SENATE

Tuesday, April 15, 2014

The Senate met at 10.00 a.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Mr. President: Hon. Senators, I have granted leave of absence to Sen. Shamfa Cudjoe and Sen. Dr. Rolph Balgobin who are both out of the country.

VACANT SEAT

Mr. President: Hon. Senators, I have received the following correspondence from His Excellency the President Anthony Thomas Aquinas Carmona SC, ORTT:

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency Anthony Thomas Aquinas Carmona, O.R.T.T., S.C., President and Commander-in-Chief of the Armed Forces of the Republic of Trinidad and Tobago

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
President.

TO: MR. SUBHAS RAMKHELAWAN

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, in exercise of the power vested in him, is empowered to declare the seat of a Senator to be vacant:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by the said paragraph (e) of subsection (2) of section 43 of the Constitution of the Republic of Trinidad and Tobago, do hereby declare the seat of you, SUBHAS RAMKHELAWAN, to be vacant, with effect from 10th April, 2014

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 10th day of April, 2014."

SENATORS' APPOINTMENT

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency Anthony Thomas Aquinas Carmona, O.R.T.T., S.C., President and Commander-in-Chief of the Armed Forces of the Republic of Trinidad and Tobago.

/s/ Anthony Thomas Aquinas Carmona O.R.T.T., S.C.
President.

TO: MR. STUART YOUNG

WHEREAS Senator SHAMFA CUDJOE is incapable of performing her duties as a Senator by reason of illness:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(b) and section 44(4)(b) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, STAURT YOUNG, to be temporarily a member of the Senate, with effect from 15th April, 2014 and continuing during the period of illness of the said Senator Shamfa Cudjoe.

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 14th day of April, 2014."

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency Anthony Thomas Aquinas Carmona, O.R.T.T., S.C., President and Commander-in-Chief of the Armed Forces of the Republic of Trinidad and Tobago.

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
President

TO: DR. AYSHA B. EDWARDS

WHEREAS Senator Dr. ROLPH BALGOBIN is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(c) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, Asha B. Edwards to be temporarily a member of the Senate, with effect from 15th April, 2014 and continuing during the absence from Trinidad and Tobago of the said Senator Dr. Rolph Balgobin.

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 14th day of April, 2014."

I must also tell you all, there is one more appointment which we have not received yet, that I will deal with later in the proceedings.

OATH OF ALLEGIANCE

Senators Stuart Young and Dr. Aysha B. Edwards took and subscribed the Oath of Allegiance as required by law:

Mr. President: Hon. Senators, I have just received further correspondence from His Excellency.

SENATOR'S APPOINTMENT

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Appointment of a Senator

By His Excellency Anthony Thomas Aquinas, Carmona, O.R.T.T., S.C., President and Commander-in-Chief of the Armed Forces of the Republic of Trinidad and Tobago

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. SC.
President.

TO: REVEREND JOY EVELYN ABDUL-MOHAN

In exercise of the power vested in me by paragraph (c) of subsection (2) of section 40 of the Constitution of the Republic of Trinidad and Tobago, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, do hereby appoint you, JOY EVELYN ABDUL-MOHAN, a Senator, with effect from 15th April, 2014.

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 14th day of April, 2014."

LETTER FROM SUBHAS RAMKHELAWAN

Mr. President: Hon. Senators, I have received the following correspondence from Subhas Ramkhelawan, dated April 14, 2014:

Dear Mr. President, (*President of the Senate*)

I take the opportunity to extend best wishes to my colleagues in the Senate, following upon my resignation as Senator on April 10, 2014. It has been an honour to work alongside all Senators in making laws intended for the greater good of the country.

Kindly extend to the staff of the Parliament, my appreciation for their willing support that was provided during my tenure in the Senate.

Finally, I thank you, Mr. President, for the many courtesies extended.

Yours sincerely,

Subhas Ramkhelawan

TRIBUTE
(ANR ROBINSON TC, OCC, SC)

Mr. President: Hon. Senators will, of course, be aware and recall that former President, Arthur N.R. Robinson, passed away recently. It is my intention to invite you to pay tributes to former President Robinson immediately after the lunch interval.

Thank you.

PAPERS LAID

1. Audited Financial Statements of the National Commission for Self-Help Limited for the year ended September 30, 2012. [*The Minister of Finance and the Economy (Sen. The Hon. Larry Howai)*]

2. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Regulated Industries Commission for the year ended December 31, 2012. [*Sen. The Hon. L. Howai*]

3. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Police Complaints Authority for the three months ended December 31, 2006. [*Sen. The Hon. L. Howai*]

4. Annual Audited Financial Statements of the Water and Sewerage Authority for the financial year ended September 30, 2009. [*The Minister of the Environment and Water Resources* (*Sen. The Hon. Ganga Singh*)]

10.15 a.m.

SPECIAL SELECT COMMITTEE REPORT

Planning and Facilitation of Development Bill, 2013
(Presentation)

The Minister of Planning and Sustainable Development (Sen. The Hon. Dr. Bhoendradatt Tewarie): Thank you, Mr. President. I have the honour to present the following report as listed in the Supplemental Order Paper in my name:

The Third Interim Report of the Special Select Committee appointed to consider and report on the Planning and Facilitation of Development Bill, 2013.

ANSWERS TO QUESTIONS

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Mr. President, there is circulated questions 20 and 43 for written answer and we are in a position to answer questions Nos. 68 and 70 and we ask for a deferral of the other for two weeks.

WRITTEN ANSWERS TO QUESTIONS

Methanol and Urea Industry
(Government Revenues)

20. Sen. David Small asked the hon. Minister of Finance and the Economy:

Could the Minister provide this Senate with the government revenues from the methanol and urea industry broken out into its component parts such as upstream royalties, taxes from gas sales and corporation taxes for the period 2010—2013?

Production of Oil in the Country
(Fiscal Gains/Losses)

43. Sen. David Small asked the hon. Minister of Finance and the Economy:

Could the Minister provide this Senate with:

(a) the fiscal gains/losses (if any) realized/incurred as a direct result of the application of the fiscal incentives intended to stimulate the production of oil in the country; and

(b) the cost-benefit analysis that quantifies how the country will earn value for money as a direct result of these incentives that are intended to stimulate exploration and development investments?

Vide end of sitting for written answers.

ORAL ANSWERS TO QUESTIONS

The following question stood on the order paper in the name of Sen. Camille Robinson-Regis:

Contract WTC 197/2011 by WASA (Details of)

69. A. Would the hon. Minister of the Environment and Water Resources indicate whether an investigation has been launched into allegations of bid-rigging, in respect of Contract WTC 197/2011 issued by WASA, in the sum of approximately $70 million dollars?

B. Would the Minister indicate the status of this investigation, if indeed, one is ongoing?

C. Would the Minister confirm whether this allegation of bid-rigging, or any related conduct, was reported to either the Auditor General, the Integrity Commission or to the police?

D. If the answer to C is affirmative, would the Minister indicate when was/were this/these report(s) made and what is the status of this/these report(s)?

E. If the answer to C is negative, would the Minister say why no report was made and further indicate whether there is any plan or intention to do so? If so, when?

F. Would the Minister also indicate whether the person or persons who was/were suspected to be involved in this matter is/are still in office or whether such person or persons has/have been suspended, pending the outcome of this investigation?

G. Would the Minister further indicate what interim measures, if any, have been taken to protect the authority and the taxpayers of Trinidad and Tobago from the type of conduct that brought about these allegations and investigation?

H. Would the Minister provide the names of the companies which bid for the said contract and which company actually emerged as the awardee, in the process now under investigation?

I. Would the Minister say whether this contract award is the subject of any court proceedings?

Question, by leave, deferred.

NAPA
(Hotel and Restaurant Components)

68. Sen. Camille Robinson-Regis asked the hon. Minister of Arts and Multiculturalism:

A. Would the Minister indicate whether the hotel and restaurant components at the NAPA are being utilized?

B. If the answer to (a) is affirmative, would the Minister indicate the way(s) in which these components have been so utilized thus far?

C. Would the Minister outline the Government's plans and/or prospects for using the NAPA as a means of generating income during the current fiscal year?

D. Would the Minister indicate, the total revenue earned by the NAPA for the period July 01, 2010 to December 31, 2013; the number of events staged at this facility and whether government departments which use this facility are made to pay for its use?

The Minister of Arts and Multiculturalism (Hon. Dr. Lincoln Douglas): Morning, Mr. President. The hotel and the restaurant at the NAPA are under the purview of the Ministry of Tourism, so therefore, I am taking it that parts A, B and C of the question are misdirected and should be directed towards the Ministry of Tourism.

Part D of the question deals with the total revenue earned by NAPA, through the Lord Kitchener, Aldwyn Roberts Auditorium and is as follows.

July 01, 2010 to December 31, 2010	$460,548
January 01, 2011 to December 31, 2011	$977,660
January 01, 2012 to December 31, 2012	$885,550
January 01, 2013 to December 31, 2013	$743,525
Making a total of	$3,067,283

The number of events staged at the facility from July 2010 to December 2013 is 454 events. The government departments are required to pay—that is part C of the question—to use the facility, however, they are given a 35 per cent discount of the corporate fee. Thank you, Mr. President.

Sen. Robinson-Regis: Supplemental question, Mr. President: given what the Minister said about part A of the question, I wonder why he did not answer part C, if I can just get clarification because part C talks about outlining the Government's plan and/or prospects for using the NAPA as a means of generating income during the current fiscal year. That was specific to NAPA itself; not the hotel and restaurant.

Hon. Dr. L. Douglas: Well, the Ministry's and the Government's plans and prospects for using NAPA as a means of generating income is what it is. We have facilities that are for rent and those facilities we rent out throughout the year. For the most part throughout the year, they are fully booked. However, there is the marketing of the facility. Some of the yard space and surrounding areas are also used for events—that can now be rented.

During the week we have encouraged and continue to encourage the citizens of Trinidad and Tobago and organizations to host more events during the week. Most people tend to want to use the weekend, but we are encouraging the use of the facilities during the weekend and we are also encouraging the use of various types of events that can be held at the NAPA. These are some of the plans and the prospects we have for increasing the use and the income during the fiscal year.

Sen. Robinson-Regis: Further supplemental, Mr. President: given the Minister indicating at the last sitting that there were some concerns regarding the maintenance of NAPA, is he still going to rent out the facility before fixing what he said were numerous problems at NAPA as he put it? Is he going to rent the facility even though there are numerous problems as he put it?

Hon. Dr. L. Douglas: Mr. President, I was due to come back and answer that question, but at the last sitting I understood that they wanted this answer in writing. So, if you want me to deal with that question now, I can deal with the causes of those problems and how you know—as pertains to that question, we have dealt with that question at the last event and you all have asked for an answer in writing.

Mr. President: I suggest that you should restrict your answer to the question at hand. What has occurred on the last occasion, while it may be connected, is not something that should be dealt with on this occasion.

Sen. Robinson-Regis: Mr. President, if I may, perhaps the Minister did not understand what I was asking as a supplemental question. The Minister has indicated that the Government will continue to rent NAPA to various agencies, to citizens of Trinidad and Tobago. On the last occasion, even before he undertook

to give us the information in writing, the Minister indicated that there were various problems with NAPA as it relates to maintenance and the like. I am asking whether, given those problems as the Minister outlined them at the time, it is judicious to rent NAPA to these various organizations before the myriad problems that the Minister outlined are resolved.

Hon. Dr. L. Douglas: Mr. President, seeing that the Senator wants to get into this, let us get into it.

As to date, we have identified, at NAPA, close to 300 flaws in the building. This does not make the building "unrentable", if that is a word, but what it indicates is that these are not related to maintenance issues. These are related to supervision to the past UDeCott regime under Mr. Calder Hart and company, who refused to exercise proper judgment in the quality of material that was used as well as the standard of workmanship to give us a building that continues to deteriorate, that is not related to maintenance.

The non-functioning of the stage at NAPA is not related to maintenance; the inability of the stage to slide back and forth or forwards and backwards is not related to maintenance; the breaking down of the air condition unit or the different type of 380 degrees voltage used on a building which we do not have in Trinidad and Tobago—volts—all right, do not wet your shorts—is not related to maintenance. These are problems that are related—I did not want to get into this—these are not related to maintenance issues. There are very few issues that are—the issues that are related to maintenance—

Hon. Senator: She is not paying attention.

Hon. Dr. L. Douglas: You do not want the answer now that you ask? [*Crosstalk*] Try and stay quiet, you might learn something.

Mr. President: Silence to the Minister, please.

Hon. Dr. L. Douglas: So, contrary to the newspaper headline, the building is not falling down, but there is a significant number of problems related to quality. We are in the midst of addressing those issues; we are working with the contracting company and UDeCott to get all of these issues resolved. The building is rentable. To the extent that the stage cannot slide backward or forward, you can still stand on it and sing. So it is still available to be rented. [*Crosstalk*]

Mr. President, this morning, again, I checked with my operations people and they handed me a CD. I can make it available for you to look at—you can lie in your bed and look at it—with flowing issues that are related to workmanship and

quality of material. This was all under your supervision. So, please, I am trying to answer your question in a straightforward manner. We are working with what we have and we will continue to rent the building. It is not falling down, but there are lots of issues to be addressed.

Sen. Al-Rawi: Further supplemental: Mr. President, I am just slightly confused. Hon. Minister, is it that you have redirected this question, as would have been considered by the Secretary of Cabinet when filed and approved by the President to the Minister of Tourism? Is it that?

Hon. Dr. L. Douglas: No, I was just stating the facts, Sen. Al-Rawi, with regard to the question as it relates to me.

Mr. President: May I point out—

Hon. Dr. L. Douglas: I answered and the parts that are not related to me, I have not answered.

Mr. President: Ministers, may I point out to Senators that to the extent that there seems to be the implication that the President is supposed to be aware of the portfolio of each person to whom a question is directed, I do not think that falls within my purview. I do understand that if a question is asked that does not fall within the purview of a particular Minister, it may be redirected to someone else; but to the extent that you refer to the fact that I have approved the question and, therefore, it must be answered is the insinuation underlining that, then I have to point out that that is not the President's role.

Sen. Al-Rawi: Mr. President, if I may just clarify this issue. [*Interruption*] The Government is very concerned about my mailbox. You may want to do a mop up on aisle one. I did not mean to impugn anything about you. I asked whether the Minister had redirected the question—and I am just looking for that answer. Has he directed the question to the Minister of Tourism? It is a simple question to him, either he has or he has not. [*Crosstalk*]

Hon. Dr. L. Douglas: I am not sure if you are trying to involve the President.

Sen. Al-Rawi: I am asking you a question.

Hon. Dr. L. Douglas: Well, it is a non-question, so I will not answer the question. Ask a question, "nah"?

Sen. Al-Rawi: Further supplemental: have you redirected, hon. Minister, this issue to the Minister of Tourism? I cannot understand how a Minister could not answer a question like that.

Sen. Robinson-Regis: He is getting instructions.

Sen. Al-Rawi: I do not see why Dr. Khan has to instruct the—[*Inaudible*]

Hon. Dr. L. Douglas: That is not a question; it is a statement. If you want to make your statement, make your statement. Do not ask me a non-question.

Mr. President: Hon. Minister, are we answering the question?

Hon. Dr. L. Douglas: Yes, the question has been answered.

Mr. President: You have another supplemental, Sen. Al-Rawi?

Sen. Al-Rawi: I will take that non-answer in the context that a line Minister is capable.

Further supplemental: hon. Minister, you said, we are encouraging events and plans in relation to the usage of NAPA—and I put it in the context, my own words—of revenue generation. May I enquire who the "we" is? [*Crosstalk*]

Hon. Dr. L. Douglas: The Government of Trinidad and Tobago through the Ministry of Arts and Multiculturalism and the members of staff of the NAPA.

