappropriate for the hon. Senator to say that she is not aware. It is public knowledge.

As a matter of fact, when the Dental Profession Act was being amended and it came to the Lower House, I was a Member at that time, the person in question was in the public gallery. Sen. Selwyn John's son was there and Sen. John was in the public gallery and they asked us to help them. Those persons, those UWI grads, asked members of the PNM to assist them; but let us go back to Sen. Dr. Jennifer Kernahan.

I was intrigued at—[*Interruption*] Senator Doctor. I was intrigued at her contribution because I wondered what exactly she was going to say when she got up to speak and I realize she supports this amendment in spirit although she has to toe the party line and perhaps vote with her colleagues—that is what I have to presume—but she supports the amendment in spirit because the hon. Senator was a victim of arbitrary discrimination, if discrimination could be arbitrary, by a council, dealing with a profession, you know, similar to the profession of medicine, and the hon. Senator has indicated that in her opinion the standard of the medical education she received in Cuba was second to none in the world if I can paraphrase what she was saying, yet when she returned to Trinidad and Tobago and they had a shortage of veterinarians in Trinidad and Tobago, the said council refused to license the Senator to practise her profession in Trinidad and Tobago and she gave us some idea of what happened. She went all over the place. She appealed to the University of the West Indies, all to no avail. It took years before another council came in and, for whatever reason, she was eventually allowed to practise.

Sen. Dr. Kernahan: On a point of clarification, that issue is still unresolved.

Hon. C. Imbert: It is still unresolved? Well, I am very sorry to hear that and I am even more sorry to hear that when I say I have to make another point, that when we met with the Medical Council they too were a bundle of contradictions.

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Sen. Mary King has made the point that they admitted that they have absolutely no capacity or ability to assess the standard of medical training of Cuban medical graduates, which I found to be incredible—and I will come to that in a little while—but having told the hon. Senator that and having told us that, they registered the daughter of a high UNC official. Former minister, Daphne Phillips' daughter, who studied medicine in Cuba, was registered by the Medical Council.

Hon. Member: On what basis?

Hon. C. Imbert: On no basis. When I confronted them with this information about 10 months ago they could not answer because they kept telling me they do not know anything about the standard of medical education in Cuba. I let them talk and then I produced the evidence that they had issued licences to persons who had studied in Cuba, including the daughter of former minister, Daphne Phillips, and I asked them why and, I mean, they just went dead silent. They could not tell me. I asked them whether they had visited the medical school in Cuba that the honourable former minister's daughter had attended. They could not answer. Of course they had not. I asked them whether they had looked at the curriculum to determine whether it was up to international standards. Of course they had not, and yet they still did that because it was expedient for them to do so.

The hon. Sen. Seepersad-Bachan talks about different councils and so on but we have had councils where politicians were members of that council—the fiasco with Dr. Des Vignes where a council almost destroyed his medical career. There was a politician on that council who eventually became the Member of Parliament for—still is—Barataria and became a junior Minister in the Ministry of Health and I remember Dr. Rowley, the Member of Parliament for Diego Martin West, trying to access the records of that council that Dr. Fuad Khan was then the Vice-President of the council—this is a couple of years ago—and being denied access to the public register of that council. I could go back 40 years, you know, and give examples of what has happened with that Medical Council over the years, a totally arbitrary approach to the licensing and registration of doctors, and accreditation in whatever way they accredit degrees.

I would like to correct some misconceptions that Sen. Seepersad-Bachan has that the council did not take it upon themselves to accredit degrees. This antiquated piece of legislation that we have, the Medical Board Act, dating back initially from the 1800s and eventually 1960, the particular Act before us, if you go to section 13 of the Medical Board Act which is 43 years old, it says:

“...the Council may issue or authorise to be issued, a temporary licence to engage in the practice of medicine...subject to the terms and conditions contained therein, to any...person who establishes to the satisfaction of the Council that he is the holder of a diploma approved by the Board...”

They have carte blanche to accredit or discredit universities that train people in the practice of medicine—carte blanche in this antiquated Act. The current Council can approve or disapprove as they see fit any university in the world and this is why you have all these lists of universities here.

I mean, no one can convince me that at the 2nd Moscow State Medical School they teach in English or that at the Arztlische—my German is not very good—the Arztlische Prufung (Un Mainz) University in Germany they teach in English, but they are accrediting that school; or that the University of Iran, the University of Jerusalem, the Gazi University in Turkey, the Medical University of Pecs in Hungary, the University of Cologne, the University of Amsterdam, the University of Khartoum in Saudi Arabia, the University of Otago, the University of Sinilla—I could go on. The Zhagshan Medical College of China they have even decided is suitable for accreditation, this Council, that is what they have done, but not Cuba, not the medical school that Senator—

Sen. Seepersad-Bachan: Mr. Vice-President, I am not sure, is that approval or is that accreditation? I did not interpret that to mean that they had the power to accredit.

Hon. C. Imbert: Let me go back to the parent Act.

“...the Council may issue...a...licence...”

To any person:

“who establishes to the satisfaction of the Council that he is the holder of a diploma approved by the Board...”

That means the board approves the university. It is effectively, essentially—it is—what they are doing is determining that that university satisfies their conditions for the issue of a licence to a medical practitioner and they are essentially, therefore, for the purposes of issuing a licence, accrediting these universities. *[Interruption]* Yes, it is all right. No problem. I mean, you have the Cape Town University, University of Ghana, you have the Far Eastern University in the Philippines—I mean, I could go on.

You know, when we raised with the Council, why did you register Sen. Daphne Phillips’ daughter, they stopped, paused, no answer. When we went back

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now, at the next meeting when I raised it again, well they had time to think so they said, “Well, her native tongue is English and therefore it is okay if an English speaker goes to a Spanish school and gets a degree from a Spanish school.” I said okay. So I then produced a complaint from a Trinidadian who had gone to a Brazilian medical school on a government scholarship. I said, “What about this person?” They said, “No, dah is different.” So I said, “Or, so if they go to a Portuguese medical school but they are English speakers dah is different, but if they go to Cuba is okay?”

So I then produced a complaint from a Trinidadian who had gone to a university in Mexico who had also applied to the board. They said, “No”. I said, “What happened there?” I said, “Doh tell me that they speak ah different kind ah Spanish in Mexico to what they speak in Cuba?” So they went dead silent again and I am merely giving these examples to illustrate the arbitrary behaviour of the current board and the arbitrary nature—I could go back 40 years to show you the arbitrary behaviour. I mean, Sen. Dr. McKenzie knows.

The people in Tobago have been trying to get foreign doctors in Tobago for years and there has been pure pressure coming from various medical councils over the years in terms of registering people with foreign degrees, not from Cuba but from places that are well accepted and well established where the degrees are in English and so on and they said, “No, we are not doing it” and the only redress the person has is to go to the court and ask for judicial review; but let me go back into some of the questions here. Let me take a look at Sen. Mark. Let us start with Sen. Mark.