Sen. Al-Rawi: Further supplemental: is there a specific entity in charge of NAPA within your Ministry that does the planning for revenue generation at NAPA?

Hon. Dr. L. Douglas: Sen. Al-Rawi, file another question, please.

Sen. Al-Rawi: Further supplemental: is it that you are unaware, hon. Minister, as to that simple answer? [*Crosstalk*]

Mr. President: Sen. Camille Robinson-Regis.

WASA Developmental Works (Water Delivery in Trinidad and Tobago)

70. Sen. Camille Robinson-Regis asked the hon. Minister of the Environment and Water Resources:

A. Would the Minister indicate the total sum spent by WASA on developmental work designed to improve the range and frequency of water delivery in Trinidad and Tobago between January 01, 2011 to the present?

B. Would the Minister indicate the locations of this development work?

C. Would the Minister indicate the five (5) main aspects of this development work?

D. Would the Minister further indicate the amount of money received by WASA from loans/facility agreements from any source affected by WASA between June 01, 2010 to the present date?

E. Would the Minister indicate the total amount paid by WASA in loan repayments on an annual basis as at December 31, 2013?

F. Would the Minister provide this Senate with copies of all loan agreements now being negotiated/finalized and not yet disbursed? If so, would the Minister indicate the other party, the loan sum proposed, the interest rate, the duration, the annual repayment as proposed?

G. Would the Minister indicate whether there are any pending agreements/contracts, in respect of the answer provided at C above?

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Mr. President, this question has several parts. Part A, the total expenditure on developmental work designed to improve the range and frequency of water delivery in Trinidad and Tobago between January 01, 2011 and January 31, 2014 is $1,166,297,523.

Part B, the developmental work was carried out throughout Trinidad and Tobago and there are some 823 projects. I will now proceed to outline, in a general form, and then go into detail on these projects, constituency by constituency.

10.30 a.m.

Constituency	No. of Projects	Amount $
La Horquetta/Talparo	28	63,126,657.66
Caroni Central	33	28,334,724.25
Caroni East	41	40,328,001.73
Chaguanas East	16	27,578,647.78
Chaguanas West	43	36,850,343,08
Couva North	43	35,514,825.43
Couva South	29	32,495,913.26
Pointe-a-Pierre	8	7,541,547.18
San Fernando West	1	5,030,606
Moruga/Tableland	12	15,490,797.85

Constituency	No. of Projects	Amount $
Mayaro	14	22,500,626.94
Naparima	14	7,232,727.29
Princes Town	24	17,594,666.91
Tabaquite	31	38,618,891.42
San Fernando East	1	476,190.32
Fyzabad	11	8,604,179.78
La Brea	14	3,482,772.76
Oropouche East	12	8,064,290.84
Oropouche West	4	1,188,598.44
Point Fortin	9	26,653,568.55
Siparia	70	70,337,698.84
Port of Spain South	7	4,587,479.31
Port of Spain St. Ann's East	12	6,825,890.97
Port of Spain St. Ann's West	3	932,886.21
Diego Martin North/East	9	7,684,457.93
Diego Martin West	29	41,340,828.32
Diego Martin Central	6	2,770,168.57
Laventille West	5	2,590,890.80
Laventille East	11	7,194,967.37
San Juan/Barataria	31	25,397,679.94
St. Joseph	49	58,300,048.59
St. Augustine	9	6,205,383.54
Lopinot/Bon Air West	6	1,795,205.42
Tunapuna	11	7,507,320.73

Constituency	No. of Projects	Amount $
D'Abadie/O'Meara	26	13,548,950.40
Arouca/Maloney	4	1,188,566.58
Arima	21	9,233,280.13
Cumuto/Manzanilla	21	54,804,954.89
Toco/Sangre Grande	59	57,690,356.39
Tobago East	21	19,426,981.08
Tobago West	24	54,055,657.08

That is the General.

Sen. Ramlogan SC: Let us get the details.

Sen. The Hon. G. Singh: Okay, since you insist. For purposes of time, Mr. Speaker, I will give a sense of the spread. So, we will do La Horquetta/Talparo; we will do Siparia; Diego Martin West and Tobago West. [*Crosstalk*]

Projects in La Horquetta Talparo:

Projects	Amount $
Solzano Drive Arena, from LP 15 to 52	301,613.49
Lalsingh Avenue, Talparo	202,310.41
Paltoo Road, Todd's Road, Talparo	538,416
Stephen Road, Todd's Road, Talparo	362,713.78
Baliram Street, Todd's Road	282,991.77
Baboolal Trace, Todd's Road, Talparo	347,084
Todd's Station Road, Talparo	2,387,733
Todd's Road Extension, Todd's Road, Talparo	759,178
Maple Drive, Todd's Road, Talparo	89,195,000.27
Solzano Street, San Raphael	294,524
Hall Street, Todd's Road, Talparo	180,016

Projects	Amount $
Mango Rose off San Raphael	347,173
River Drive off Cumuto Tumpuna Road, San Raphael	189,027
Savannah Drive, Brazil Village, San Raphael	237,681
Todd's Station Road and Sunnilal Trace, Caparo	2,237,773.50
Side Street off Sunnilal Trace, Todd's Station Road, Caparo, Phase 1	333,135.45
Side Street off Sunnilal Road, Todd's Station Road, Caparo, Phase 2	333,135.45
Side Street off Sunnilal Road, Todd's Station Road, Caparo, Phase 3	333,135.45
Todd's Station Road, Talparo	2,800,000
Dan Avenue, Todd's Station Road, Talparo	1,200,000
Mundo Nuevo Road, Talparo	492,893
Moonan Road and Lovers Lane, O'Meara	2,160,421.57
Cemetery Street, Mundo Nuevo, Talparo	277,906
Las Lomas Water Treatment Plant to Caroni	19,973,559.01
Arena Service Reservoir Support Pipe Line Phase 1	9,000,000
Arena Service Reservoir Pipe Line Phase 2	9,000,000
Hardaway Road, La Horquetta	465,000
Package Water Treatment Plant, Talparo	8,000,000

Siparia:

Projects	Amount $
Temple Street, Digity	361,600
Mendez Phase 2	895,200

Projects	Amount $
La Brea Trace Extension, Siparia	120,000
Sunrees Road off Scotts Road	412,000
Chitar Trace, Penal	233,000
Salena Rookmin Avenue, Barrackpore	633,701.15
Neama Trace off Rochard Road, Penal	364,922.25
Gosine Avenue off Sunrees Road, Penal	229,600
Dil Mohammed Trace off Penal Rock Road, Penal	258,519
Katwaroo Branch Trace	90,000
Sirju Sadhoo Trace, Thick Village, Siparia	210,699
Mackel Road, Siparia	552,067.18
Haggard Trace, Penal Rock Road	193,600
Syne Trace, Syne Village, Penal	453,600
Dubatee Trace, De Gannes Village, Siparia	158,153.40
Kanhai Lane, Penal	257,600
Ramcharan Trace, Siparia Old Road	244,000
Clarke Road to Rock Road along Rochard Road	4,599,000
Matura Road, Charlo Village, Siparia	535,500
Coora Hernandez Road	1,683,300
Dass Trace and Sunrees Road, Penal	305,081.59
La Patilla Trace, Rochard Road, Barrackpore	328,440
Sunrees Trace, St. John, South Oropouche	367,710
No. 23 Siparia Erin Road, Palo Seco	132,090
Ramsubhag Trace, Rochard Road, Barrackpore	343,968.61
Lame Trace, Quinam Road, Penal	475,356.84
Bunsee Trace, Rock Road, Penal	475,356.84

Projects	Amount $
Ali Mohammed Avenue, SS Erin Road	411,600
Cunjal Road, Rochard Road, Barrackpore Phase 1, 2, 3 and 4	8,517,785.97
Station 10 Road, Penal, Quinam	386,000
Gamoh Trace, Mendez Penal	698,000.24
Gonzales Branch Trace	365,795.79
Julian Trace, Rochard Douglas Road	290,000
Smart Avenue	852,911.53
Isaac Trace, Morne Diablo Main Road, Penal	688,621.50
Bess Trace, Penal Rock Road	938,587.15
Goodman Trace, Penal Rock Road, Penal	866,648.48
Goodman Trace and Goodman Branch Road, Clarke Rochard Road	850,395.48
Grant Trace, Penal	558,917
Mendez Village, Siparia Phase 1	417,758.76

10.45 a.m.

Project Areas	Amount $
Ragoonanan Trace, Rochard Road, Penal	331,919.10
Ribeiro Trace, Penal Rock Road, Penal	468,144.90
Sunrees Trace, South Penal	250,080.55
Clarke Road mains replacement	66,656,857.95
Rochard Road, Phase 1, 2 and 3 and 4	3,250,260
Ramdass Trace Extension, Siparia	51,521

Projects	Amount $
Solomon Knox Road, Lachoos Road, Penal	843,123
Jagroop Trace, Penal Rock Road, Penal	278,466.07
Musarap Trace, Rochard Douglas Road, Barrackpore	386,060.80
Siparia to Penal	4.3 million
Rajack Avenue, Barrackpore	7,269.80
Nagassar Trace, Penal	627,603.67
Siparia No. 2 tank to Penal waterworks	10,887,357.68
Ramsubhag Trace, Rochard Road, Penal	373,450.06
Jaipaulsingh Second Branch Road, Barrackpore	416,400
Ragoonanan Trace, Rochard Road, Penal	331,919
Clarke Road potable water treatment and storage tanks	7,200,000
Upgrade of the Penal Water Treatment Plant	814,787.12
Penal Water Treatment Plant: replacement of defective valve, electric actuators and all instruments associated with the three gravity filters at the Penal plant	1.5 million

Mr. President, Diego Martin West:

St. Lucien Road	2.4 million
Pioneer Drive, Cameron Road, upgrade of booster station at Cameron and Morne Coco Road	1.1 million 1.4 million
Carenage	950,000
Bayshore	600,000
Bayshore	640,000
La Horquette Valley Road, a new booster	850,000
Carenage, Tucker Valley	3,225,000
Four Roads, Diego Martin, Mains installation, upgrade of four water treatment plants	3,650,000
Tucker Valley	1.950 million
Chaguaramas	2,590,000 960,000
West Winds off Manning Street, Diego Martin	799,500
L'Anse Mitan Road to Big Yard across country, Carenage	539,634.78
Edward Street, Diego Martin	57,200
Fitz Allan Street, Point Cumana	104,536
Covigne Road, two phases	1,333,720
Covigne Road	1,006,795.78
North Post Road along St. Lucien Road to Sierra Leone, Diego Martin	2,044,000
Ascot Street, Glencoe	669,022
Brook Road off Goodwood Avenue, Goodwood Park, Diego Martin	372,325

Factory Road, Diego Martin	492,893.29 604,667
Carvi Crescent, Pioneer Drive, Petit Valley	694,402
Macqueripe Road, Tucker Valley, Chaguaramas, Phase 1 Phase 2	1,089,112 1,252,916
Riverside Road, Glencoe	236,268.21
Covigne Road, Diego Martin	1,006,795.78
Palmer Circular, off Scott's Drive, Petit Valley	136,080
Big Yard, Carenage, two phases	238,052.44
Gokool Street, Diego Martin	724,302.01
Construction of the Covigne booster station	1,861,526.08
Construction and replacement of the submarine waste water cable and line and upgrade of the lift station at Point Gourde	5.92 million

Mr. President, making a total in Diego Martin West of $41,340,828.32.

Hon. Senator: Finally getting water. [*Crosstalk*]

Sen. The Hon. G. Singh: We now move to Tobago West, Mr. President. The question asked for developmental work throughout the country. I can go through each of the 41 constituencies in detail, but I have done a spread. [*Interruption*]

Tobago West:

Old Government Farm Well Road to Signal Hill pipeline	1.3 million
Courland Water Treatment Plant to Buccoo Junction	44,200,000
Arnos Vale Road	417,440

Carnbee No. 1, Post Box 26	54,057.24
Church Street, Lowlands	152,864.99
Earl Belfast Trace, Lowlands	118,874.51
Pigeon Point	1,325,880
Road Reserve off Milford Road, Canaan	162,510.08
Bridge Hill, Les Coteaux	72,897.75
Guinea Grass City via Bethesda Village, Crown Trace, Tobago	130,117.05
Guinea Grass Trace	142,172.55
Bruce Lane, Patience Hill	131,930
Buccoo New Road Extension, Buccoo, North of Victor Solomon	144,777.59
Cadiz Trace, Bethel, near the credit union	50,685.88
Extension Road, Mary's Hill	247,163.81
George Street, Prospect, Black Rock	197,430.71
Hampden, Lowlands from highway	108,309.56
Betsy Hope, LP 878	164,562.12
Middle Street, Bethel	487,077.42
Road Reserve off Bethel Number 3 near Baptist church	172,338.73
Henry Lane, Lambeau	133,567.09
George Street, Canaan	360,000
Upgrade of Courland Water Treatment Plant	3,000,178
The Mount Irvine Well	600,000

Mr. President, making a grand figure for Tobago of $73 million combined with—Tobago West is $54,055,657. There are 45 projects in Tobago East and West.

As a result of this investment, we have moved the water availability from 18 per cent in 2010 to 58.8 per cent in 24/7, [*Desk thumping*] and I can share this with Members of this honourable Senate, the graph reflecting the investment and the rise in the availability to our customers.

The question continues: would the Minister indicate the five aspects of this developmental work? One: we optimized plant production at major sources, so we refurbished the major WASA production sources at Caroni Water Treatment Plant, the Navet Waterworks, Hollis Waterworks, North Oropouche Water Treatment Plant.

Secondly, we optimized the production in the localized areas, and this is done through the completion of the 4.6 million gallons daily at the Point Fortin Seven Seas Plant, which was entered into by the previous administration; the construction of four potable water treatment plants in Talparo, Mathura, Penal and Point Fortin, with a total capacity of 2.2 million gallons. The takeover upgrade of the Petrotrin Techier Water Treatment Plant; the refurbishment of water treatment plants at Freeport, Acono on the Maracas Valley, Las Lomas, Penal, Carlsen Field and Tompee; the drilling and equipping of wells in Point Fortin, Chatham, Louis D'or, Cap-de-Ville, Valsayn, Freeport.

Thirdly, we increased the capacity of the transmission and distribution systems within the localized areas. So there was the replacement of the Navet trunk main between Tabaquite and Corinth; the replacement of high leakage main, like the 80-year-old Hollis main; the Maracas Royal Road; Barrackpore; Las Lomas; Chase Village and Courland to Buccoo; the installation of transmission pipelines for connectivity with Gasparillo, Golconda, Santa Cruz, Penal, Biche and Bacolet to Signal Hill; construction of smaller distribution pipelines to deliver to the customers across Trinidad and Tobago—I outlined in four constituencies, and I have available what we are doing in all 41 constituencies, in the installation of the smaller pipeline infrastructure; construction of new booster stations at South Oropouche and Claxton Bay, and the refurbishment of boosters at Biche, Le Platt, Guaico, Bagatelle, St. Ann's and Cap-de-Ville, and the construction of a new service reservoir at Mayaro.

Fourthly, institutional strengthening and control: we did ground water monitoring; hydrological and hydrogeological assessments; and fifthly, the building of a public awareness campaign through pressure control and through demand management and public education.

Part D: For the period June 01, 2010 to the present date, the authority received money from two separate sources: net proceeds from TT $1.335.9 million fixed rate bond from Citicorp Merchant Bank, which amounted to $928,444,338.22 on March 28, 2011.

Two, an overdraft facility agreement of $420 million from RBC Royal Bank Trinidad and Tobago Limited on June 18, 2013, and was awarded loans from the Inter-American Development Bank.

We had a US $50 million loan for the construction of waste water facilities in the Maloney catchment, and part was for VESP, Voluntary Early Separation Plan, and part was for institutional strengthening, and this is in the waste water area.

In addition to that, Mr. President, we had a multiphase waste water rehabilitation programme, and a loan of US $546 million was approved for the Water and Sewerage Authority. Phase 1 is US $246.5 million, phase 2, US $1 million; phase 3, US $200 million; from the Inter-American Development Bank.

Sen. Robinson-Regis: That is the breakdown?

Sen. The Hon. G. Singh: Yes, that is what gives you the US $546 million.

The funds will finance the first stage of a three-phase programme aimed at curbing discharge of untreated waste water. The total three-phase programme is aimed at improving Trinidad and Tobago's environmental conditions by reducing uncontrolled discharge of untreated waste water.

11.00 a.m.

Mr. President, Trinidad and Tobago introduced centralized sewer and waste water systems in the 1960s. Since then the sewage collection and treatment infrastructure has grown with the idea of building few regional centralized catchment-base systems in the whole country. However, this infrastructure nowadays only covers 30 per cent of the population, with a few large waste water treatment plants not operating at full capacity. This IDB programme is to assist the Government in aspects related to the rehabilitation and expansion of these large treatment plants in Trinidad and Tobago.

Phase one will focus on the construction of two waste water treatment plants in San Fernando and Malabar catchment respectively, and their attendant trunk sewers.

Phase two is to be supported by a hundred million-dollar IDB loan with continued institutional strengthening efforts and integrate the sewage network for connection to the new waste water treatment plant.

Phase three, with $200 million, will expand the waste water collection system to cover the population in catchment areas that are currently using septic tanks and other individual sanitation solutions to treat waste water.

In addition to these IDB loans, Mr. President, in order to tackle the waste water issue in Tobago and to seek to sustain and strengthen Tobago's tourism economy, we sought and got grant funding which is to the tune of US $2.7 million. This was provided through the IDB, a National Wastewater Revolving Fund which is in the process of being established with capital contribution from GEF CREW. The GEF funding is grant funding. The function of the National Wastewater Revolving Fund is to receive and review applications pertaining to the overall objective of this project.

So that therefore, what we will be doing with the GEF funding is to now connect the waste water in the Scarborough area to the treatment plant because when it was built there had been minimal connection, and this funding, CREW funding, will now seek to fund that and do it by way of grant funding.

Part E. For the years 2010 to '11, that is from the 01/10/2010 to 30/09/2011, $414,304.75.

Hon. Senator: That is TT, right?

Sen. The Hon. G. Singh: Yeah. TT; these are TT.

Sen. Robinson-Regis: Could you repeat the figure, please? [*Crosstalk*]

Sen. The Hon. G. Singh: No. I think—no. No.

Hon. Senator: That cannot be right.

Sen. The Hon. G. Singh: No. It is $414,304,975. For the 01/10/2011 to 30/09/2012, $311,256,119. For the year 2012 to 2013—01/10/2012 to 30/09/2013—$503,256,128. And for October 2013 to December 2013, $87,367,266.

Part F. The answer, Mr. President, the authority through a competitive tendering process made an award to Scotia Trust and Merchant Bank for the provision of a $600 million short-term loan at an annual rate of interest of 2.65 per cent.

Hon. Senator: Fixed.

Sen. The Hon. G. Singh: Well, I am not sure. Okay. It does not include any approved government guarantee. The IDB loan agreement is between IDB and the Ministry of Planning and Sustainable Development, and with respect to the interest rates, generally the IDB rates are between 1 to 2 per cent—it fluctuates—above the London Interbank—LIBOR. Okay.

Part G. Mr. President, there are approximately 100 ongoing contracts in progress at various stages of completion of pipeline infrastructure and capital project works at this point in time. [*Desk thumping*]

Mr. President: It is now 11.04, it is therefore past the time for question time. I would, therefore, need the guidance of this Senate as to whether we may continue to have supplementary questions and answers. Leader of Government Business.

Sen. The Hon. G. Singh: Mr. President, I would like that, given the fact that we have an agenda, if the Minister can write to me, I will provide her with all the documents—write the supplemental questions, I will respond to them.

Sen. Al-Rawi: You are predicting the future—the Minister?

Sen. The Hon. G. Singh: Member.

Sen. Robinson-Regis: Mr. President, I would like to ask a question before I submit my information; not a supplemental question; a question of the Chair. Is it possible to defer supplementals to another occasion? Is it possible? It may not be.

Mr. President: I have not seen any such provision in our Standing Orders that allow me to do that.

Sen. Robinson-Regis: Mr. President, then we are quite willing to ask the Minister to provide us with the information for the supplemental questions as suggested.

Sen. The Hon. G. Singh: Mr. President, I have no problem. We are very open and very transparent with our activities. However, the questions, they have so many parts that they in fact give rise to a detailed answer, so that they will give rise to this type of approach.

SPECIAL SELECT COMMITTEE

Planning and Facilitation of Development Bill, 2013 (Extension of Time)

The Minister of Planning and Sustainable Development (Sen. The Hon. Dr. Bhoendradatt Tewarie): Mr. President, having regard to the Third Interim Report of the Special Select Committee appointed to consider and report on the Planning and Facilitation of Development Bill, 2013, I move that the committee be allowed an extension of four weeks in order to complete its work and submit a final report to the Senate.

Question put and agreed to.

Mr. President: Minister of Health. [*Desk thumping*]

NURSES AND MIDWIVES REGISTRATION (AMDT.) BILL, 2014

Order for second reading read.

The Minister of Health (Hon. Dr. Fuad Khan): Mr. President, I beg to move:

That a Bill to amend the Nurses and Midwives Registration Act, Chap. 29:53, be read a second time.

Mr. President, first let me start by thanking this honourable Senate for inviting me to present this Bill; a very innovative Bill, Mr. President. It is a Bill that is going to bring about change in the nursing profession and change in the health sector in Trinidad and Tobago.

May I take this opportunity, Mr. President, to congratulate the hon. Senator, Reverend Joy Abdul-Mohan, for elevation to the appointment of Independent Senator. [*Desk thumping*]

Mr. President, after listening for a while in the question time, I listened to my colleague, the hon. Member, Ganga Singh, Minister of the Environment and Water Resources, and when he started to read, Mr. President, it showed the level of change that is occurring in the country today. [*Desk thumping*]

You see, this whole Bill that I am going to deal with, the amendments to the Nurses and Midwives Registration Act, is going to develop what we say change which was voted for on May 24, 2010; change. And change has to be innovative. And when I look across on the Bench opposite, the Opposition Bench, you know, Mr. President, I was here previously and I saw a couple of Senators who are no longer there. So I look at it as change again, Mr. President. You see, we have Chadeesingh, you have Avinash Singh and I am wondering if change will occur, you may end up with Sasha Singh and Patricia Singh [*Laughter*] that might replace Sen. Camille Robinson-Regis and Dr. Lester Henry. [*Laughter*] That would be change. You see, Mr. President, that would be change in a sort of a different method. Or you might see change on May 18—on May 18 you may change. You may see for the first time, Mr. President, a non-elected member becoming the political leader of a major party; that might be change.

I am looking at—trying to introduce the topic of change, and when I see the hon. Sen. Stuart Young, the only change I think about is banking change, but this is a different kind of change we are talking about here. It is not about that type of change. You see, first, all change is brought about by a problem. A problem that has occurred and a bit of innovation that may decide to move that problem away and bring forth a positive movement.

So this Bill, this amendment to the Nurses and Midwives Act speaks to that change. It speaks to the change of—and I will read it from an extract here which is the consultant's document. He has indicated that—this is Mr. Benton who is the consultant for looking at this Bill. He indicated that this Nurses and Midwives Registration Act has been around since the 1950s and 1960s and is rather outdated. And they say:

> It is no wonder that the current Nurses and Midwives Act is significantly outdated as a result of a number of major omissions when compared to best international and contemporary practices.

He goes on to say that:

> A set of ambitious targets set out by the Ministry of Health—and that is the change we speak about. The Ministry of Health has put that in place in our strategic plan and it will require changes to scope of practice and changes to the curricula. Recent developments in Trinidad and Tobago in relation to accreditation because accreditation movement of institutions as well as curriculum programme and the higher education sectors, will require new collaborative ways of working to be identified and implemented.
>
> Also, in addition the council—the Nursing Council—has been calling for changes to streamline processes and introduce new powers to bring their work up to the standards accepted regionally and internationally. More specifically the council has recognized the desire and the clinical need to implement advanced practice roles and Trinidad and Tobago is not unique in looking to introduce such roles. There is now a growing and robust evidence base that demonstrates not only the effectiveness and efficiency of such roles, but also the superior clinical results that can be obtained particularly in relation to certain conditions.

And the final factor that brought about this review and change is the concerns voiced by students that completed their theoretical programmes and are waiting to successfully pass the council exams, and this review is helping to make this crystallization, they need to clear this whole matter of where we are going.

Mr. President, I want to walk the Senate through what occurs. Somebody who is desirous of nursing will have to obtain five O levels; English and Maths being compulsory and also a basic health science and another two. When they obtain those pass marks, they apply to the different institutions, and they are accepted to do nursing. There are different streams that move forward, Mr. President. When that occurs, you get a student entering a nursing programme after they have passed whatever aptitude tests and given their number by the Nursing Council.

When entering that system they go through approximately a minimum of three years of training. However, along that road, anywhere along that road, you could be displaced; maybe in the first six months, maybe in the first year and a half, maybe in the last year. So the student continues to go, and if they are unsuccessful based on any type of—that is to say, internal or external factors—they could be displaced as a result of being unsuccessful, either once or—let us say twice or three times with an exam, after putting in years of study.

11.15 a.m.

Quite a number of students—and there are numerous letters in the Ministry of Health, and when I became Minister of Health they also came to see me—showing evidence that they had gone on to finish their curricula, they had also written the exams about three times and some of them did not pass one part of the exam—sometimes the exam parts are three and four—by about two marks, or one mark or a little more, but one paper, and that caused them after three chances to be thrown out of the programme and thrown out of nursing.

They wrote to different people, they wrote to the Ombudsman, they wrote to the Minister of Health, the Chief Nursing Officer, to no avail. Doors were slammed shut in each of their faces and they now had to start over if they want to continue in the nursing profession from year one which is a bit unfair. There were no remedial classes, there was not anything at all. And after taking this into consideration, the Ministry of Health, we tried to come about with what we call the innovative change, I started off with. What is the innovative change to help these students? Now, I can go and start to read some really negative letters here that attack the Nursing Council, attack the Chief Nursing Officer, attack a lot of persons, but I would not read it into the record, it is in the other place.

My job here today is to show exactly why we need to move forward along this policy change. These students, Mr. President, were heartbroken. Some went in different professions, some were told that you could become an enrolled nursing assistant which is a lower grade, where three O levels and you enter that grade, and they were basically told that you are not good enough to continue the helping profession and they wanted to be part of the helping profession. Also, after writing to the Nursing Council for advice on what could we do, everything turned towards changing the legislation, changing this legislation to determine how best we could accommodate it, because the legislation says, this is what it is. Three chances or whatever it may be and you are out. That is a 1950, 1960 legislation. Maybe in those days you had to do that, but nowadays with the Internet, the different capabilities, the technology that we have, you did not have to be so stringent, but they continued along the process of stringency.

So, Mr. President, we looked at it and then we decided that this Act has been—we have been knocking on the doors of this Act to change it. And when discussions occurred with the Nursing Council we came about and we saw exactly that the council itself and the Act is deficient when it talks about the powers of the council. It talks about the number of members on the council. What members and how many members—in fact, it had 22 members, and at any one time—and you read it from the programmes, the nursing report shows that you had, and I will read it out.

This is a report of the Nursing Council: the year 2011, January 24th meeting, 14 in attendance out of 22; February 28th, 16; June 2nd, eight; June 27th, 11. The highest number was 18 on March 28th, but it went down after that and the average attendance was 13, Mr. President. The other part of the report indicated the year 2012, same thing; 15 in January; 11 in February; 13 in April; 13 in May; seven in May and nine in September; average attendance 13.

Mr. President, looking at those numbers, we decided now, there were two doctors who were appointed by the Medical Board to sit on the Nursing Council and the Act also says that two doctors could be elected by the nurses themselves. The two doctors at the Medical Board never attended meetings so we took them off, and we changed the composition of the Nursing Council from 22 to 15. So, Mr. President, by doing that and decreasing the number of persons we hoped to be at the average level, and it goes as this: six persons appointed by the Minister and it goes according to the previous Act. And we have put in an attorney-at-law; we retained a person with qualifications and experience in nursing administration; we have retained a person with qualifications and experience as a nursing educator; the Minister also appoints a person registered under the Act nominated by the Tobago House of Assembly. Also there is a category of a representative of the Minister who could be the Chief Nursing Officer; the Chief Medical Officer; the chief legal officer; anyone, and we have put in a member of the public, a layperson who is not an advanced practice nurse, midwife, nurse or nursing assistant.

There are nine other persons to be elected which are: five nurses elected from among their own number registered as nurses; one person elected from among their own number who are midwives; two persons elected from among their own number who are mental health nurses; and one person elected from among their own number who is the enrolled nursing assistant, a category that was not there before.

You see, Mr. President, we took into consideration the overall aspect of the council and the need to bring the categories aligned with what is necessary in the council, and I will read for you what the consultant Mr. Benton said:

> The current composition of the Council is archaic and does not reflect the current best practice in terms of non-departmental public bodies. The Council is too large and does not have the sufficient mix of members to enable the Council to effectively and efficiently discharge its duties. It is currently unable to co-opt or appoint experts to assist in discharging its functions and therefore Council members are drawn into the operational detail of day-by-day procedures. It is therefore recommended to be explicit that the role of the Council is one of governance and that the size of the Council be reduced with its compositions amended to reflect the new governance role. The current amendments do reflect this direction of travel.—this is what we are doing—It is noted that an attorney-at-law is included in the new composition, and they ask that somebody with financial and business acumen, and a truly, public representative, should be done.

Mr. President, that is in keeping with what was recommended both by the consultant that was brought by the Nursing Council as well as the Ministry of Health. So, we gave the Nursing Council exactly what they desired.

We go on again. In the previous Act the powers of the council was not defined. We have defined in this amendment the function of the council. The function of the council is:

- to open and maintain the registers or rolls required under this Act to register, enrol, certify and license nursing and midwifery personnel in accordance with the Act;
- determine in collaboration with the Minister the qualifications necessary for registration, enrolment, certification and licensing of nursing personnel;
- set standards for the education and practice of nursing and midwifery personnel;
- develop a code of ethics and conduct for nursing personnel;
- monitor the adherence to and investigate breaches of standards and the code of ethics and conduct;
- promote the interest of the nursing profession, advise the Minister on the requirements for securing continued competence of the registered nurse and enrolled nursing assistants under this Act; also

- to advise the Minister with respect to amendments to the law relating to nursing and midwifery as it considers necessary; and also
- to perform such functions as may be conferred on it by the Act or any other written law.

You see, Mr. President, these defined functions of the council have now been put into law and the council can utilize this to determine this is the way forward. The council also asked that it assist in developing the curricula for the various nursing bodies which are, in our case, COSTAATT, University of Southern Caribbean and also the University of the West Indies. They are all schools that confer the diploma of nursing on their students. The council will work together with the Accreditation Council of Trinidad and Tobago to set and develop the curriculum standardized for all these teaching bodies. That is now written in law where it says set standards for education and practice of nursing and midwifery personnel. So, it is allowed to do that now by law.

Jumping forward a bit, after these students finish their standard curricula and have written their final exam at these institutions such as the University of Southern Caribbean, the University of the West Indies and COSTAATT, they are given a diploma of exit. This diploma of exit now has to be tendered to the Nursing Council to write what they call, the Nursing Council exam. There is also a Caribbean exam called the RENR exam, which is the registered nurses exam of the Caricom. The Nursing Council exam, as I indicated, had a couple parts. Now, these are students who now have passed their matriculation requirements from their institution; they now enter the Nursing Council exam and there have been allegations over the board of all kinds of behaviour patterns. Maybe true, maybe untrue, maybe not true; but as the Minister of Health and the Government of Trinidad and Tobago, we have to deal with everybody as per the Constitution of Trinidad and Tobago; section 4 which says equality of treatment under the law for everyone. Nobody is excluded.