Hmm, what is this? I am having a little trouble here. He is saying, why not amend the law for pharmacists? Well obviously Sen. Mark is not aware that the Pharmacy Board has a number of government appointees on it. He asked about salaries and terms and conditions. Well, I can tell this Senate that Cuban doctors will be getting slightly less than Trinidadian doctors and the United Nations Volunteer (UNV) doctors will be getting the standard United Nations rate, which is applicable all over the world, and will be, in most cases, less than what their Trinidadian counterparts are getting. In fact, the UNV doctors pay their own way. They provide their own accommodation and they provide their own transportation. The United Nations doctors get a stipend and they see about themselves because they are true volunteers. They “doh” come and ask for anything. They just get their stipend and they organize themselves.

In the case of the Cubans, we are providing them with accommodation and transportation and we have deducted that from the package and put a value to it so

that the total remuneration, including the value of transport and accommodation, will be slightly less than the Trinidad doctors. The reason for that is that when the team from the Ministry of Health went to Cuba, we were engaged in negotiations with Trinidad doctors and there was not yet any settlement or agreement, so we offered the Cuban government the same package, the existing package, for medical doctors in Trinidad and Tobago, which they accepted without any problems at all. So I hope that clears up this whole question about terms and conditions. We are certainly not bringing any foreigners here and paying them superior packages to locals.

In terms of rules and regulations, I do not think Sen. Mark understood this Bill. Let me go straight to the end. He talked about clause 14 where he said the panel would be indemnified from all actions, the board will be indemnified and that this was madness and so on. What he did not see or did not read was the words “in good faith” and Sen. Seetahal will know that when you put those words into an Act like this that the panel or a member thereof shall not be liable for anything done, permitted to be done or omitted to be done in good faith. It means that if they are guilty of misconduct then this clause does not apply.

With regard to the second subclause, Sen. Mark completely misunderstood that. In clause 14, 29A(2), this exempts the Medical Board from the acts and omissions of the panel and that is absolutely necessary. It would be wrong to have the Medical Board be subject to any lawsuit or negligence action arising from the actions of the panel. So Sen. Mark completely misunderstood what we are trying to do. What we are doing here is indemnifying the board from the actions of the panel, which is necessary.

With regard to the other points that he made, the council has a history of good practice, well that has to be the joke of the year. There is nothing to safeguard the public interest—that is also not so and many Senators picked this up. We are amending section 12 to allow the—in this case we are allowing the board the opportunity to review the conduct of holders of special licences and to recommend to the panel any action that may be appropriate in the circumstances.

In terms of medical insurance malpractice and so on, since the Government is recruiting these doctors, the Government will, of course, have to take all responsibility for the actions of the individuals. A member of the public who is aggrieved will have to file action against the Attorney General—sorry for the Attorney General, the office actually—or they can take action against the individual person who they feel has been guilty of misconduct.

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In terms of supervision, Sen. Mark made a long song and dance about supervision and indicated that the doctors who will receive special licences will not be supervised. I wish to let the Senate know that nowhere in the parent Act, Chap. 29:50, is there any requirement for supervision. It is not there. So that Sen. Mark was off the mark. There is no requirement. It is a practice. It is a practice that has developed in Trinidad and Tobago that doctors are supervised and the reason for that is that in Trinidad and Tobago, as in most Commonwealth countries, countries that follow the—you know, have been former British colonies—there is a hierarchical firm system for doctors.

You usually have four categories of doctors in a firm—consultant, registrar, house officer and medical intern, so you have this hierarchical system. The consultant reports to a head of department and thereafter to the medical chief of staff in the particular institution and they report overall to the chief medical officer through the principal medical officer as the case may be. So there is this hierarchical system that has developed in Trinidad and Tobago. It is borrowed straight out of the British system. So that, while supervision is not mandated in law, it is in practice and I wish to assure Senators there is absolutely no intention that the persons who require supervision would not be supervised. The point has to be made that the council is comprised of just seven people and Sen. Dr. McKenzie is totally right.

There are many decent and committed doctors, particularly senior doctors, who have already come to us and told us—we have very distinguished people in many specialties who have told us that they are very happy that this resource is coming to Trinidad and Tobago and they would be very happy to act as supervisors for the persons who would be issued a special licence. As I said, there are more than 1,000 doctors who are not members of the council, they are simply members of the board, since once you are a doctor you are automatically a member of the board. I do not contemplate any problems whatsoever with supervision.

We have our chief medical officer, we have our principal medical officers, we have our county medical officers of health, we have our district officers and we have a number of other senior practitioners in the system, both in the private and public sectors, who have already pledged to assist us with this matter. Of course there will be some militant people who will seek to create confusion but, I mean, one cannot avoid that, but we do not anticipate that we are not going to be able to overcome that situation.

With regard to whether the Cubans will be in good standing, they will actually be certified by the government of Cuba and the registration of doctors in Cuba is

done by the government so that the government of Cuba will be certifying that the—this is in the Cuban case. I will go to the United Nations case in the other instance in a little while—but the Cuban doctors will be certified by the Cuban medical board, by the Cuban government, as being in good standing and there is also a requirement under the agreement that the Cuban government will certify that the doctors they are providing for us will be trained to international standards and will be able to perform the necessary functions that are required of very experienced doctors. So that is all I was able to pick up with regard to the comments made by Sen. Mark. I mean, I really would not respond to the “mauvais langue”.

With regard to the comments made by Sen. Dr. Quamina, he asked: why should the panel be there, who would be on the panel, why a special temporary licence, to whom would the licence be given and how would the doctors work without supervision? Well I have dealt with that. The reason we need to have a panel is because, as I told the Medical Council last night when I met with them, we have been talking for nine months and, you see, the information given to Sen. Prof. Kenneth Ramchand is inaccurate and that is not—I mean, I understand. People sometimes give different versions of reality in order to present a case and they embellish the facts and so on.

When we first met with the Medical Council last year, nine or 10 months ago, and we spoke to them about amendments to the Medical Board Act, to a man they said no. So we then pointed out to them that the General Medical Council in England was reforming itself and had moved to the stage where there were 14 lay members on that Medical Council appointed by the government and they said, “Dah is England.” So I then pointed out that Jamaica and Barbados had changed their legislation to allow government appointees to the board and lay members and so on. They said, “Dah is those countries.”

I then went through the United States with them. They said, “Dah is USA.” I went to Australia and New Zealand they said, “Doh worry about that.” They said, “Dah is those countries. We doh want that here in Trinidad and Tobago.” That is the response that I got out of them, complete recalcitrance. They said, “Do not change a word in that Medical Board Act.” I mean, that is how we started, “eh”, and it has taken me nine months and, as I said, numerous meetings with them and correspondences to get them to reach the point now where they are beginning to think it might be a good idea to take a look at the Medical Board Act and see whether they might wish to amend it. I pointed it out to them and they had to admit it. I told them it took us nine months to go from here to there where you

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think you might want to consider. I say it is going to take another nine months before we can reach agreement because there is movement. There has been movement and I pointed out it will take another nine months to get to the point where you will agree that we have to repeal the Medical Board Act and replace it with modern legislation and deal with all the fundamental issues that affect the medical profession, and they agreed.

Look at the whole point about five years' experience. That is not a requirement that they impose on other doctors coming from India, Nigeria and from all these places—Iran, China and so on. They do not tell them that they have to have five years' postgraduate experience. Doctors coming out of UWI, as they walk out with the medical diploma they get registration with one day's postgraduate experience. We asked them, "Why are you imposing a requirement of five years' postgraduate experience on Cuban trained doctors but you are not imposing it on all the other doctors in the world?" Well they could not answer and I have correspondence here.

First letter is they want five years. Second letter, they still want five years. By the time they reached the fourth letter, the last letter that I received which was about a week ago, they have now conceded that the requirement that Cuban doctors should have five years' postgraduate experience before they are allowed to come here is unreasonable and they have now conceded that they have abandoned that requirement. It took me nine months to get to that point and we still have not got to the point because that did not give Sen. Prof. Ramchand all of the information. They gave him piece of the information.

In addition to demanding five years' postgraduate experience, they wished the graduates to be certified by the Ministry of Foreign Affairs as being fluent in English. Now, the guys from India do not have to be certified by the Ministry of Foreign Affairs as being fluent in English. The guys from Nigeria do not have to be certified, the guys from China, Iran and Turkey, they do not have to certify them and they are still there. Thus is where they are, demanding that the Ministry of Foreign Affairs certify the Cubans as being fluent in English. What is the meaning of "fluent" anyway? What does it mean? What is the legal definition of fluent? I am sure Sen. Seetahal would have some time with that one trying to define what fluent means. Who determines what is fluent? Is it Niherst? Is it the United Nations? Who? Is it the Queen of England?

So this is why we are before this Parliament today, because we have tried dialogue, we have tried consultation, we have told them that we wish to move the

legislation to be in line with other—they do not want to hear and, you know, as I said, after nine months this is where we have reached.

Look at the other conditions they put. The practice must be supervised by a specialist medical officer. Such persons would not be allowed to practise in services where specialist medical officers are not available; but there is another category of doctor called a registrar. You have a junior doctor who is termed a house officer, you have a registrar, which is someone who has done postgraduate training and is qualified to be a surgeon, and you have specialist medical consultant who is recognized as having practised for a particular period and distinguished himself or herself in the field and who has a private practice.

On the question of supervision, other house officers are supervised by registrars but not Cubans. Cubans must be supervised by consultants who do not work full-time in the public service. You see the recalcitrance of this Medical Council? They are putting conditions which cannot work because they are saying each one of these people must be directly supervised by a specialist who owns a private hospital and, as Sen. Prof. Ramchand said, in many cases are hardly ever in the hospital. I have heard stories of specialists. You know you have young graduates who are supposed to be supervised by specialists, not having met the person who was supposed to be their supervisor for six months. It is happening in the general hospital right now. So that for the council to say that the Cuban graduates must be supervised by a specialist, clearly, obviously they are setting up a situation where it is not going to happen. They are not going to register them.

As we go on, listen to this one. A performance appraisal report must be forwarded to the Council of the Medical Board at intervals of three months by both the specialist and the employer for the first year, including competence to practise medicine and the ability to speak English—every three months. I sent this to my chief medical officer. I asked him, you know, what is going on here? Listen to what he is saying.

“With regard to the conditions laid down by the board...”

This is from the chief medical officer to me:

“my advice is that it may not be possible to comply with these conditions, particularly since some of the Cuban doctors will be placed in the community where there will be no specialist consultant available to supervise them and I do not think that a review of competence and language skills every three months is practical and I am unaware that such a requirement has been in place with regard to doctors from Nigeria, India and the Philippines.”

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This is what my CMO is writing and telling me and he has been in the system now—he is almost close to retirement so he has been in the system now for more than 30 years and he is saying he is unaware that any conditions like these have ever been imposed; but these are the conditions they want to put on our proposal to bring in—and I could go on and on. I just read one letter.

So that I do not know if this clears up in the minds of people like Sen. Seetahal and so on that, yes, we are dealing with a recalcitrant council. It is a fact. They have tried their best to put every possible obstacle in the way. They have not even answered some of my letters to them. I can read a letter that I wrote to them about medical schools where I asked them to give me some information on the conditions that they have imposed on graduates from particular medical schools. I listed some of them because—I wrote to them on April 23:

“I would be grateful if you would advise me on the conditions that were applied, if any, for the issue of temporary licences or full registration to graduates from the schools on your list.”

They had sent me this list so I asked them, tell me what conditions were applied, especially the Higher Institute of Medical Sciences from Havana, because it was actually on the list, but they are telling me they would not register them: Universidad Eugenio Maria De Hostos, Dominican Republic and all non-British speaking schools in Europe, the Middle East, the Far East, and so on. They never replied to this letter. So we are there trying to get information out of them. What conditions do you apply to foreign graduates? “Doh” reply. The answer is zero, no reply; but coming back to whether they were willing to work with us or not, we went so far as to invite them to join us on our trip to Cuba.

January 22, 2003, a letter written by me to the Vice-President of the Medical Board, invitation to join a delegation to the Republic of Cuba:

“The Minister of Health will be heading a delegation to visit the Republic of Cuba over the period...”

This is actually before, January 08:

“January 18—25.

One of the main focus of the visit will be to explore avenues for the recruitment of...trained and registrable medical doctors for employment with the Regional Health Authorities...The team will also take the opportunity to observe the systems of health care delivery and management practiced in that country.

Towards this end, the Medical Board is invited to nominate a representative to be a part of the delegation.”

We sent similar letters to the Nursing Council and so on. They write back:

“We thank you for your invitation to be part of the delegation.

The Council of the Medical Board...is guided by the Medical Board Act (1960) in respect of its functions for...registration of medical practitioners...”

Et cetera, et cetera.

“The presence of the Medical Board in this exercise...to adjudicate on suitability for admission can prejudice its independence and erode (its) credibility...In these circumstances...we...decline the invitation.”

They refused to come with us to Cuba—refused.

So after I get this I write them back:

“Thank you for your letter...”

I wish to clarify the purpose of our invitation for a representative of the Council to join the delegation which is expected to visit Cuba shortly. The purpose is to give the representative of the Medical Council the opportunity to obtain first hand information with regard to medical education and systems for delivery and management of health care services in Cuba. This...I hope, would assist the Council when considering applications for registration from Cuban nationals who may be desirous of practising medicine in Trinidad and Tobago.

I wish to assure you that the Ministry is well aware that the Medical Council is not...a recruiting agency...I also wish to assure you that it is not our intention to compromise the Council in any way.

In light of the above, I hope that Council will reconsider its position and name its representative to join the delegation.”