So, looking at the allegations, looking at the exams, looking at the failure rate, and I come to the failure rate, because the failure rate is extremely important. You have a failure rate of approximately 47 per cent to 50 per cent of students taking this exam, and out of 260 writing in 2010—now I will go to 2007/2008, you had close to 47 per cent, 50 per cent, different percentages on the reports. Now, in any language, that is unacceptable. Why is it students of that level who have passed their matriculation, gotten their diploma, are now looking at a high failure rate of approximately 50 per cent, or let us say 40 per cent for want of a better quality.

You see, Mr. President, when I looked at it, no one could give me the answer why this failure rate was so high. However, looking and reading, we found out that the paper that had the high failure was the clinical paper. Drilling down deeper into it, we found out that the students were complaining in some of these letters that you had one instructor to sometimes 100 students or 50 students, so students could not reach, and see, and look at, and understand, and be taught properly on the clinical aspects of it. They passed the theory with flying colours but certain parts of the clinical aspects of it you could not have passed.

Now, Mr. President, if you are not being taught properly clinically you cannot pass it, so you will fail it. You cannot learn clinics in a book; you cannot learn your clinical work in a book; that is why we have internship for doctors. You pass everything, you have your theoretical knowledge in the work and get supervision for a year, and you become a doctor after your year of internship. Now they are stretching the internship from one year to 18 months, now it is two years in certain places, because they do not think the doctors are proficient enough to exit.

Nurses do not have that. They do not have that facility to be there. There is something called the nurse intern in Johns Hopkins where you could go and do a clinical sort of a rotation for three months, four months in-between your nursing training. But to push somebody into it and then expect them to pass an exam that has a clinical component in it without being trained properly as a clinical person, you are looking for disaster and that type of failure rates. You are looking for a failure rate of about—it is a wonder it is 50 per cent, it might be more.

11.30 a.m.

Amidst all of that, you have allegations of all sorts of negativity. So we had to look at that and deal with it, because now we had to deal with an innovative move, and this was going on as long as we could remember. I went back as far as 10 years; and it was going on for 10 years. The Nursing Council had their positions and they said that standards must be kept. We understand that, standards must be kept. The students had their position I am being discriminated against. Why the exam is so hard? You are not teaching me properly in clinical but you expect me to give you what you want. So you had an imbalance at the scales. We had to now balance that scale in the Ministry, and as I said, innovative out of the box thinking had to take place.

So we came up with the idea, why not have these students do a lot more clinical. Let them do more clinical and then write the exam since that is the weakest component. As a result of that, Mr. President, we came up with the idea

of looking at the medical fraternity, the internship. So we came up with the idea of "Nurse Intern". Nurse intern, for those who have finished their matriculation requirement, passed their diploma from their various schools of education with a curricula being set by the nursing council, of course, and the Accreditation Council of Trinidad and Tobago, and entered into the system under the supervision of a senior nurse. So they would go on to the wards, different parts of the hospital and rotate in different disciplines. So they would be rotating. We have put that in the amendment. You will be given a provisional certification, not a full certification.

So doctors as interns are given provisional certifications, and then they eventually get full registration. The nurses, as nurse interns, will now be able to write the exam of the Nursing Council anytime in that year, anytime they desire. And, they have up to 15 months with that certificate of provisional registration that they must write the exam within 15 months. If you do not write the exam in 15 months, your provisional licence could be taken away from you. So it is up to you now to at least attempt the exam once. You do not have to pass it, but it will be nice if you do.

Sen. Young: Give them four years to pass.

Hon. Dr. F. Khan: What is that?

Sen. Young: Four years to pass.

Hon. Dr. F. Khan: That is good. I will tell you about medical surgeon just now. So, Mr. President, you must attempt the exam in that first 15 months. Once you attempt that exam then you could continue for four years as the hon. Sen. Stuart Young just said. And you could pass it within that four years— that period, getting enough clinical training. I have asked the Nursing Council, in that year of clinical training, if they can develop as they do abroad, certain, as they say, modules that you could run on the Internet, you could have DVDs; you could have whatever with clinical simulated training.

I think the Member of Parliament—sorry, Sen. The Hon. Fazal Karim is doing that simulation in El Dorado. Simulated movement, clinical training so you could—so people could now look at scenario-based teaching and sort of extrapolate it to what they are doing on the ward, like calculations, et cetera. The Nursing Council would be the ones who would develop that.

However, another part of it, the nurses could write the nursing exam as many times as they desire in that period of time, that four years. Usually it takes about two to three times to pass the exam, and in surgical, FRCS levels, we have 10 per cent

pass rate. However, every three months you could write the exam until you pass it, Mr. President, but you do not pass it unless you reach a certain standard level. So that will answer Sen. Stuart Young about continuation of examination.

A lot of major surgeons in this world will not be surgeons today if they had the three and out rule, because they know the exam is difficult, you know you have to go back and they set the standards; the standard is set so you have to reach that standard to pass. We gave them enough time. If after four years you cannot pass that exam, we offer you a remedial course for a year. You will have remedial training for a year under the auspices of the Nursing Council and your peer. That will hardly be any much people, and then you have two more years to pass the exam which you certainly will. If after that you do not pass, well then, you should be thinking of some other profession.

Now, Mr. President, I have gone through the nurse intern, the provisional licence, the provisional registration. But what happens to a nurse who comes from abroad from a recognized institution, applies for registration and cannot seem to pass through the system to be registered, and we do have a lot of nurses like that applying for registration in Trinidad and Tobago. What happens to them? Sometimes they get no answer, sometimes the answer is not correct based on—and I have letters here to prove it or if you so desire I will read in the winding up, letters that say, you have done X amount of hours, we demand that you do so much of hours. So since you have not done those number of hours we are not taking you, rather than saying, come here and do these hours with a provisional certification. No, no part of that; it is have a nice day, we wish you the best in your future endeavours, head out.

And we have been losing quite a lot of nurses like that who are applying to come to Trinidad to work. The amendment takes into consideration that clause. I think it is 16, indicates and this was debated at length in the other place. This is clause 16:

"(2) Any person who has—

(a) completed a course of training—

(i) in a recognized place of training under section 40; or

(ii) approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act; and

(b) passed the examination prescribed by the Council or any other nursing examining body recognized by the Accreditation Council, and who establishes to the Council's satisfaction that he is a fit and proper person to be entered on the register as a nurse shall, on making an application to the Council and upon compliance with the requirements of this Act, be entitled to be registered."

And they go on to tell you about the fitness:

"(a) good character;

(b) mentally and physically capable…

(c) ability to read and speak English.

(4) Where the Council receives an application for a licence, it shall within six months of such receipt consider the application and give such directions in respect of the application as the Council thinks fit.

(5) Where six months have elapsed since an application was received, and the Council has not considered the application under this section, an affected applicant may file a complaint with the Permanent Secretary in the Ministry of Health.

(6) The Permanent Secretary under subsection (5) shall refer the matter to the Chief Nursing Officer in the Ministry of Health for investigation.

(7) Upon receipt of the report from the Chief Nursing Officer on the matter, the Permanent Secretary shall forward the report to the Council requesting that action be taken on the complaint within a reasonable time."

Mr. President, that is a new section that has been placed to protect people from the council not answering them or giving them something that they think that they are not having equality under the law at the start of section 4 of the Constitution. And this part of it was put in to protect that individual. As we said we have to strike the balance, the balance of equality and of both sides. So we have the Ministry of Health, the Chief Nursing Officer, the Permanent Secretary becoming the arbitrators.

So, that takes into consideration the registration requirements. And we have kept most of the registration requirements from the previous Act, that people from the GMC, the Nursing Council—sorry, not GMC, the Nursing Council in England and different parts of the world that are recognized, and they have reciprocity with Trinidad and Tobago, will continue to be the same. So it will auger well to do that.

Now, Mr. President, I want to go on to something that—[*Interruption*]

Sen. Drayton: Could I just ask for clarification, hon. Minister? I am not clear with respect to the requirements for registration. Are you saying that all you need is to understand English, speak English, write English and apart from that you must be healthy, physically fit to register, to enter the system? I am not clear on that matter.

Hon. Dr. F. Khan: Okay, Senator. The parts that you just articulated, fitness, English speaking, et cetera, mentally and physically capable, that is determining on somebody who is fit to practise, not registration, they are fit. First, you have to have the requirements to register and then you must also be fit, of sound body or mind, speaking English, et cetera. That is one part of it, the fitness. The part that registration is done, right, one; you have come from an accredited school, the accreditation council; and passed the nursing council exam. Then you must be a fit and proper person also, determined by the nursing council. They will have to write where you came from and find out more about you. I am coming to something else now.

The other system, you come from a recognized school as the Accreditation Council determines, and you have passed an internationally recognized exam of nursing, wherever you came from. There are many of those: the one in the United States, the one in England, the one in India, the one in Africa, the one in Philippines, different parts of the world, there is Australia, New Zealand they have their own licensing body that is internationally acceptable. So once you have done your nursing degree and passed one of those exams and you apply for registration and the council determines based on the other criteria that I just said, that you are a fit and proper person to practise, then you are entitled to registration, not just your last part there.

Sen. Vieira: Minister, I also have a question of clarification here. The same section you are talking about, whether it is a complaint, and there is a receipt of the report from the Chief Nursing Officer on the matter and the Permanent Secretary forwards the report to the council. I am hearing from you that, implicit in this, is that when the Permanent Secretary forwards the report to the council requesting that action be taken on the complaint within a reasonable time, that in fact there is a mandate that this person be registered. But what if council is still of the view that the applicant is not up to scratch and should not be registered? Is this section fettering council?

Hon. Dr. F. Khan: No, it is not. What is happening here, the Permanent Secretary will write the council to take action. Action can be yes or no. Action does not have to be yes. It all depends on what the investigation criteria and the

recommendation bring forth. The Permanent Secretary cannot write the council and say you must register, you cannot do that. What the Permanent Secretary will have to do, through the Chief Nursing Officer and together with some other members of the Ministry of Health or independent people, say look, we have this problem, this person has asked to be reviewed, these are the criteria, you all look at it and give me some recommendations. It is looked at by senior people and they said okay, if the person has been unfairly treated it will come out. If the council has been correct it will come out. If the council is not correct well the person cannot be registered. If the person may have been unfairly treated, the Permanent Secretary can now direct through the Minister the council to reassess the application. That is why you need action to be taken; you cannot just not take any action, because what stands to occur right now, this part does not occur at present. No one, no one, can question, and I can read some letters here. People have written to the Ombudsman and the Ombudsman himself said that based on his legislation and his requirements, he cannot interfere with that part of the Act. This is now being done to correct that.

Sen. Vieira: But, Minister, section 38 of the Act gives an applicant a right of appeal to a Judge in Chambers.

Hon. Dr. F. Khan: Judge in Chambers. That is costly.

Sen. Vieira: I will speak further on that, but the impression that one was getting is that there was no recourse whatsoever, but in the Act there was a judicial recourse.

11.45 a.m.

Hon. Dr. F. Khan: Okay. I understand what you are saying. Everybody in Trinidad and Tobago has that right. There is nobody in this country that does not have that right. You can apply to a judge in chambers. Now, when you apply to a judge in chambers, Sen. Faris Al-Rawi will tell you the cost factor of going that route.

Hon. Senator: That is not so.

Hon. Dr. F. Khan: Not so? Unless we have more people doing it pro bono. But I am saying to you, before you go to that level—judge in chambers—the Government of Trinidad and Tobago has now put something in place that you can go towards. Suppose now, the Ministry says you cannot get registered. You are still entitled to go to the judge in chambers. But this is something that is more of a mediated type of response—a possible mediation. I think that is how the system is going.

Hon. Senator: Sen. Vieira is an attorney, "yuh know", so he would know.

Hon. Dr. F. Khan: Oh, I did not know that.

So, Mr. President, we have touched on those sitting. I want to touch on the advanced practice nurse. Primary health care throughout the world is no longer attracting many family physicians. The medical fraternity has become a specialist-type of fraternity. Most people advance to specialization status. If you look in this Senate, you have Dr. Wheeler, specialist gynecologist; you have Dr. Khan, specialist urologist; you have Dr. Gopeesingh, specialist Obstetrician.

Sen. G. Singh: And Dr. Edwards.

Hon. Dr. F. Khan: Dr. Edwards.

Sen. Dr. Edwards: O&G.

Hon. Dr. F. Khan: Paediatrican. Family—

Sen. Dr. Edwards: Emergency—

Hon. Dr. F. Khan: Emergency, specialization. You see, just from a cross-section research here, it shows exactly that there is not one family medical person here, and primary health care is suffering worldwide. Certain states—Jamaica has been more advanced to a lot of states. They have started what is called the nurse practitioner—the advanced practice nurse.

The United States has developed the advanced practice nurse—the nurse practitioner—and right now about 18 states have been enacting legislation to allow the advanced practice nurse to diagnose and treat simple illnesses. Some states have gone further to—as I have indicated—simple illnesses on their own, and some under the jurisdiction of a doctor, private practitioner.

So you have two streams. We wanted to start it in Trinidad and Tobago because our nurses here—we have now started a programme of specialized nursing care: specialist ICU nurse; specialized cardiac nurse, and you go through all the disciplines. We have district health visitors who are extremely proficient at what they do, however, certain things they cannot do. The advanced practice nurse category will allow upward mobility of the nurse and allow them to work, maybe initially under the supervision of a medical practitioner or on their own. It depends on their level of qualification and competence based on what we are going to have to write in the regulations.

Mr. President, we have been trying to open the health offices later so people could get service at the primary level. This would take the load off the emergency department and other departments, where people who enter those departments are

not, what we call major emergencies and can be treated at the primary health care level. However, worldwide, even in the great United States that boast of so many specialists and so many things, we all have to now look at another category of care for primary health care, to look at simple diagnosis and simple treatments, simple prescription writing of these professionals.

I tried to open the health offices late. I cannot get doctors because they are out in private practice. The doctors who work in the health system, sometimes there is a complaint that doctors come for two hours, one hour, or do not come at all. We tried to clamp down on that—and then the doctors leave; see about 100 patients in an hour and leave.

So our citizens, number one, need to be cared properly for chronic diseases; more time spent; wellness factor; counselling to determine exactly that—there is a whole host of non-communicable diseases—epidemic—that is going on right now. The world is full of it. We need to counsel our patients and look at their pressures, their sugars; look at everything, to have a healthy population as we go.

Our kidney diseases—our dialysis is hitting the roof. Cardiac disease is hitting the roof; everything, as a result of non-communicable diseases and poor care at the primary level. Our children are getting fatter—obese—why? Poor care at the primary level; no paediatrics at primary level.

So we need a cadre of people who are qualified and will stay there to assist. This is where the advanced practice nurse was born, the primary health care sector, where we will have a nurse who has done postgraduate training—Masters and sometimes PhD programmes—and will enter the advanced practice nurse system, become qualified after two to three years and be allowed to practise, sometimes on their own—it depends on competence after, hopefully, assessment—or under supervision.

Let us say Matelot—no doctor is in Matelot. Somebody gets ill in Matelot 10 o'clock in the night, one o'clock in the morning, what happens? They have to drive down to Sangre Grande Hospital to get treatment. They sit in an emergency section; it depends on who sees them. Is it a serious condition? You eyeball and say maybe not; the person might be looking not that ill. You wait for a couple hours to be seen. Now, you come from Matelot, "eh". If you have ever been to Matelot, Mr. President—I think you should go there—you will see what "ah talkin bout; is real far, traffic, road, everything". You have to pass through forest, and a young child could be sitting in a casualty until morning.

What I am hoping to do, if you could see an advanced practice nurse up there, they do the history-taking; they do the investigation and they do a simple investigation and examination, and using the Internet you are able to use telemedicine to talk to a doctor—if you are unaware of it—somewhere else who is in the emergency room in Sangre Grande or in Port of Spain. Show the symptom; get your advice on it and treat. So you would be legally capable of doing that and treating at that centre. You are taking care of small things on their own.

Let us suppose somebody comes with a cut and it could take three stitches, that nurse would be trained to do that. You would not need a doctor to be there to stitch. Unless you have been in that situation, Mr. President, you might not understand what I am saying here. Some little child gets a cut, or somebody has a simple cut—fell down and bounced their head; have a cut on their eyebrow here. If you have a cut on your face above here, it bleeds heavy because there are a lot of blood vessels here and you need to stitch it fast. So imagine holding and compressing this for hours, coming down through Toco, through Matelot, through wherever it is, to reach somewhere to stitch it. Two stitches—"wap, wap, yuh done."

An advanced practice nurse could be trained to do that, and that person who was going to be sitting in the emergency complaining that "I am sitting here for five hours", or how many hours, not being seen because you have two heart attacks inside; two people dying from something else; a ruptured aneurism, or something else—they could be seen in the periphery.

It goes further to X-rays and other things. We have indicated that the advanced practice nurse is an innovative change in this amendment to move the nursing profession forward. So we have put it in and we have put there the scope of practice, et cetera, will be determined by the Nursing Council. However, in the other place—and I will maintain it—they have indicated that they would like the regulations to be done by affirmative resolution, so the scope of practice, the qualifications, et cetera, of the advanced practice nurse, will be laid in the Parliament and possibly debated. So that is a check and balance which was done in the other place.

Sen. Dr. Mahabir: Hon. Minister, on a point of clarification. I am not getting it clear with respect to the experience of the advanced practice nurse. If he or she is called upon to perform these tasks which are really emergency medical intervention, is it that you have somewhere that this particular individual must have had a number of years of experience—not the certification, but a number of years of experience as determined by the Nursing Council?

Hon. Dr. F. Khan: Of course. Senator, thanks for the question. In order to reach there, we have to determine what we want first. So we want the advanced practice nurse. There is going to be a category of nurse by the Nursing Council. We are going to determine the qualifications, the expertise, the time of training, et cetera, in the regulations and that would be developed with the Nursing Council, and they would be registered based on that criterion. When they are registered on that criterion, then anybody who is caught practising without that licence will be fined according to what we said in the Act. So that is taken care of.

Now, there is a lot of legislation and schools that have been working to develop the advanced practice—if you do not see advanced practice nurse, you look under nurse practitioner; it is the same thing—and they work it out and it is being done, as we speak.

In fact, in Alaska, at the outskirts of parts of the states, they did very good work, to the point that they actually operate like doctors. And if you throw back to a long time when, I mean—I remember growing up in the country—nurses used to see us in those days, and they did it.

Hon. Senator: Barataria?

Hon. Dr. F. Khan: No, no, I was in Grande by you—Foster Road. In those days they had no road "an ting yuh know".

Mr. President: Minister, I am just drawing to your attention, you have 10 minutes original time and possibly some injury time.

Hon. Dr. F. Khan: Thank you, Mr. President. The discussion is good so less will speak. [*Laughter*] So we would leave here at a reasonable time.

Hon. Senator: That is wishful thinking.

Hon. Senator: Passed to the select committee.

Hon. Dr. F. Khan: What is that? Committee is good, man. "I ready for committee."

Sen. Vieira: Doctor, while I have you and you still have some time, on another point of clarification. You had said that there was a consultant. You mentioned Mr. Benton. I was wondering if you could tell us a bit about who this person is and perhaps what his qualifications are.

Hon. Dr. F. Khan: Okay. When we started discussion about the amendments to the Act, I had discussions with the Nursing Council and they brought in the Registered Nurses Association and everyone else, and I wanted to get a consultant

that will work for both sides, and I asked the Nursing Council: "could you recommend a consultant that you are happy with and I will procure that consultant through PAHO?" They came up with Mr. Benton who did the consultation, I think, in Jamaica, or somewhere else, and we went with him—procurement through PAHO—and I found out at a later date he was the CEO of the International Council of Nurses, and he gave us most of the recommendations.

In fact, the last one I am going to speak about is one that he gave us that created a little furore in the Upper House, but I think people saw it differently afterwards. It is national emergencies. He indicated in his report that in a national emergency—because the world is confronted with major disasters nowadays and people go in—like, okay, let us suppose Haiti, the earthquake. They went into Haiti and all of a sudden you have people who went in to assist now being sued for bringing, I think, cholera or something.

What he has indicated, in these days of disaster and training that occurs internationally, there should be in the legislation, protection for people because of the highly litigious nature of the way the world is going. So we have put in clause 29, which is section 51A:

> "Where a national emergency exists, the Minister may, by Order, permit a person who is registered to practise nursing or midwifery under the laws of his governing country, to practise nursing or midwifery for the period specified in the Order…"

That is the disaster period.

> "for the purpose of providing specific skills and technology and such person shall be deemed to be practising as if a licence had been issued under this Act."

So it protects them.

12.00 noon

Sen. Vieira: Yes, I saw that provision and I liked it, but I wondered how practical it was, because in a time of national emergency, there is an earthquake or a hurricane and everything is shut down, how is the Minister going to pass the Order? And the same applies too, about the advanced nurses and going by way of affirmative resolution in Parliament. It takes so long to get these things through Parliament, I was wondering whether it might not be more expedient to go by way of just simple negative resolution as a way of fast-tracking it.

Hon. Dr. F. Khan: Well, Senator, the Order I think from what I have been advised, the Minister makes the Order, but the Order I think, is the Attorney General determines the Order. And in terms of disaster, that part of the Parliament, et cetera, may not have to exist. You can make an Order through the Attorney General and the Cabinet of Trinidad and Tobago. I could be corrected. I will check it in the winding up.

The second part of it you asked was negative resolution. That was a point that if you go into the debate of the Lower House, it was argued like a tennis ball back and forth and, to pass the Bill, the Opposition wanted that. The Opposition wanted the affirmative resolution for checks and balances and we were able to get full consensus as a result of that. So I think sometimes in this game you have to give and take, and this was what was done.

Sen. Maharaj: It is a different Opposition here, you know. So we cannot rely on the same thing.

Hon. Dr. F. Khan: Well, they belong to the same leader. The leader across there voted for me, eh.

Section 51B of clause 29 says:

> "The Minister may, by Order, permit nursing personnel who are registered to practise nursing or midwifery under the laws of their governing country as part of a visiting planned education or teaching programme or medical visiting treatment team, for the purpose of providing specific skills and technology and such persons"—again—"shall be deemed to be practising as if a licence...under this Act."

This is for teaching purposes. The Minister, by order, could bring people in for education and teaching purposes.

There is one other point that I want to raise. In the regulations—and we will be laying the regulations after this Bill is passed—it speaks to 17 years entrance and 45—I think the latest is 50 years, the age limit to apply for nursing. The consultant has also said in this day and age people are living longer, those with healthy lifestyles are living much longer and healthier, somebody may want to do nursing late in life. In fact, I have just recently heard of a 60-year-old person trying to do nursing in the United States and entered and became a nurse. Some people do law at the same age. I am going to remove the age upper limit to be any age and it will be in keeping with the Equal Opportunity Act. [*Desk thumping*] So there will be no age discrimination. That will be removed from the regulations. So if you see it, that is not going to be there, but that is a regulation movement and we are also going to put—

Mr. President, I have covered most of it and I think we will move into the debate and—[*Interruption*]

Sen. Roach: Hon. Minister?

Hon. Dr. F. Khan: I just want to say that we have spent in the last three years—[*Interruption*]

Sen. Roach: Hon. Minister, can I just ask a question of clarification as well? Is the advanced practice nurse as being proposed the same thing as the physician assistant that obtains in the United States of America?

Hon. Dr. F. Khan: No! The physician assistant is a different level. The advanced practice nurse is the nurse practitioner in the United States. The physician assistant operates under a doctor and works like a doctor right under him. That is an assistant to the physician. The nurse practitioner is a primary health care person, but is similar to the advanced practice nurse. It is not the same thing.

Sen. Roach: So the advanced practice nurse would not be able to prescribe medication or give?

Hon. Dr. F. Khan: Yes, but simple medication; simple medication as compared to the physician assistant.

Sen. Roach: So in other words, she is more advanced.

Hon. Dr. F. Khan: Yes, the physician assistant is more advanced. But the thing about it, advanced practice nurse can aspire to be a physician assistant in the United States. The nurse practitioner can go a little further. But there are two different streams of training.

Sen. Roach: Thank you.

Hon. Dr. F. Khan: Just one other thing. Mr. President, I just want to say in the last three years we have spent approximately $34 million on foreign nurses in Trinidad and Tobago, and we still have a shortage of personnel on the ward. [*Interruption*]

Hon. Senator: Three-four?

Hon. Dr. F. Khan: Thirty-four. We still have a shortage of nursing personnel. In fact, so that, you might have heard the media complaints about no nurses helping out patients on the ward, bed pan, et cetera. We have put a category of

aides to nursing to assist with that and PCAs, and the nurse intern will increase the amount of, as you say, nurses on the wards who are highly trained and already passed the exams. Advanced practice nurse will help us with our primary health care.

With these words, Mr. President, I beg to move. [*Desk thumping*]

Question proposed.

Sen. Avinash Singh: Thank you, Mr. President, for this opportunity as it is my privilege today to contribute to the Nurses and Midwives Registration (Amdt.) Bill, 2014. But before I go into my contribution, I would like to take this opportunity, on behalf of the Opposition, to acknowledge and congratulate the appointment of newly-appointed Senator, the hon. Joy Abdul-Mohan, [*Desk thumping*] and we look forward to your participation in our legislative process.

I would also like to take this opportunity to recognize the contributions of the honourable Sen. Subhas Ramkhelawan for his contribution in this honourable Senate and we wish him well in his endeavours. [*Desk thumping*]

Mr. President, today we are dealing with a Bill that seeks to amend some of the basic fundamentals that affect the efficiency of the nation's health system. Our health system must be able to cope with modernization and the added strain of society in meeting the objectives of any Ministry of Health, in serving our growing population of over 1.3 million people and the foreigners who visit our shores on a daily basis.

Mr. President, we must not forget our international image as a tourism rich nation in treating with the health issues of our visitors, and I say this only to get clarification as to how our health system deals with foreigners since it has become a burning issue in recent times. Let me also commend the initiation of health tourism by the Government, as a potential niche for growing in our economy as it is estimated that revenue of an additional US $37 million is expected to service exports and the economy, with an additional growth rate of 20 per cent per year once this strategy is realized. So I must commend you for moving the PNM's policy further. [*Desk thumping*] While we are mindful of good intentions in this health sector, we must also be aware of our image in dealing with special cases, especially the ability to reduce those negative media reports of treating with our visitors.

Mr. President, my contribution today, I would like to focus on a few aspects of this Bill where I have identified a few grey areas, and possibly these are only existing because there was somewhat lack of consultation in the process**.** Like many laws, we are forced to accept in the honourable Senate, which eventually contributes to bad laws as the main stakeholders are sometimes left out the policy direction.

Mr. President, the purpose of this Bill is really to introduce a new category of nurses to be known as the "advanced practice nurse". While we all agree that the health system is in serious shambles as it relates to human resource capacity in dealing with the demands of the health care throughout this country—and I must say, the intention to increase the human capacity is a very noble one and welcomed. But did we really take the time to appreciate and understand why is there a massive brain drain affecting, not only the health system, but affecting the general economy of Trinidad and Tobago?

Mr. President, let us look at our health care system, and this is critical since what guarantees do we really have after this new category of professionals are trained, that we can be assured that the country will benefit from that investment. And I call it investment since our taxpayers contribute to the educating of all our nationals from primary to tertiary levels. We are losing our health care professionals possibly due to poor working conditions, dilapidated buildings and structures, poor wages and salaries, benefits and so on. But more importantly, the country, through its taxpayers, is investing heavily in the development of the human resource via GATE—another PNM policy. Apparently, there are basic breaches in those contracts signed by the State and the beneficiaries of GATE, and I would just like to refer to some of these conditions where GATE is concerned.

Mr. President, anyone going through the GATE system today would know that whilst tuition fees are paid, while the tuition is funded by the Government, all the beneficiaries are obligated to the State in offering service back to the country. The student's terms and conditions for tertiary tuition funded by GATE is clearly listed, 11 points, and it can be received or it can be looked at in any of the Government's websites where the link is that of GATE, and I would like to go through a few.

In the cost of awards where monetary values are paid for the funding of tuition, there are strict guidelines as to the obligation service that individuals need to give back to the country, and it clearly identifies the cost—up to $100 in tuition, an obligation service of one year exists, over $1,000 up to $3,000, two years exist, over $3,000 and it goes on—where that obligation as a national benefiting from GATE, you have by law to give back to that country your service and it lists all the breaches in this contract and so on.

So really and truly, Mr. President, if all in society were really law-abiding citizens, we would not have this situation, we would not have this serious problem of this brain drain, and it leads me to ask: what mechanisms, machinery and system does the education system currently have in place to monitor these contractual arrangements between the State and its beneficiaries? This is a serious

problem since it is unfair to many in society, that huge loopholes exist that allow the country to lose its professionals and nothing is being done to secure state investment. So, it is very pertinent in this new attempt to professionalize a new category of nurses, and we hope that we do not fall victim to the ongoing disaster of brain drain.

Mr. President, moving to the Bill, clause 5, as it seeks to amend section 2 of the Act, it is said that there should be also some other definitions to be included because we are just left there hanging to misjudge. Some of these definitions, in my opinion, should have been added: should be the definition of a temporary nurse or what is going to be a temporary nurse; what is the period of time you would have to serve, or what are the contractual arrangements and so on? Another definition that can be added would be the scope of practice and even continuing education. Some of these concerns would have been expressed by those in the nursing fraternity.

12.15 p.m.

While I am on definitions, I would like to turn your attention to one that strikes me the most and it is in clause 12 that:

> "…seeks to amend section 16 of the Act by repealing subsections (2), (3), (4) and (5) and substituting new subsections (2) and (3) which would provide for the registration of qualified, fit and proper persons."

Mr. President, what is a fit and proper person? My personal understanding of this is a person of morality, integrity, accountability, honesty and in subclause (b), (a) "is of good character" in the said same clause.

I stand here today and my heart is still in pain from last week's sitting of this honourable Senate. This clause seems to identify what a good character is as it relates to this Bill. Having utmost respect for the super Minister of Government, hon. Bharath, it really shocked my heart in his character as he brutally, verbally attacked my colleague, the hon. Leader of the Opposition Bench, Sen. Camille Robinson-Regis, last week in this august Chamber. So I question that but there is another place and time for that. There must be no mistakes in this legislative process as it directly affects the backbone of the health and well-being of our citizenry. The Opposition is willing to support this Bill but we advise the Government to have widespread consultation to get the respectful recommendations of all in society that this Bill seeks to affect.

Another major problem that I have with this Bill is that it does not address the dress code and uniform requirements in the health sector, especially now that we are going to have individuals who have failed continuously, in some cases, various parts of the examination process. Currently, this problem exists in all public health facilities and systems, where persons cannot be identified simply because you do not know who is who in that system. Shift changes, faces change and in some of these public facilities, families are already distaught and stressed that their loved ones are being taken off in their circumstances of need. Different persons come and interact with persons personally.