They write back and say, “No; not coming.” So that is why I said that Sen. Prof. Ramchand did not have all of the information. He was given selective information.

For the last nine months the council has steadfastly refused, in fact they replied to the letter by saying the council reaffirms its position not to be part of the delegation to Cuba. That is what they told me in response. So that I hope this has enlightened hon. Senators to the situation with which we have had to deal and

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this is not unique to this Council. It is not unique. This has been going on for 40 years and this is what happens when you have an institution that is accountable to no one because when you look in this Medical Board Act they are accountable to no one. They report to nobody. This is a complete case of himself to himself to himself. Himself appoints himself and himself decides who can be a doctor, who can practise as a doctor and while we have a shortage here, councils for the last 40 years are denying persons such as Sen. Dr. Jennifer Kernahan the opportunity to practise their profession in this country.

Let us move on to Sen. Prof. Ramchand. He asked why is the panel necessary. Well I think I have given some reasons why the panel is necessary because we have 250 vacancies in the public health service. How are we going to fill them? The University of the West Indies is producing maybe 20 or 25 graduates into our system every year. The same amount leaves. We have a permanent shortage of 250 graduates. Until we can deal with this problem, one of the ways we are going to deal with it is to train more doctors. I have indicated we are giving scholarships to St. George's University as part of our effort. Of course we will also ask the university to see how quickly they can expand their output.

I expect the university of Trinidad and Tobago may be looking at this kind of thing as well; but the only way we are going to solve this problem, not in the short-term, in the medium term, with a shortage of 250 doctors and the local university producing 25 and 25 leave, is to—the regional university, sorry—is to bring in doctors who are not trained in Trinidad and Tobago. How else? You cannot go to a supermarket and pick up a doctor. You cannot buy it off a shelf. You cannot go to PriceSmart and go in the doctor aisle and say, “All right, oncologist, nephrologist, all right, ah go take ah paediatrician here.” You cannot do that. So the only way we are going to deal with this problem in the medium term is to import foreign doctors. We have no choice. Every other county in the world does it.

If you look at the metropolitan countries, the United Kingdom, the United States, all the developed countries in the world, that is what they do. They all have the same problem. There is a scarcity of doctors in the world. The demand exceeds the supply. Every country in the world is trying to import doctors into their country and Cuba has a surplus. Cuba has 89,000 doctors. For a country of only 11 million people, they have 89,000 doctors. They have 10 times per head of population as many doctors as we have in Trinidad and Tobago. They have 6,000 doctors working in foreign countries.

There are hundreds of Cuban doctors already working in Caribbean countries. We have been left behind by the rest of the region. Jamaica has Cuban doctors, Grenada has Cuban doctors and Guyana has Cuban doctors. There are Cuban doctors in the Bahamas working in private practice. In fact, I was visited by a major conglomerate—in fact, I will call name. I was visited by a colleague of Sen. Mark's just a week ago. Yes, I was visited by a colleague of Sen. Mark—*[Interruption]* I am going to name—who is going to Cuba. As a matter of fact, I think he is in Cuba now—who came to see the Ministry of Health for assistance in recruiting Cuban doctors to work in the private health care system in Trinidad and Tobago.

One of your colleagues, Carlos John, came to see me. He is now on the board of Healthnet, a Clico subsidiary, which is their medical network, and he has also realized that you cannot get doctors in Trinidad and Tobago because we are just not producing enough. He came to me. He is not bothered with this party position that I hear coming from over there. *[Laughter]* He came to me and asked me to assist him to recruit Cuban doctors and we gave him every assistance to do so. In fact, we gave him a letter of introduction to the Cuban authorities *[Desk thumping]* because I am not partisan. *[Interruption]* Well he will have to beg the council to register them. He will have to cross that bridge when—he may get them registered. Who knows? He may have some influence. The point is that—I mean, the viewpoint that we must be insular, that is an archaic view, hon. Senators.

I heard Sen. Prof. Ramchand also talk about a UNC Minister of Health asked a specialist doctor what would happen if he paid him more. The doctor said, “A lot.” He was paid more and the backlog was cleared in three months. That is not an accurate version of events. What happened at the UNC is they had a private practice programme. They did not pay more to work in the hospital. The only increase that medical doctors have got in the last seven years is from the PNM. *[Desk thumping]* The UNC never increased doctors' salaries. It is we who increased doctors' salaries. What they did was they had a programme of cataract surgery where they employed private doctors and paid them privately to do private operations on people and, if you are getting thousands of dollars per operation, of course “you go clear the backlog in three months”.

That is exactly what took place and, in fact, we in the Ministry of Health are looking at that approach as a short-term solution to some of our surgery backlog problems. In fact, we have invited proposals. We have not invited them from individual doctors because we felt that was not a correct approach. We have

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invited them from private hospitals. We have gone to the institutions which we believe are competent and invited them to submit proposals to us to do routine operations such as hernia repair, prostate operations, fibroids, things like that, and we expect to get these proposals very shortly. *[Interruption]* The same one, yes, who is the candidate in San Fernando, we sent him a request to find out if his hospital is willing to help us.

We are not partisan when it comes to health care. “I not interested. Dah is for the hustings.” We have invited all the private hospitals with the same doctors who are on strike over the last 12 months and asked them to give us proposals on how to clear the backlog of surgery because the emphasis is people. The Senators are right, you know. Sen. Bro. Noble Khan, he is right. The emphasis is on dealing with the issue. You want to deal with the problem. The last thing that one should ever be political about is health care. *[Desk thumping]* So those are some of the issues that I saw there. Let me move on now.

In terms—*[Interruption]* I know you all want to go but I have to answer all the questions of the hon. Senators opposite. I gave them an undertaking I will answer their questions, I intend to do so. I am a guest in this Senate. So the—*[Interruption]* I am not speaking for the press, I am speaking to the Senators opposite.

The hon. Sen. Prof. Ramchand was also told that I questioned the need for English and all of that. All that is just completely inaccurate—totally. Let me move on to—actually, in terms of language, a lot of Senators brought that up—Cuban students in fact do English as a compulsory subject throughout their training. Their problem is conversational English, that is the issue, because they do not get the opportunity to practise it as someone living in an English speaking country would. So that whereas they would have studied English throughout, they do not practise it and we have insisted that the group that is coming here are given instructions in conversational English.

In fact, my public servants have reported to me that between the time we went on the first trip in April and when they went back just two weeks ago, they met with the group again and, because of the instruction in English they have been giving them in Cuba, I have been advised and I accept what my public servants are telling me, that the use of English, the ability to communicate in English has improved tremendously, and we are not leaving it there.

When the Cuban doctors come to Trinidad, there will be an orientation programme. We are not going to allow them into the system immediately. We are

going to have a cultural orientation programme. We are going to have a language orientation programme. They will have to go to school. We are not irresponsible. We are not just throwing people into the system like that, and we are going to utilize all the experts in Trinidad and Tobago in cultural training and—
 [Interruption] Yes, perhaps the hon. Sen. Dr. Kernahan would want to help—and we are going to train them in their language skills, we are going to introduce them to the culture of Trinidad and Tobago and that is going to go on for a period of four weeks before we put them into the system. It is going to be an intensive course in conversational English and also in the culture of Trinidad and Tobago; but let me move on.

Sen. Seetahal asked if we are dealing with a recalcitrant board. Yes. The answer is yes.

With regard to rules and regulations, there was some confusion about rules and regulations and on page 8 of the Bill in new section 9B(3):

“The Panel shall have such power as is necessary for the discharge of its functions under this Act, including the power to make Rules to regulate its own procedure.

(4) In the exercise of its functions and execution of its powers, the Panel may be guided by any Rules or Regulations made by the Council under section 20.

(5) No Rule shall come into force or have effect until it has been approved by the Minister.’.”

So that this panel is not going to act in a willy-nilly fashion. Just like the Medical Board, they will have to produce rules. We have asked them to be guided by the existing rules of the Medical Council, they may wish to improve upon them, and they have to submit these rules to the minister for the minister’s approval and they then have to be published in the *Gazette* so that the public will be aware of these rules before the panel can commence its operations. So it is not an open-ended sort of open system as some Senators apparently believed.

In addition, when you go to page 10 and you go into the manner in which the panel will consider applications, and you go to page 10 subclause (2):

“The Council or the Panel...”

You see, we have added the words, “or the panel”:

“shall determine the nature and extent of a temporary licence...including—

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- (a) the time during which the licence remains in force;
- (b) the area to which it extends;
- (c) the nature and character of the work which may be performed...
- (d) such other terms and conditions as the Council or the Panel may deem expedient to impose.”

This is lifted straight out of the parent Act. This is what the council presently does in terms of dealing with conditions and so on. So the viewpoint that this is an open, wild thing is just not supportable when one reads the actual legislation, the issue that there are no rules and regulations and no conditions and so on. It is not so.

With regard to fees, I do not think lawyers who work for the State are required to pay fees. We are recruiting these people to work for the Government and if they had to pay fees we would have to pay them anyhow. We would have to give them the money to pay the fees so we did not see the point and, in any event, it is \$25 you are talking about. I mean, it is no vast sum of money you are talking about. So that we felt that since we are recruiting them directly from the United Nations and from foreign countries and so on through government to government arrangements, we would waive the fees.

Sen. Seetahal: Can I ask a question? At present, the other doctors who work for the State, do they pay fees?

Hon. C. Imbert: Pardon?

Sen. Seetahal: Doctors who are employed with the State—well then maybe you should extend the same privilege.

Hon. C. Imbert: Certainly. I mean, that is certainly something that we could look at, because the fees are paid to the Medical Council, “eh”. Those doctors who work for the State actually are registered by the council and they are allowed private practice, “eh”. So that there is some reason why there should be a fee; but, I mean, I would consider the view.

Sen. Seetahal also said the panel will be functioning at the say-so of the minister, but I went through a whole list of countries. I mean, in the United States, the governor is a politician. He is elected by ballot and in all the states in the United States it is the state governor, a politician, who appoints the panel, the whole panel. So that if one follows this argument then all 50 United States—and I think Sen. Arnim Smith got it a little wrong. I did not want to tell him that at the time—but in all 50 United States it is the politician.

Mr. Vice-President: Hon. Minister, your time has, in fact, expired.

Motion made, That the hon. Minister's speaking time be extended by 15 minutes. [*Sen. The Hon. Dr. L. Saith*]

Question put and agreed to.

Hon. C. Imbert: Thank you, Mr. Vice-President, and I will now try to go quickly through the—I have a lot of notes here, you know. I have made a lot of points so I will try to rush through because I do want to be courteous to the Senators opposite. I wish to be courteous to the Senators opposite. They have all asked me questions and I need to answer them.

I just want to give a little anecdotal information here, to use the lawyers' language. The Minister of Health in St. Kitts is a graduate of a Cuban medical school and when he returned from Cuba several years ago, the medical council in St. Kitts refused to allow him to practise medicine. The Minister of Health in Grenada is a graduate of a Cuban medical school and when she returned from Cuba some years ago the medical council in Grenada refused to allow her to practise medicine. So I mean, this antipathy by all of these post-colonial institutions is not confined to Trinidad and Tobago. I mean, it is an absurdity that you have two ministers in two Caribbean countries trained in Cuba and the council refusing to recognize their degree and refusing to allow them to practise as medical doctors, and it took some time before the councils conceded to condescend to allow those ministers to practise medicine.

Let me go to Sen. Amb. Thomas. Is this a contingency measure? I do not think it is appropriate to say it is a contingency measure. We have a shortage of 250 doctors. There is no other way to deal with it than to import foreign doctors and, based on my experiences over the last nine months, we cannot deal with the situation in a short time by submitting the application to the present council because they are philosophically, intellectually opposed to the very idea of registering these foreign doctors. They just do not want to do it. I am sure that over time, over the next year or so, with a lot of dialogue that it will happen. I am certain of it. I told them so yesterday and we all agreed that we are making a lot of progress, but we need health care now.

I cannot sit there and have another 10 meetings with the Medical Council pleading and begging them to allow the Government to bring in foreign doctors and pleading and begging them to change their mind and modify their conditions and so on. I would be irresponsible. I would not be faithful to my oath of office.

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That is the reason we have to do this; but I am accepting the recommendation of Sen. Amb. Thomas. You may have seen—I do not know if all Senators have got this amendment—that we are adding a new clause that:

“The Medical Board (Amdt.) Act, 2003 shall continue in force until 31st of July, 2008.”

So I am taking the five-year period on board and I am hoping that long before that, there will be a meeting of the minds, hopefully in one year, with the Medical Council about repealing the Medical Board Act and taking modern, progressive legislation, lifting it from some other country such as New Zealand or wherever and implementing that and there will be no need for the parent Act and this amendment Bill will also go by the wayside when we do that.

Then we can introduce lay members, non-doctors on the profession, we can have a mixture of people appointed by the Government and by the profession and perhaps even have representatives from other professional bodies such as the Law Association because there is a lot of law in the practice of medicine and so on and even have a forum where members of the public could nominate persons to serve on a medical council. So it is not a contingency measure, it is a short-term measure that we hope we can resolve within a reasonable period of time.

Sen. Amb. Thomas asked, is this the best way. It is the only way we can think of at this point in time because of the recalcitrance and the obdurate stance taken by the Medical Council.

Supervision, well, as I said, there are many doctors who are coming forward who will supervise them. “Why can the competence of the present board not be extended?” Because they do not want it. They said no, they do not want to do it. “Can a member of the council be a member of the panel?” Well, I do not think that would be appropriate. I think that would be a total conflict of interest. What I could say, however, is that we have already made approaches to some very distinguished doctors in the country and I think Senators would be very pleased when they see the type of distinguished personalities we are going to have on this panel once we get approval of the Parliament and certainly there will be persons who have served as members of council previously in previous years, very distinguished doctors, some of whom may even have been presidents of medical councils and served on medical boards in other countries as well, Trinidadians.