These individuals tend to give these families advice, make recommendations, administer medication and so on, and the families are forced to accept this. Already, there exist cases where nurses play doctors, even trainee doctors play experienced doctors or surgeons, and the reality is that within the already short-staffed health facilities, there is no supervision. In theory, it sounds laudable but in practical this is a recipe for chaos and this is a fact.

Mr. President, I will refer to an article recently in the public domain entitled:

"Baby dies after head cut during C-section"

And this was published in the *Trinidad Express* on March 06, 2014. That was just a few weeks ago. This article outlined some of the cases that we in society have to accept from our health system. This particular case really indicates the wrong that can go on in our society, the wrong that can go on in our public health system, and I would not go into full details because it is already known to most in society about this case. But I would just like to read a few of the quotations in which one of the parents was talking here in this article.

When the mum called the dad and said:

"'…they cut the head of the baby from ear to ear'…"

Mr. President, put yourself in that parent's shoe and understand. I am sure most of us cannot understand because we have never experienced this unfortunate case, but this gives you an idea as to some of the challenges that parents have to go through and this is just one outlined case. When officials of that hospital were offering explanations to this parent and I quote:

"'One nurse said it was a scissors, another one say it was a scalpel'…"

And the parents were confused; in fact, I am also confused. And the parent went on to say and I quote:

> "'I want answers; I would like to know what happened, and I believe that the doctor who performed that operation should be subject to some kind of disciplinary action. I want the Health Minister, anyone in authority, to please intervene and tell us what happened'…."

Mr. President, this case has really drawn public attention and public speculation and perception, and parents are scared to know that when they visit public health facilities, they are exposed to these types of circumstances, but we look forward to an explanation in this particular case in the coming weeks.

Mr. President, this is simply really just one case that I have identified. If you were to go on any device and simply google negligence in health care in Trinidad and Tobago, you will be bombarded with cases where the country lost potential future Prime Ministers, future farmers, future doctors and future citizens due to the shortfalls of our health care system. This public perception—as I am on this topic—is one that we must be very much aware of and it is serious because, now, with all the media emphasis on the drug trade and the drug trafficking, can you imagine the international public perception where an individual is allowed to go to a health facility, cocaine is taken out of that person's stomach and then the story dies? In fact, the cocaine was even returned to the individual. Now, think about this holistically as a global perspective. What is our image? Trinidad and Tobago, our blessed nation. How is our nation looking in the eyes of the public looking on from all the other countries? So, public perception, in this society, is somewhat seen by many as reality, and I would say much more to that extent later on.

But, as the hon. Minister of Health is present, I would urge him to understand the need for uniform and identification of all in administering of the health care system because it is critical and it must be legislated. The population must be educated on the dress code because at all wards, there is a cadre of people mixing and interacting with families, and we must be able to identify these new advanced practice nurses and even the new nurse interns that will be coming. As the bar is lowered to accommodate an influx of individuals into this health care system, we must be very careful because there are many hard-working, God-fearing, professional nurses whose reputation is on the line. I say this as it relates to the existing public perception since a few bad sweet potatoes tend to spoil the entire bag. [*Desk thumping*]

My colleagues in the other place dealt with many issues arising out of this Bill and one point was well-articulated and stressed, and I wish to reiterate that point here: the post of Chief Nursing Officer at the Ministry of Health. This post, I am

advised, has been vacant since January for the first time in the history of the Republic of Trinidad and Tobago. This is the main policymaker for nursing advice on nursing matters. That person provides the strategic direction for nursing services in this country. Mr. President, I am also reliably informed that all the contracts for nursing instructors of the Ministry of Health programme ended in March and they have now been given an extra three-month contract, similar to that of the nature of national security in our nation where the post of Commissioner of Police is concerned. Is this how a caring, serious Government is treating with the major sectors of our economy?

While it is essential for a Government to provide the basic rights to citizens, I would like to cohesively marry objectives and policies of the Ministry of Food Production and the Ministry of Health in ensuring a food and nutritionally secure nation. We all know that the need for more human resource in the health sector is required to treat with the growing number of persons falling sick, and this can be directly expressed with the percentage of our population suffering from non-communicable diseases.

Many researchers indicated that diet and nutrition are important factors in the promotion and maintenance of good health through the entire life course. Their role as determinants of chronic non-communicable diseases is well established and they occupy a prominent position in the prevention of diseases. Presently, chronic diseases such as cardiovascular diseases, type 2 diabetes, metabolic syndrome and hypertension are the leading killers in developed countries and are increasing widely in developing countries. Mr. President, it is time that we really take this nation seriously. It is time that we take the bull by the horn and effectively deal with this epidemic health problem plaguing our society.

With the vast amount of information and education now in the public domain, I am certain that many persons are seriously trying to adjust their diets to reduce the risk of falling victim to most of these diseases, as I have mentioned, that threaten their very lives. I am sure that most of the hon. Members of this august Senate reduced their intake of white flour or granulated sugar, or even replaced iodine salt with sea salt, and cuts in processed food—all of which countless research is available on various health websites.

DRAFT HOUSES OF PARLIAMENT SERVICE AUTHORITY BILL, 2014
(COMMENTS ON)

Mr. President: Sen. Singh, this might be a good point at which I might make an announcement. I wish to bring to hon. Senators' attention that you will recall that a joint select committee was appointed to consider the Draft Houses of

Parliament Service Authority Bill, 2014. Of course, you, as stakeholders, may submit any comments you wish to make, or amendments, to that Bill within a time period ending on April 29, 2014.

I would, therefore, like to urge you, if you do have comments on that Draft Houses of Parliament Service Authority Bill, 2014—it touches, in fact, upon the very actions that we perform—and the mechanisms to support it, that you submit those comments or amendments by that date.

Hon. Senators, it is now 12.30 p.m. I propose to take the lunch break at this time and we will reconvene at 1.30 p.m.

12.31 p.m.: *Sitting suspended.*

1.30 p.m.: *Sitting resumed.*

TRIBUTE
(ANR ROBINSON TC, OCC, SC)

Mr. President: Hon. Senators, I now take this opportunity to invite Senators wishing to pay tribute to our past President, Arthur Napoleon Raymond Robinson TC, OCC, SC, at this point. Sen. Dr. Tewarie. [*Desk thumping*]

The Minister of Planning and Sustainable Development (Sen. The Hon. Dr. Bhoendradatt Tewarie): Mr. President, I rise to pay tribute to a former Prime Minister and President of our country, who distinguished himself through service to our country and has now passed on.

Arthur Napoleon Raymond Robinson TC, OCC, SC, may have been born in Calder Hall and may have spent his early years in Castara, Tobago, but his dreams and aspirations went beyond these nurturing villages, beyond his island home of Tobago and beyond his country, Trinidad and Tobago, which he loved so dearly. That is why his passing is felt not only in Trinidad and Tobago but in the wider international community.

What might constitute some of the critical elements of this man's legacy? The first would probably be the successful battle for Tobago's autonomy and the fair share for Tobago within the framework of the nation of Trinidad and Tobago. Former President, Sir Ellis Clarke's statement "side by side; not one behind the other" perhaps captures what Mr. Robinson was able to achieve in this regard.

His second important contribution to the country was in enabling a 30-year rule—of the then governing party for 30 years in Trinidad and Tobago—to come to an end in 1986. [*Desk thumping*] Nationalist parties in the post-colonial period

generally entrenched themselves in ex-colonial societies. They were not easy to move. Mr. Robinson was able to provide a catalytic pressure in 1986 to break the back of one-party rule and to usher in, by and large, a period which empowered the electorate in a more meaningful way after 1986.

The third legacy of vital significance is his answer to the question of: what should a leader do when democracy in his country is at risk? Mr. Robinson chose to put his life at risk rather than make it easy for democracy to be sacrificed. In doing so, he made it possible for the terrorists, at the time, not to contemplate their own risk as they proceeded with their acts of outrage.

Fundamentally, what "Attack with full force!" did was take the power and control out of the hands of the hostage takers. That is why, out of anger and frustration, they shot him in his leg.

The fourth legacy is structural adjustment policies which facilitated a continuous run of economic growth in this country. The policies of the NAR ultimately consolidated the Trinidad and Tobago economy, building on initiatives earlier taken by Prime Minister George Chambers ORTT, and set into motion, policies that were, by and large, irreversible. Notwithstanding the loss of election after five years of the NAR, from 1992 to 2008, Trinidad and Tobago had an unbroken run of economic growth and relative prosperity.

The fifth legacy is the conceptualization of, facilitation of and advocacy for the establishment of the International Criminal Court, despite opposition from very powerful countries in the early days of advocacy. Today, as the International Criminal Court brings 'abuse of power' cases to justice, Mr. Robinson's contribution to the international justice system can be seen as a remarkable and formidable achievement.

ANR Robinson served this country, in various capacities, for almost 50 years, as a Member of the Federal Parliament, Member of Parliament for Tobago East, Minister of Finance, Minister of External Affairs, as the First Chief Secretary of the Tobago House of Assembly, as our third Prime Minister and, finally, as our third President.

He was not a populist leader and he took both hard and controversial decisions. He was a leader that was more respected, than loved. He empathized with the poor and vulnerable but he did not have an easy way with people. Those who knew him well appreciated his genuineness, his warmth and his capacity for humour. Those who saw him from afar regarded him as somewhat aloof. It took a complex man and an individual of a certain character to leave such a legacy and to evoke such mixed feelings.

Yet, at a certain level, ANR Robinson was a simple man. He was a country boy, who grew up in a small village, with a strong sense of right and wrong. This guided him throughout his career in public life. Under stress, he would always revert to the grass roots in order to derive inspiration and to garner his strength. He was a persistent and a patient man. "Learn to labour"—he once quoted for me, in advice, as an eager young man—"and to wait". He made it from Castara to London, in those colonial days, out of sheer ambition and persistence.

Losing an election in 1956 did not daunt him; leaving a ruling party and government in 1970 was one thing but forging alliances—ACDC in 1971 and the Alliance in 1981 and eventually co-creating the NAR—took persistence and grit. Although the NAR receded after 1991, ANR Robinson persisted in public life for nearly two decades afterwards.

He pursued the International Criminal Court idea for 13 years before the idea really began to take root. He was a man of great courage who would not be easily swayed. This is epitomized by his call to the army and police to "Attack with full force!" during the hostage crisis in the Parliament; but it also took a courageous man to leave the PNM under Dr. Williams in 1970, build a political vehicle that would, through alliances, become more than a sufficient alternative to rout an entrenched party, which he had helped to fund and to become, at last, Prime Minister. It is a formidable achievement.

The courage he showed, the persistence, the steadfastness also came from a certain strong headedness, which made him live by his convictions. He showed this in his battle for autonomy for Tobago; his battle against a monolithic PNM; his Cabinet reshuffle of 1987; his expulsion of Basdeo Panday from the NAR, of which he, Panday, was a co-creator; his decision, in 2001, not to reinstate the incumbent Government that had not lost the election. Throughout all of these controversial decisions, one sees a certain consistency of character and in this consistency one finds the co-existence of simplicity and complexity.

There can be no doubt that ANR Robinson was a patriot. He literally devoted all of his life, after returning from studying law and other university studies, to public duty. He made many sacrifices along the way. No allegations of corruption against Robinson ever stuck. The life he lived, the company he kept, the way he conducted his business, the issues he was interested in belied any false allegations which may have been made against him.

We can say, about Arthur Napoleon Raymond Robinson TC, OCC, SC, that besides being a patriot, he was a decent and honest man. Robinson was a Tobago nationalist in the midst of his national patriotism and his broad vision of the

world. He started his parliamentary career in 1958, in the Federal Parliament of an anticipated West Indian Nation. In 1989, after becoming Prime Minister, he pursued the idea of a Caribbean community with other leaders and established a commission, under Sir Shridath Ramphal, to revisit the idea of Caribbean unity, which resulted in the noteworthy document *Time for Action: Report of the West Indian Commission*.

His idea for the International Criminal Court may have prompted his early discomfort with corruption which he pursued in the NAR, when he became Prime Minister, at his peril. While he was doing these things at home, he was pursuing the International Criminal Court abroad—first to address the growing international drug trade when he called for its establishment at the UN in 1989 but which, when later established in 2002, included jurisdiction of the ICC for crimes such as genocide, crimes against humanity and war crimes committed in any part of the world.

Robinson's leadership style was difficult for some. He never told people what to do and he never gave clear directions. He would frame things, contextualize them and leave it to you to decide how to proceed. I thrived under his leadership. I had a great deal of freedom and autonomy and could pursue objectives within the framework of government policy and good common sense.

Robinson, in a sense, was a leader of leaders. He was not at his best with followers who needed constant support. I had a long, respectful, affectionate relationship with Mr. Robinson. I called him Mr. Robinson from the first time I got to know him personally, in 1983. Before that, he was just a public figure in the papers but he was Mr. Robinson, to me, until he died.

I had a close working relationship with him, as General Secretary of the NAR and as the Leader of Government Business; and because I was, at first, Minister without portfolio in the Office of the Prime Minister, I interacted with him regularly in the early days of the NAR Government. He had a lot of confidence in me and said so publicly, in the party forums and once in the Parliament. Needless to say, not everyone was thrilled by that.

As Minister of Industry, Enterprise and Tourism, I enjoyed a great deal of freedom and a sound working relationship with Mr. Robinson. I was young when I entered Parliament and Mr. Robinson was a seasoned parliamentarian and politician and we had a kind of father/son relationship. I was always respectful of him and he was never dictatorial with me, even though I might have expressed strong views which sometimes contradicted his.

During the 1990 coup d'état, I was there in the room with Brigadier General Joseph Theodore during the entire period of Brigadier General Theodore's negotiation of his release. Bilal Abdullah was afraid that Mr. Robinson would die and he had called Raffique Shah, in desperation, and Raffique Shah called me. I went straight to Theodore, without consultation. I was happy to see him smiling in St. Clair Medical Centre, on his release, as a hostage. Our relationship continued until the end. As President, despite differences of opinion, he was always gracious and accommodating to me. It was a joy to include him among the national icons recognized for our 50th Anniversary of Independence.

I visited Mr. Robinson at St. Clair Medical Centre on Saturday, before he died. I was travelling on the Sunday and did not want to take the risk to visit him on my return. I am glad that I went on that Saturday. His daughter, Margaret, was there and his ever devoted son, David, was just leaving; and one of his dear cousins was present. After some minutes, Brigadier General Spencer joined us.

1.45 p.m.

I took the opportunity to thank Mr. Robinson for giving me an opportunity to serve in his Government and to work side by side with him in an important time in our history when strong ethical standards for government were set and which were my learning years in government.

I also thanked him for the tremendous contribution which he had made through a lifetime of public service to our country. This country owes a genuine debt of gratitude to ANR Robinson and, on behalf of the Government of Trinidad and Tobago and the people of Trinidad and Tobago, I say thank you in the sincerest way. Beyond the public persona, he was a devoted family man. He was a loving and devoted husband to his beloved wife Patricia, who preceded him in death. He was a devoted father to his children David and Ann-Margaret and a doting grandfather to Anushka.

While we as a nation will continue to mourn the loss of this great man, his family will grieve for a father, grandfather, uncle, cousin, as the case might be, and to them we offer our condolences, our support and our prayers on behalf of a grateful nation.

May his soul connect with the Divine and know the realm of peace beyond human understanding. Thank you, Mr. President. [*Desk thumping*]

Sen. Camille Robinson-Regis: Thank you very much, Mr. President. Mr. President, colleagues, last week we received the news that one of our sons had been called home by our Father. Our Father had decided to call Arthur Napoleon Raymond Robinson, this former Chief of the Nigerian region of Ife, former

Tobago House of Assembly Chairman, former Prime Minister and former President of our esteemed Republic, home to Him. It was not an unsurprising call. The *Bible* says: Blessed are those who mourn for they shall be comforted, and in Trinidad and Tobago we are indeed in mourning.