So that a member of the board, by definition, has to be a member of the panel but I do not think I want to introduce a conflict. Because of the current approach of the council where they are not in sync with us, philosophically they are not in

sync and they are imposing conditions, if we put members of the council on the panel, I think that is going to make a nonsense of the whole thing at this point in time; but certainly we will be having distinguished members of the medical board on the panel.

I see no problem with two streams. It is not two streams at all. They are all doctors. They are all delivering health care. They are all working in the hierarchical system of the firm with supervision and so on. Yes, one group will be licensed by a panel and another group will be licensed by the council, but they are all working under supervision, probably from the same senior doctors who will be members of the Medical Board. So the only conflict I see is if a militant group decides to create conflict, and I cannot legislate for that. I could only hope that whatever happens in that regard will be minimal.

Let us move to Sen. King. She spoke about accreditation and I could not agree more and that is where we need to move to eventually. Eventually there should be an independent accreditation body that assesses the competence of medical universities and comes up with—regularly updates a list of competent medical schools that would qualify persons to be registered to practise medicine in Trinidad and Tobago. That is where we have to go because it should not be the Government, it should not be the profession because in both cases we have situations where there could be, you know, some irregularity, so we have to go to that; but at present there is nothing.

The regional accreditation body that Sen. D. Montano spoke about is only in its infancy at this—it is in an embryo stage right now. It could take years. We think it will take about three to four years before that regional accreditation body gets to the point where it makes sense because you could have a body but nobody will recognize it. So you could be engaging in quackery where you create a regional body that nobody in the rest of the world recognizes; so your doctors, fine, they might be able to practise within the region but they would not be able to go abroad to practise, to specialize and so on. So we have to get it right and I agree that that is where we have to go, but it is not practical to try and put that in now because we just do not have the time. We need doctors now.

In terms of harmonizing the operations with the council, we have tried our best to guide the panel. That is why we have said that they should be guided by the existing rules and regulations of the council and in the way they issue licences and the conditions, we have lifted it straight out of the Act so that we hope that the panel will understand that we are hoping that they will harmonize with the existing practice of the council.

Sen. King: But Mr. Minister, if I could just ask you a question: why did you use the words “may be guided”? I think that is where we have a concern.

Hon. C. Imbert: Because there may be some practices of the council that are totally unreasonable at this point in time. We have to accept that that could happen because the conditions of supervision and so on are reasonable but the other conditions that they are trying to impose now that people must be fluent in English, they must be supervised by specialists and not registrars and so on, I do not think that is reasonable and I do not think that the panel should be circumscribed by that, and that is really why we put “may” in. Where the current practice is reasonable, I would expect the panel to follow it, but where it is unreasonable, we wanted to give them the flexibility to do something that they felt was reasonable, okay?

10.10 p.m.

In terms of the schedule of institutions, you will see in the amendments, what I have done. We had initially thought that as the panel approved universities and so on, approved persons with degrees, that we would amend the schedule, but I have changed it now where the panel—if you look at the amendment 6C—will now be examining the institutions. So there is a new 6(c) which says, “from a recognized institution approved by the Panel.”

So what the panel will be doing now, rather than the Minister amending the schedule, the panel will be assessing these medical schools and then determining a list of its own for these special temporary licences. That is why I brought that in, to take away the temptation of a Minister to go and willy-nilly amend the schedule. I do not know if there is anything else substantial. That was the last point I had from Sen. King.

Sen. Dr. McKenzie, are local people being trained to take over from the new Cuban radiographers? Well, we have a lot of training taking place at the present time in oncology. We have three nationals on a four-year degree programme in radiation therapy at McMaster University in Canada. They will graduate in 2004. Last year, 12 nurses completed a diploma in oncology nursing. They are now back in the public health system in Trinidad and Tobago.

We are talking now with Michener University in Canada to continue the training with the local Association of Radiographers. We have a local association and we are going to upgrade their skills by giving them scholarships to go abroad to train in oncology. So we are training people. The Cuban radiographers are the short-term solution. In fact, we are going to have a National Oncology Centre, one of the functions of which will be to conduct training for nationals.

Problems in understanding foreign medical personnel. As I said, we are going to have a comprehensive orientation programme. Okay. Quite a few of the other comments were supportive so I would not repeat supportive comments.

Mr. Vice-President: Hon. Minister, you have two minutes.

Hon. C. Imbert: Okay. Sen. Anmolsingh-Mahabir, actually I think I have dealt with most of the issues that the Senator has raised. Sen. Bro. Khan, how will the two groups work, as I said, I do not envisage any serious problems because we have many senior doctors coming forward to say they will be very happy.

You see, not every doctor wants to go on strike. It is a misunderstanding. There is a little militant group, maybe about 50 of them out of 1,000, but the way the profession is organized, there is a lot of peer pressure and so on, but there are many committed senior doctors who do not want to engage in industrial action. They cannot do their work because they cannot get junior doctors to work with them, because there needs to be a firm system.

They need to have a specialist registrar, house officer, to do surgery, for example. Surgery is not done by one doctor. It is done by a group of doctors, and they recognize that with the importation of these foreign doctors, we are going to be dealing with a long outstanding problem to allow them to do the work that they want to do.

We have a shortage of 40 junior doctors at the Port of Spain General Hospital right now, and it affects the ability of the senior doctors there to do surgery and to deal with patients on the wards, and so on. So I am not fearful. I think yes, there will be a bit of confusion where a militant group may try to disrupt this thing, but I think the vast majority of doctors are going to be committed to cooperating and working with us, because they know that this will help them to do their work better.

I think I have dealt with the other points that Sen. Bro. Noble Khan raised, and I dealt with Sen. Dr. Kernahan and Sen. Seepersad-Bachan at the beginning. I think I have answered, essentially, all the questions that were asked of me and I now ask Senators to join with me in supporting this Bill.

I thank you.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole Senate.

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Senate 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.

Mr. Imbert: Mr. Chairman, I beg to move that clause 2 be amended as circulated:

In the definition of “special temporary licence” delete the word “(1A)” and substitute the word “(1B)”

Question put and agreed to.

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

Clauses 4 and 5 ordered to stand part of the Bill.

Clause 6.

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

Mr. Imbert: Mr. Chairman, I beg to move that clause 6 be amended as circulated, as this allows for the inclusion of an additional power for the panel to register persons who establish to its satisfaction that they hold a diploma from a recognized institution approved by the panel. This would minimize the need for the Minister to amend the schedule. The amendment is as follows:

In the proposed subsection (1B)—

- A. Delete the word “or” at the end of paragraph (a);
- B. Delete the comma at the end of paragraph (b) and substitute a semicolon and the word “or”;
- C. Add a new paragraph “(c)” as follows—

‘(c) from a recognized institution approved by the Panel.’

Mr. Chairman, if I could just say something? I notice there is an amendment proposed by Sen. Mary King and it refers to clause 6, but that is the parent Act. We can deal with that later on.

Mr. Chairman: Any other comments on clause 6?

Sen. Seetahal: There is one cosmetic change. In (b) and (c) you have “from an institution” beginning both subclauses. I just wanted to say that consistent with

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clause 5 where you have “granted by an institution” maybe we should change the words because it would suggest there is a difference. It should be as follows:

“granted by an institution listed in the Schedule,” and “be granted by a recognized institution”.

Mr. Imbert: Accepted.

Question put and agreed to.

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

Clause 7.

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

Mr. Imbert: Mr. Chairman, we had an amendment to deal with an issue raised by one of the Senators opposite which would allow the book of special temporary licences to be open and subject to inspection by any person at all times. We wish to add a new subsection (3) in clause 7:

Add a new subsection (3) as follows—

“(3) The Book of Special Temporary Licences shall at all times be open and subject to inspection by any person on payment of a fee of one dollar.”

Question put and agreed to.

Clause 7, as amended, ordered to stand part of the Bill.

Clauses 8 and 9 ordered to stand part of the Bill.

Clause 10.

Question proposed, That clause 10 stand part of the Bill.

Sen. Seetahal: Mr. Chairman, I have one little amendment to section 18, at clause 10(b), which is as follows:

Insert the words “the person” before the word “signing”.

So it would read:

“Section 18 of the Act is amended by inserting after the words—

(b) ‘is the Secretary-Treasurer’, the words, ‘or the person signing as the Chief Medical Officer...’”

Mr. Imbert: I thank the Senator for that amendment, and I think we need to amend 10(a) to put “the hand of”. So, Mr. Chairman, I beg to move that clause 10(a) be amended as follows:

“By inserting the words “hand of the” between the words “the” and “Chief”.
So it would read “the hand of the Chief Medical Officer”.

Question put and agreed to.

Clause 10, as amended, ordered to stand part of the Bill.

Clauses 11 to 13 ordered to stand part of the Bill.

Clause 14.

Question proposed, That clause 14 stand part of the Bill.

Mr. Imbert: Mr. Chairman, I have an amendment which is to complete the situation so that it would be the board or a member thereof, or a person holding in a temporary licence. So what we are doing is indemnifying all members of the Medical Board and all persons holding temporary licences from acts or omissions of the panel. I beg to move that clause 14 be amended as circulated as follows:

In the proposed section 29A(2)—

Delete line one and substitute the following—

The Board, a member thereof or a person holding a temporary licence”

Sen. King: Mr. Minister, I am sorry, but do you mean a person holding a special?

Mr. Imbert: No, a temporary licence. In other words, a temporary licence issued by the Medical Council.

Sen. Seetahal: There is just one thing there. Seeing that in some places in the amendments you use temporary licence to include special temporary licence, is it then that you are relying on the fact that you have a holder of a special temporary licence in (b) to make it clear that when you use temporary licence in that new suggestion you do not include those? Because elsewhere I see you have temporary licence other than a special temporary licence when you do not want it. Is it then that you are just relying on that? The drafting people would be able to tell you.

Mr. Imbert: I think that is a very good point. I suggest that we add the words “other than a person holding a special temporary licence”.

Sen. Seetahal: It may not be necessary. The drafters could tell you. Because you have the board and these people may not be liable for the—

Mr. Imbert: You are correct. We should add the words “other than”.

Sen. Seetahal: I was suggesting that, but I was saying that in the context, maybe your draftspeople might have thought that it was necessary. That was my second suggestion.

Mr. Imbert: I have consulted with myself and my draftspeople—[*Laughter*] and you are absolutely right.

Could I ask Sen. Seetahal, I have a question here. I am in two minds. I believe we should, for completeness put, “other than a person holding a special temporary licence” My draftspeople are telling me we should for completeness put “other than a special temporary licence”. My proposal is “the Board, a member thereof or a person holding a temporary licence other than a person holding a special temporary licence”. You do not need to repeat person again.

So the wording would be:

“The Board, a member thereof or a person holding a temporary licence other than a special temporary licence”.

Question put and agreed to.

Clause 14, as amended, ordered to stand part of the Bill.

Clause 15.

Question proposed, That clause 15 stand part of the Bill.

Mr. Imbert: Mr. Chairman, I am seeing something here. There is a Faculty of Medical Sciences in Jamaica, so I would like to delete the words “Trinidad and Tobago” from the list of medical schools and just leave it as University of the West Indies Faculty of Sciences, because this would exclude graduates from Mona. I do not think we need to do that. I would like to delete the words “Trinidad and Tobago” from the Schedule. Leave the University of the West Indies Faculty of Medical Sciences. I am asking that clause 15 be amended as follows:

Delete the words “Trinidad and Tobago”.

Question put and agreed to.

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Clause 15, as amended, ordered to stand part of the Bill.

New Clause 15.

Mr. Imbert: Mr. Chairman, I propose a new clause 15 which reads as follows:

“Duration 15. The Medical Board (Amendment) Act, 2003 shall continue in force until 31st July, 2008.”

New clause 15 read the first time.

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

Sen. Seetahal: We were suggesting that the time period of five years is a little too long. Could it be 2006, having regard to the assurances that this is not going to be for a very long period? Mr. Chairman, 2008 is five years from now. We thought three years would be putting some reasonable sense of, not urgency—well three years is not that urgent anyway, but some kind of comfort that things would be done within three years.

Mr. Imbert: I am getting some differing opinions here, but how about four? What about 2007?

Sen. King: What about 2006?

Mr. Imbert: We are trying to compromise at 2007. The panel will function for three years in the first instance. They will issue licences for three years then issue them once again, so that after that, that would be the end of it. In the fourth year, that would be the end of it, if we get there. As I said, I am hopeful that we would not ever get to there. That is why I am thinking of four years. It would allow them to issue licences twice, and then that is it. So, 2007.

Question put and agreed to.

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

Question put and agreed to.

New clause 15 added to the Bill.

Clause 15 recommitted.

Question again proposed, That clause 15 stand part of the Bill.

Mr. Imbert: Mr. Chairman, I beg to move that clause 15 be renumbered as clause 16 and we would like to amend this clause as follows:

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Add the words "Trinidad and Tobago" and the word "Jamaica" above the words "University of the West Indies".

Question put and agreed to.

Clause 15, renumbered clause 16, as amended, ordered to stand part of the Bill.

Question put and agreed to, That the Bill, as amended, be reported to the Senate.

Senate resumed.

Bill reported, with amendment, read the third time and passed.

Motion made and question proposed, That the Senate do now adjourn to Tuesday, July 15, 2003 at 1.00 p.m. [Hon. Dr. L. Saith]

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 11.02 p.m.