Mr. Robinson's presence represented an affiliation with a time that is long past of a different type of Trinidad and Tobago, perhaps, of a type of Trinidad and Tobago to which we are seeking to return. He will be forever a Caribbean statesman, a man who transcended the politics of the age in which he lived and demonstrated principles, which all hope to emulate.

ANR Robinson, who grew up in Castara, rose from that small town to become an attorney-at-law, the first and, perhaps only named Deputy Prime Minister under Dr. Eric Williams of the People's National Movement, and the first Minister of Finance and a Minister of External Affairs. He, however, did not hesitate to step away from the PNM where he learned his politics and away from those achievements, in order to evolve into a leader as one of the founders of the DAC in Tobago, Chairman of the Tobago House of Assembly, then, as one of the founders of the NAR, as the third Prime Minister of Trinidad and Tobago and then as the third President of Trinidad and Tobago. Many of his decisions in his professional life impact us still in this country today.

As with my upbringing, Mr. Robinson was born and grew up in the Methodist Church. A Methodist upbringing is steeped in Christianity and tradition and eventually, I believe, that each Methodist wrestles with the desire to be of service in the shadow of the greatest servant, Jesus Christ.

We think about the level of our commitment and we think about how best our lives can impact by the level of our service. In fact, one of Mr. Robinson's family homes in Scarborough is located almost opposite the Scarborough Methodist Church, and as President he was patron for many activities of the Methodist churches in Trinidad and Tobago.

Mr. Robinson's life, from his birth to these final moments as we honour him, demonstrates how service teaches. For it instructs not just the individual who serves, but those whom he or she serves. Mr. Robinson's life is evidence of how a life of service may transcend into leadership and how leadership becomes a catalyst for inspiring others.

Interestingly, as a Member of the House of Representatives, I was involved in several debates against Mr. Robinson and served as an Opposition Member with him on the Joint Select Committee, which decided on the current Tobago House of Assembly Act. There I saw his leadership skills, his love of Tobago and, most of all, his tenacity.

Mr. President, the life of politics, which, when stripped away from the trappings of being a Minister, a politician, a Parliamentary Secretary, a Senator and a Member of Parliament, is a life of service, a life of dedication to others, a life replete with giving.

In his life of service, he was not perfect but I believe at each critical step along the way, with each decision he made, he was true to his personal beliefs as he understood them and he was true to his heart and what he held dear and for that we must honour him and offer him adulation.

In 1990, when our nation was deep within the shadows of misguided populace, Arthur Napoleon Raymond Robinson stood up then and his resoluteness of purpose guided us through and out of that time. He was a leader in that moment, providing a fixed object on which the nation could focus as we navigated that storm.

In mourning the passing of Mr. Robinson, we are paying our respects for the loss of this presence and for the completion of this particular time in our nation's journey and now history.

I read in an article in the *Trinidad Express* over the weekend written by Tony Deyal in 1990 and republished on the occasion of Mr. Robinson's death, and it quoted an address he made as Prime Minister in February 1987 entitled: "Perspectives on Development: Lessons from the Past." In that article Mr. Robinson said, and I quote:

> "'Clearly the future is full of both dangers and opportunities, balanced like human nature itself between good and evil. And we, as planners, must consciously decide now what kind of society and what kind of world we intend to build.'"

Perhaps, Mr. President, it would be good, if in his memory, each of us in this esteemed Chamber and those without, ruminate on those words and recommit ourselves to the principles of service for the good of the Republic of Trinidad and Tobago in memory of our Prime Minister, our President, our Chief of the region of Ife, Mr. Arthur Napoleon Raymond Robinson.

I bring words of solace to his family, on behalf of my own family, on behalf of the People's National Movement, on behalf of the people of Trinidad and Tobago. Thank you, Mr. President. [*Desk thumping*]

Sen. Dr. Victor Wheeler: Thank you, Mr. President. I also thank you, Sen. Drayton and my fellow Independent Senators, for allowing me to say a few words about the life of Mr. Arthur Napoleon Raymond Robinson.

Today I speak on behalf of the Independent Bench and on behalf of Tobago. We are all aware that Mr. Robinson created history in so many ways during his time here on earth. We have been reminded this week of all the esteemed positions that he held during his lifetime.

Mr. Robinson was the first Minister of Finance of a PNM Government of the newly independent country of Trinidad and Tobago. He was the first and so far only Member of Parliament to resign his seat in the House of Representatives and contest, successfully, the Tobago House of Assembly election, which his party won. He was the first Chairman of the Tobago House of Assembly, the first leader of a coalition of parties that became the NAR to form the Government of the day, the first Tobagonian to be elected Prime Minister of the Republic of Trinidad and Tobago, the first Tobagonian to be elected President of the Republic of Trinidad and Tobago and Mr. Robinson was also the first and so far only active politician to be elected President of the Republic.

But I also want to mention how proud he made me feel as a Tobagonian. He was a statesman, a diplomat and a politician par excellence. His life and accomplishments are a testament to the power of determination, sacrifice and vision. What I would like to highlight is a continuous quest that Mr. Robinson embarked on, not only to be better but also to do better, not only for his country but for the world.

On reading his biography, in the midst of it, I was actually in awe of his life's journey. Even now, Castara is a picturesque fishing village without even a library. With the support of his parents who would have instilled the importance of education, he overcame the disadvantages of location, scarce resources and race in a post-Second World War colonial world, to attend Oxford University. This is no small feat.

Mr. Robinson was born in Calder Hall, Tobago, on December 16, 1926 to James Robinson and Isabella Robinson. He grew up in Castara and attended the Castara Methodist School, where his father was the Head Master.

Here are two more firsts for Mr. Robinson. From attending the Castara Methodist School, Mr. Robinson was the first Bowles Scholar to Bishop's High School in Tobago in 1939. Later in 1942, during the Second World War, Mr. Robinson was the first House Scholarship winner from Bishop's High School, and at Bishop's High School he achieved the higher school certificate with a distinction in Latin.

After leaving Bishop's High School, he taught for six months at the same school. He then entered the public service as a second class clerk, during which time he studied for a law degree as an external student doing correspondence courses and obtained his LLB with the University of London in 1949.

In 1951, he went to England to further his studies and qualified as a barrister at the Inner Temple, London. He then entered St. John's College Oxford in 1953, the same year that he was called to the Bar. At St. John's College he obtained a degree in philosophy, politics and economics. His qualifications in all of these fields were a potent combination of knowledge and training for the post that he would later hold. This underscores the importance of a quality education, which showed even in his decorum.

Mr. Robinson chose to return to Trinidad and Tobago to make his contribution. He never forgot where he came from and had a genuine love for his country. He was a patriot in every sense of the word and I do not use the word "patriot" lightly. It comes as no surprise that he would want to be buried in his beloved Tobago.

He returned to Trinidad in 1955, and joined the Chambers of Courtenay Hannays, practising in Port of Spain and Tobago. He was a barrister and he is remembered by his Tobago colleagues at the Bar for his keen mind.

Mr. Robinson is also recognized as working for and achieving internal self-government for Tobago. On January 04, 1977, Mr. Robinson, then a Member of Parliament for Tobago East and representing the DAC, presented a Motion for internal self-government for Tobago. His presentation that day is regarded as one of the great speeches of Trinidad and Tobago. Mr. Robinson asserted, and I quote:

> "…I can say that the history of Tobago, when properly written, will teach every lesson that should be learnt by the West Indian child."

The speech assessed the Tobago situation, and I quote:

> "It will show how racism and colonialism have nothing to do with geographical position or the colour of one's skin. It will show how today's prosperity is no guarantee for tomorrow and how the surest way to continuing prosperity is

careful husbandry of present resources, however plentiful. It will teach the university of human nature and of human aspirations, reliance on principles in government rather than on men and, it will teach that power wherever and by whomever held, can be abused."

That was Mr. Robinson in 1977 and I believe that it is relevant today, in 2014.

A lot has been said about Mr. Robinson's role in the establishment of the International Criminal Court, but I want to stress the function of this court in its role to bring justice for victims of crimes against humanity. Mr. Robinson was respected on a global scale and his contribution will endure and become part of his legacy. Individuals can make and do make a positive impact. We must continue to believe this and strive for this. This is what he would have wanted.

Mr. Robinson also served from 2006—2009 on the distinguished five-member board of directors of the trust fund for victims of international crime representing the group of Latin American and Caribbean State parties. Mr. Robinson also showed the convictions of his beliefs and did not shy away from difficult decisions. From his resignation from a PNM Cabinet to making unpopular but sound, economic decisions, while the NAR was in government, he showed his mettle. I believe that to this day the Treasury still benefits from the implementation of VAT.

I clearly recall the national pride he was able to bring to the fore in the average citizen. The National Clean-up Campaign successfully used the goodwill of citizens to clean up their environment for two consecutive years during the NAR administration. No contracts were given out then. Everyone went out and did something to improve their country, even if it was to pick up litter.

Mr. Robinson was a firm believer in the democratic process, and as one of his parliamentary colleagues reminisced to me recently, he would sometimes pass a little note of "well done", even if you were on the other side, if he saw merit in your contribution.

Mr. Robinson also introduced a code of ethics for parliamentarians during his tenure, a clear understanding that sometimes acts that may not be illegal may still be unethical.

On a personal note, Mr. Robinson knew my father, the late Victor Wheeler, senior, since the 1950s. Both families were very close and this loss is also felt on a personal level by my family. Mr. Robinson is remembered by those who knew him as having a sense of humour and being committed to his family and friends.

Finally, I hope and trust that the ANR Robinson library, museum and ethics centre, which had its sod turning ceremony since September 05, 2008 and is to be built in Castara will not be a broken promise. I hope that it will be pursued and completed with vigour so that it may be the fertile ground from which we may produce another giant.

I would also like to see that every school and library in Trinidad and Tobago be provided with a copy of his autobiography. I wish to convey my deepest sympathy to his children David and Ann-Margaret, his granddaughter Anushka, his nephew Ellis and the rest of his family. May his soul rest in peace and *fama sempa vivat*, may his fame last forever. Thank you. [*Desk thumping*]

Mr. President: Hon. Senators, I wish to join with Senators who preceded me in offering tribute to our former President. Arthur Napoleon Raymond Robinson, a brave and courageous hero, notwithstanding accusations that he was a human being, has fallen. In this context, I am very heartened that our Prime Minister has extended the olive branch and requested that he be forgiven for his shortcomings.

As we approach Easter and the celebration of the ultimate act of forgiveness, I earnestly hope that the healing of memories will take root and bear fruit for the nation's benefit.

He was a man of integrity who put his country first and did what he considered right. On a personal level, I might mention that ANR Robinson shared chambers with my father, in the Hamel-Smith Building on St. Vincent Street, where I started my career, as did former Prime Minister, George Chambers.

2.00 p.m.

Adversity does not necessarily build character, but it certainly reveals it. It was in our darkest hour, then Prime Minister ANR Robinson famously acclaimed, "Attack with full force!" under the threat of death.

Unless terrorists know that you are prepared to die, you can be sure they will pursue their evil designs with impunity. I have no doubt it was the bold and courageous statement which changed the dynamics in the Red House in 1990, that led to the ultimate surrender of the Muslimeen.

When our history is written in years to come, it would be said of ANR Robinson, that when the patient was grievously ill, the doctor appeared willing to administer the medicine which would restore the patient to good health. Regrettably, elements to the patient not recognizing the gravity of the illness, would later wish to shoot the doctor.

The accomplishments of former President ANR Robinson extend beyond the shores of Trinidad and Tobago, to the Caribbean, and the wider international arena, where he has been acclaimed as the "Grandfather of the International Criminal Court of Justice". It is my fond hope that given the manner in which our country was let down by the Privy Council, in relation to the actions of the terrorists who invaded the Red House in 1990, that the passing of our hero, former President ANR Robinson, might be the occasion for us to reconsider and make the Caribbean Court of Justice our final court of appeal to replace the Privy Council.

May the soul of Arthur Napoleon Raymond Robinson rest in peace. [*Desk thumping*]

I now invite Senators to stand for one minute's silence in honour of Arthur Napoleon Raymond Robinson.

The Senate stood.

Mr. President: Thank you. Hon. Senators, I propose that I will direct the Clerk of the Senate to send a suitable letter of condolence to the family of the former President ANR Robinson, putting forward the sentiments expressed by the Senate today.

I also take this opportunity to remind Senators that we do have a condolence book in the entry hall as you come in, and that you all are invited to express your sentiments there in that book.

Before we broke for the lunch break, Sen. Avinash Singh was on his legs. By my calculations Sen. Singh, you have another 21 minutes of speaking time.

NURSES AND MIDWIVES REGISTRATION (AMDT.) BILL, 2014

Sen. A. Singh: [*Desk thumping*] Thank you, Mr. President. Mr. President, after sentiments of that nature, I personally find it a bit difficult now to get back on track in terms of dealing with the Bill, but I will do that.

Mr. President, before we went on lunch break, I was on the point that I was making and I assume which alluded to us having lunch. Mr. President, this point I was making really dealt with the issue of having that cohesive relationship with various Ministries, that of the Ministry of Food Production, and the Ministry of Health, to come together and work for the better and greater cause for food security and nutrition. And it relates directly to this Bill, because the point that I was trying to make is that, we can really impact on the lives of our nation by

starting with the home, the preschools, the primary schools, secondary institutions and even tertiary institutions. We can definitely increase the awareness for persons to have a healthy lifestyle. So I invite the Government through various Ministries, to come together for the greater good of our human capital.

Mr. President, there is no rocket science in procedures and systems to help this problem. Simple measures as encouraging the use of alternative flour, by investing in the downstream and value added processing of our very own locally grown commodities. For example, flour made from breadfruit, cassava, sweet potato, yam, dasheen, eddoes and even plantain, Mr. President, all of which are workable existing options.

And yes, Mr. President, the day draws close when we all can go to Curepe or even Debe and ask for "ah doubles, slight pepper" made from breadfruit flour.

Mr. President: Perhaps I did not mention that we are on the Nurses Bill. [*Laughter*]

Sen. A. Singh: Thank you for your guidance, Mr. President. But I was just drawing the reference of the inputs of the food production as it relates to human health, which further elaborates the fact of having a nutritious—and nutrition and health go hand-in-hand, Mr. President.

So I was saying, Mr. President, if you would allow me to make my point where nutrition and health go hand-in-hand and it would definitely, directly impact on the shortage of nurses that we have in our system and our health institutions. Because, Mr. President, if we have a healthy nation, this would reduce the need for citizens to have to approach our health institutions that always seem to have a nurse shortage.

Mr. President, having said that, the cohesive relationship between these entities in Government, really should be used to bring that benefit to the general public, and create that awareness and educate the public on their very own life styles as it relates to health, Mr. President.

Mr. President, some of these attributes can be identified and I would like you to turn your attention to a policy document which was laid in Parliament, and it is the UNC or People's Partnership, UNC Manifesto 2010. When going through the pages of this document, Mr. President, you will come across the section, "Taking Health Care to the People" as it relates to this Bill.

Hon. Senator: What page?

Sen. A. Singh: Page 39. And if one goes through this document, Mr. President, one would be wondering and one would be looking to the effort of living in a society where all these promises could be reality, Mr. President. But having said that, all these promises made in this manifesto, are a far cry of actual reality, as it relates to the health care. There are a few I would just raise in this article as it relates to this Bill.

2.15 p.m.

Mr. President, one of the subheadings here indicates the support for patients' right. In a health care system where problems are festering and the public health care providers—nurses as a matter of fact—have always been blamed for societal problems and inefficiencies of the public health care system. In my assumption, it is not always the fault of the professionals because this incident, as I have indicated earlier in my contribution, where the public is faced with challenges and direct impact on their loved ones, we really need to take this seriously and create this legislation, create this law to benefit all in society.