WRITTEN ANSWER TO QUESTION

National Petroleum Marketing Company (Ex-employees Engagement)

The following question was asked by Sen. Carolyn Seepersad-Bachan:

85. Sen. Carolyn Seepersad-Bachan asked the Minister of Energy and Energy Industries:

- A. Could the Minister indicate if there are any ex-employees of the National Petroleum Marketing Company (NPMC) or any of its subsidiaries who have been engaged as consultants with the company from January 2002 to present?
- B. If the answer to (A) is in the affirmative, could the Minister indicate which of the said ex-employees/consultants (if any) were ever terminated by NPMC or its subsidiaries and the reasons for such terminations?
- C. If the answer to (A) above is in the affirmative would the Minister provide details of the contract between NPMC or any of its subsidiaries with the said consultants inclusive of the scope, cost and duration?

Written Answer to Question

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Pursuant to his reply to question 85, earlier in the proceedings, the Minister of Energy and Energy Industries (Hon. Eric Williams) caused to be circulated to Members of the Senate the following statistics:

APPENDIX "I"

TRINIDAD & TOBAGO NATIONAL PETROLEUM MARKETING COMPANY LIMITED

CONSULTANCY SERVICES FOR

GEBE INSTALLATION - ST. MAARTEN

*ERNSLY LIMITED

COMMENCEMENT & DURATION

- July to December, 2002.

SERVICES

See SCOPE OF SERVICES - (ATTACHED as APPENDIX I)

COMPENSATION & PAYMENT

PHASE I	-	TT \$48,000
PHASE II	-	TT \$14,000.00

* Mr. Ernest Williams submitted the proposal on behalf of Ernsyl Limited and provided the Project Management Services.

4.0 PHASE 1 PRE-TENDER

The following will comprise ERNSYL's scope of work for Phase 1:

1. Accept a detailed brief from NPMC
2. Together with NPMC, examine availability of all previous drawings, costing, documentation etc.
3. Examine previous documentation and assess applicability to new bid.
4. Design the facilities (as far as required based upon previous documentation).
5. Obtain and address NPMC's comments as to sufficiency, operability etc. of the design.
6. Prepare detailed and accurate costings for the construction of the proposed facility.
7. Prepare schedules for NPMC in sufficient detail for submission with the tender.

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5.0 PHASE 11

6.0 POST TENDER NEGOTIATIONS

The following describe the scope of work for this phase:

1. Examine NPMC's final bid to GEBE
2. Examine GEBE's "Items for Discussion" and assess financial and other implications
3. Attend meetings as required by GEBE and provide adequate responses.

APPENDIX "II"

TRINIDAD & TOBAGO NATIONAL PETROLEUM MARKETING COMPANY LIMITED

EXTRACT FROM SERVICE AGREEMENT

FOR MR. ERNEST G. WILLIAMS

COMMENCEMENT & DURATION

- This Agreement commenced on the 13th day of May in the year of Our Lord Two Thousand and Three and is to continue in full force and effect until the 12th day of September, 2003.

SERVICES

See **SCOPE OF SERVICES - NPMC'S LPG PLANT (ATTACHED)**

COMPENSATION & PAYMENT

- In consideration of the performance of the Services, the Client shall pay the Consultant the sum of Trinidad & Tobago Dollars, Thirty Thousand (TT\$30,000.00) per month on or before the last working day of each month.

SCOPE OF SERVICES NPMC' S LPG PLANT ONLY

1. Dialogue with all concerned with a view to ascertaining accurate present status of project.
2. Within five (5) days of engagement present to NPMC's C.E.O. exact status of project.
3. Review all design calculations including all calculations relating to work already done or in progress.

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4. Review all drawings, sketches etc.
5. Make decisions as to the adequacy or otherwise of calculations, drawings etc., as these relate to work already tendered and work to be tendered.
6. Review budget and make decisions as to adequacy or otherwise of same.
7. Review all work already tendered with regard to pricing, schedule, budget etc.
8. Review entire project with a view to obtaining savings and "best" schedule.
9. Make firm recommendations as to the "Way Forward". These recommendations to include financial, construction and schedule implications.
10. Plan, Supervise and Oversee any and all corrective work required.
11. Supervise and Oversee all remaining work required for the obtaining of proper statutory approvals.
12. Supervise and Oversee preparation of tenders for all remaining works.
13. Tender all remaining work and recommend awards.
14. Plan, Schedule and Project Manage all remaining work to completion and commissioning.
15. Provide on-time reporting on financial, construction, scheduling and any other matters as may be required for by the Company and for proper control of the project.
16. Prepare close-out report.

A P P E N D I X " I I I "
TRINIDAD & TOBAGO NATIONAL PETROLEUM MARKETING COMPANY
LIMITED

EXTRACT FROM SERVICE AGREEMENT
FOR MR. EDMOND ARNEAUD (THE CONTRACTOR)

DURATION

- This Agreement commenced on the 1st day of June in the year of Our Lord Two Thousand and Two and is to expire on 31st day of May, 2004.

SERVICES

- A. The Contractor agreed to undertake and deliver to the Company a study of potentially feasible options for the use of the Company's LPG Carrier "NP Enterprise" and more particularly described in the Scope of Work, hereto attached as Exhibit 'A'

Written Answer to Question

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- B. The Contractor also agreed to market the Company's Bahamian registered Vessels "NP Unity" and its LPG Carrier "NP Enterprise" and seek out affreightment opportunities for the carriage of clean petroleum products and LPG collectively referred to hereafter as ("the Products") as allowed, except the Company's own cargoes and to generally provide Ship Brokerage Services.

PAYMENT

- For the provision of the Services at (A), the Company paid the Contractor a fee in a sum equivalent in Trinidad and Tobago Dollars, to Five Thousand United States Dollars.
- For the provision of the Services at (B), the Company is bound to pay the Contractor a monthly retainer fee in the sum of Trinidad and Tobago Dollars Five Thousand (TT\$5,000).
- In addition, where the Vessels are engaged as a result of the performance of the Contractor's services, the Company agreed to pay the Contractor in respect of such engagement, the sum equivalent to two and one half per cent (2.5%) on the revenues earned by the Vessels, so engaged, as freight, dead freight and demurrage.

EXHIBIT "A"

TRINIDAD & TOBAGO NATIONAL PETROLEUM MARKETING COMPANY LIMITED

SCOPE OF WORKS

1.0 Framework

- 1.1 To undertake a study of potentially feasible options for the use of the Company's LPG carrier - M.V. "NP Enterprise".

2.0 Duration

2.1

3.0 Management

- 3.1 Alternative to current arrangement with Bibby Line.

4.0 Commercial

- 4.1 Prospective Regional markets.
 4.2 Availability and frequency of Affreightments.
 4.3 Convertibility of vessel from LPG carrier.

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5.0 Operations

- 5.1 Operational strategy/plan for vessel.
- 5.2 Marine technical services requirements.

6.0 Financial

- 6.1 Cost Benefit Analysis