We really need to ensure that the future generations are even fed properly. I can go on with this matter as healthy diet influences these programmes and systems. I really hope that the hon. Senators here understand the underlying point I was trying to make and I am sure that we all here seek the best interest of our citizens.

So I would like to say, in closing, that the Government really needs to prioritize its agenda of the affairs of its business and, while addressing the Ministry's manpower planning problems, the legislation really needs a more holistic approach and we on this side, the Opposition, are here able, willing and ready to engage as the intention is noble, Mr. President, and I am almost certain that all stakeholders and individuals that are affected by this Bill are also willing for further consultation so that we get it right.

So with those few words, Mr. President, I thank you for this opportunity once more and I conclude. [*Desk thumping*]

Sen. Helen Drayton: Thank you, Mr. President. Before I speak on the Bill, I want to take the opportunity on behalf of my colleagues on the Independent Bench to express appreciation to Mr. Subhas Ramkhelawan [*Desk thumping*] for his commendable contribution to the people of Trinidad and Tobago through his position as an Independent Senator.

Subhas had served in the Senate for a period of seven years and over that time we had come to expect excellent contributions with his vast knowledge and experience which he brought to bear on deliberations. He made an excellent contribution at joint select committees, especially the professional manner in which he conducted the JSC on the Municipal Corporations and Service Commissions. He was always very diplomatic in his relations with others. I think, I speak on behalf of the Independent Senators, and say he was the epitome of professionalism. We wish Subhas and his family well.

I take this opportunity to heartily congratulate and welcome our new Independent Senator, Sen. Rev. Joy Abdul-Mohan. We have no doubt that Sen. Abdul-Mohan will bring added depth, wisdom and much knowledge to the Independent team as well as the Senate and continue to make an excellent contribution to Trinidad and Tobago. Welcome Senator. [*Desk thumping*]

In turning to the Bill, I support the Bill fully, in principle, but there are issues of clarity. Clause 12(7) is not clear. Reading that clause, together with the parent Act, gives the impression that no academic qualifications, no academic course of study, not even basic CXC qualifications, are required for registration. The Minister has clarified that matter in his presentation, but I think it needs some attention in this Bill. I think it probably is an issue of drafting.

I listened to what the hon. Minister said with regard to the failure rate of the council's examination of upwards of 40 per cent, primarily the clinical exam. Now, from what he had explained, I think that the idea of a period of internship is an excellent one, but what struck me was that the failure rate coincides, very much so, with the failure rate at the level of CXC by students who did not get full certificates, and more so the reasons given by the Minister for the failure also coincide with the reasons why students are not doing as well as they should at the secondary school level.

The Minister had mentioned, and from what he said I gleaned that the central issue for the failure, the high failure rate, has to do with the tertiary methods of teaching. It would appear that contact with the hospital wards, their actual experiential learning, is lacking within the curriculum for teaching nurses.

I think that ought to be addressed because although we are recommending a period of internship, I do not think it will necessarily solve the problem in the way the Minister has said. In any event, I endorse the period of internship for nursing that is in line with other professions in the health care. However, since there will be an extension of a further year after the internship of up to four years, I think there is a risk of a situation where there will be a large number of persons with provisional certificates in the system in time to come.

That is why I think it is necessary that the reason, the real core reason for the failure rate, be examined; and it is to be noted that given the advancement in technology as mentioned by the Minister, that also reinforces the issue of the curriculum and the teaching methods because with the implementation of technology it will call for higher level skills and higher level knowledge.

Now I see some confusion arising from clause 13(5) which says that:

> "…a nurse intern"—who—"fails to attempt the examination under subsection (4) within fifteen months of the grant of"—a—"provisional certificate, the Council may revoke the certificate."

The word "may" implies to me that some persons who fail could have the provisional certificate withdrawn while others may be allowed to keep their certificates although they had failed, but the Bill does not say under what circumstances they may be allowed to continue and perhaps that is something that will be spelt out in the regulations.

With respect to subsections (7) and (9) on the provisional certificate, that it could be issued for up to four years, I am not too clear, in reading from the Bill, whether in fact it is four years or more than that, given the extension of the period for more remedial work. If we examine subsections (7) to (9), I think there is some confusion.

Ultimately, it mentions that you can have extension up to two times, so I am not sure whether up to two times is four plus one and a half or one taking it to five or six years, or whether—one of the subsections makes mention of two years, provisional certificate for two years, or whether it is up to four years. It is not clear in the Bill.

Regarding clause 122D, I interpret this clause to mean if an applicant who desires to be on the register as a nurse did not receive a response from the Nursing Council after six months had elapsed from the time of the application, the affected person can take up the matter with the Permanent Secretary. The Bill then goes on to say that the PS will then refer the matter to the Chief Nursing Officer, who will study it and send it back to the Permanent Secretary. The PS will then report back to the Nursing Council requesting that action be taken within a reasonable time frame.

Through you, Mr. President, hon. Minister, I think that clause has actually undone all that you had hoped to do by giving people a chance to pursue their nursing because it is a red tape to nowhere. What is a reasonable period? So after

it leaves the person, it goes to the Nursing Council; it goes to the PS; it goes back to the Chief Nursing Officer; it goes back to the PS; it goes back to the Nursing Council, within a reasonable period. That is an exasperating procedure.

So there is another major issue arising out of that clause. When the Bill made reference to the establishment of the council, the configuration of the council, I wondered whether the representative of the Ministry of Health would, in fact, be the Chief Nursing Officer. If it is that person, then I do not see how a complaint could then leave the council and go to the very person who is sitting on the council for himself to review himself.

Hon. Dr. Khan: It is not that person.

Sen. H. Drayton: If it is not that person, fine. We need some clarification with respect to the procedure and that person will not be on the council.

Mr. President, just one other matter before closing. As we are debating a Bill for the health sector, let me say that I, too, was taken aback at the ease at which a Senator's person, an alleged private health matter, was drawn into the debate last week. Obviously, there was much hurt; there was also recognition of that hurt because a private apology was sent for what was a public statement.

I feel there are certain things that have no place whatsoever in the Senate and should be beyond the boundaries of politics. [*Desk thumping*] Now, in the cut and thrust of debate, you are on your feet so unintended things will be said.

Sen. Bharath: Member, would you mind giving way please?

Sen. H. Drayton: Sure. Yes.

Sen. Bharath: Thank you, I appreciate it. Thank you, hon. Senator. Mr. President, though the facts relating to the unauthorized use of the credit card are indisputable, I wish to restate what I did say in my private note to the hon. Senator last week, and that is that my comments were not meant in any way to hurt or to embarrass either the hon. Senator or her family and, upon reflection immediately after I sat down, I sent a note because I felt that the comments may have been insensitive and uncharitable. For that, I apologize.

My intention clearly at the time—and I said that subsequently—was to show unequivocally, to demonstrate unequivocally, the difference between how this Government has treated with infractions as opposed to how it had been done over the last 42 years of PNM rule and the fact that our hon. Prime Minister, Kamla Persad-Bissessar, had shown great courage and fortitude in making the decisions that she had.

Finally, Mr. President, I also wanted to signal very squarely to the Opposition that the very spurious and scurrilous allegations that they continue to make and throw, in the hope that something will eventually stick, will no longer be tolerated by the Government and we will point them out as they occur. Thank you very much. [*Desk thumping*]

2.30 p.m.

Sen. H. Drayton: Thank you, hon. Minister. So, in closing, as I was saying, I think as Senators in this honourable Senate, while we are on our feet it is easy to say things that should not be said, and it also suggests that it is wise not to throw, what I would say, "political bois" lest blood be drawn. With that, I thank you, Mr. President. I do hope that during the committee stage we can clarify matters in this Bill. [*Desk thumping*]

The Minister of Tertiary Education and Skills Training (Sen. The Hon. Fazal Karim): Thank you very much, Mr. President, for allowing me to join in this debate this afternoon on the amendment to the Bill to amend the Nurses and Midwives Registration Act, Chap. 29:53.

Mr. President, before I get into the substantive discussion this afternoon, allow me to join with my colleagues in congratulating and paying a special welcome to Sen. the Hon. Rev. Joy Evelyn Abdul-Mohan. [*Desk thumping*] Sen. Abdul-Mohan, we welcome you and we are privileged that you are able to join with us as a distinguished daughter of our country. I say so, particularly, as my family and I enjoy a long-standing relationship with the hon. Senator in the performance of her duties as a minister of religion.

Mr. President, her attendance today is very timely as well, because as we speak about this amendment to the Nurses and Midwives Registration (Amdt.) Bill, we see inside of there discussion with respect to accreditation in the health sector. Many of you may not know that Rev. Abdul-Mohan was quite instrumental in history making in terms of the St. Andrews Theological College being accredited by the Accreditation Council of Trinidad and Tobago.

Sen. Abdul-Mohan hails from Lothians Road in Princes Town and would have attended the Princes Town Junior Secondary School and Senior Comprehensive School. I can say, as a former teacher of a senior comprehensive school we are, indeed, very proud of your accomplishments. [*Desk thumping*]

She is the first local woman to graduate from the St. Andrews Theological College in 1987. She served as secretary of the Synod Youth Committee 1987—1989; was ordained on January 22, 1989 as a minister and served for 25 years and four months as a minister of religion of the Presbyterian Church of Trinidad and Tobago.

Hon. Sen. Rev. Joy Abdul-Mohan is a graduate with a Master of Arts from Princeton Theological Seminary—[*Desk thumping*] I am not sure if Sen. Al-Rawi went to that school as well. [*Crosstalk*] Okay. I know what is next to "Pres" too as well on the other side—and also served as principal of the St. Andrews Theological College.

Mr. President, while I pay tribute and welcome our new Senator, let me also join with my colleagues in acknowledging the kind sentiments and the contributions of Sen. Subhas Ramkhelawan, and let me also congratulate Sen. Helen Drayton who now sits at the head of the Independent Bench [*Desk thumping*] and in true Tobago style, we have Trinidad and Tobago, Sen. Dr. Wheeler. We also welcome on her return to the Senate, Sen. Dr. Aysha Edwards.

Mr. President, I am tempted to start to reply to Sen. Avinash Singh, but I would do that in due course. Let me say that I want to place in context why we are here this afternoon with respect, particularly, to this Bill, and maybe had we had sufficient persons of the quality, the calibre, the competence, the dedication, the commitment and all the superlatives that we see so often in our health sector which is very predominant, if we had sufficient quantity, we would not have been here debating this.

I, therefore, want to place in context the reason we are here and that is because of the scarcity; the vacancies that exist in our society. But as I say so, let me take this opportunity, through my very distinguished Cabinet colleague, the Minister of Health, to congratulate all those persons in the health sector for the yeoman's service they do to our citizens of Trinidad and Tobago. [*Desk thumping*]

Mr. President, this Bill is really located in the context of the People's Partnership manifesto. Sen. A. Singh read page 39, but the one he should have read before was page 38, but I forgive him for that, because sometimes he says that a few sweet potatoes may infect the rest, but that has nothing to do with the page number that you were reading. I was just saying that I would remind him about what was on page 38, again, in due course. So, when we locate what is happening today, it is a commitment by the People's Partnership in terms of providing adequate, sufficient, reliable and competent health care services.

Mr. President, the health of a nation is, in a sense, the wealth of a nation. Adam Smith may have said that in his treatise, and while he wrote about the wealth of nations, I am sure in terms of the factors of production, that labour and entrepreneurship would be very important. You can have all the wealth but if you do not have good health, the wealth makes little difference to you.

Maybe as well, David Ricardo in his theory of competitive advantage may have made reference to that as well in terms of nations being competitive having comparative advantage. I see Sen. Dr. Dhanayshar Mahabir is nodding in agreement. I know he is very versed—comparative advantage—which subsequently involves too competitive advantage. When you want to read about competitive advantage, you may also want to read about Prof. Soumitra Dutta who would often write and compile the global innovation index which talks about the whole theory of competitive advantage.

Mr. President, so as we look at this Bill in 2014, we recognize that there are human constraints across the health sector and, therefore, my Cabinet colleague, the hon. Minister of Health, needs to be congratulated for bringing this amendment to the Senate today. [*Desk thumping*] Mr. President, what we are seeing in Trinidad and Tobago is a Government that has unprecedented passion, compassion and vision for the health care sector and the citizens of Trinidad and Tobago.

When you look at what we would have done in just over four short years you would see, for example, the innovative Children's Life Fund [*Desk thumping*] where parents do not have to engage anymore in cake sale or sugar cake or barbeque or "tooloom" and, therefore, what is happening now is that we on this side—our Prime Minister takes a 10 per cent deduction to contribute to that fund and all of us contribute 5 per cent to the Children's Life Fund. It is, therefore, our belief and our firm conviction that our children must not die in the dawn of life in our country or any other country, and that no matter what socioeconomic group you come from, there must be equality of treatment and opportunity for survival.

Mr. President, when you look at what is happening again—and I want to place this in the context of why we are asking for this amendment—in terms of the Government's resolve to improve the health sector; you look at what is happening as we talk about Tobago this afternoon, the Scarborough Hospital, that was completed after 10 long years. It started at a price in 2002 of $130 million and eventually cost over $700 million; over 400 per cent increase from the original budget.

Mr. President, as we talk about the expansion in the health services sector, I wish to remind as well what we are doing to address this deficit. At the former El Dorado Girls Youth Camp, in fact, if you look at it today, you will see a number of buildings. That is what we inherited; two three-storey buildings. And can I tell you, Mr. President, Senators of this Senate, that when we came into Government, I had a discussion—I want to pay public tribute and place on the records my

deepest gratitude to the then Minister of Sport and Youth Affairs, Minister Anil Roberts, who allowed us to have this facility, Sen. Al Rawi, and that facility, under the previous administration, had a 200-bed facility that was left idle under the previous administration. And guess what they had over there at the El Dorado Girls Youth Camp? One class of 10 persons, Sen. Dr. Mahabir, from the community; not even conducted inside the facilities. I asked Minister Roberts to please let us have this facility and he graciously allowed us. I want to thank the hon. Prime Minister and my Cabinet colleagues. [*Desk thumping*]

Today, that facility is jointly managed by COSTAATT and the University of the West Indies, St. Augustine, Campus. Today, as we speak, we have a student population approximating 1,200 and we have a capacity for 2,000 nurses at that facility. [*Desk thumping*] We are serious on this side about health care. This is not about old talk. [*Desk thumping*] This is about performance beating old talk then, now and in the future. [*Desk thumping*]

Mr. President, for the first time in the history of this country, we now have a teaching hospital in San Fernando there my friend, Sen. Al-Rawi—he and I shared the same college not at the same year. It is very evident. [*Desk thumping*] I was talking about the hairstyle. [*Crosstalk*] The feeling is mutual. And, you know, Mr. President, that facility was opened in February of this year, the Chancery Lane Teaching Hospital. We already have clinics inside there. Congratulations to the Minister of Health as well [*Desk thumping*] and the South West Regional Health Authority under Dr. Boodoo and his team, and Mr. Gosine the CEO. We have a 216-bed capacity.

Mr. President, it might interest a lot of us to know that while we are expanding the capacity at home we have to reduce the outflow of our students to other places. For example, at St. Georges University in Grenada. It might be instructive for you to know that when we came into office, we had an annual bill of $42 million paying to St. Georges to send our students to do medicine and allied health services there. So if we build capacity at home, we are going to keep the money here, circulate it, keep the students at home. The question that Sen. A. Singh raised as to whether we are going to have a haemorrhage, they are going to stay and work here and I would tell you how we are going to do that. [*Desk thumping*] You know, not one new hospital was opened in 33 years in this country, and we are talking about addressing quality health services.

Mr. President, a neonatal intensive care unit was opened at the San Fernando General Hospital, again, under the leadership of my very distinguished Cabinet colleague. [*Crosstalk*] We have a diagnostic laboratory and births department at

the Mount Hope Women Hospital; dental clinics at Mount Hope Hospital. As a matter of fact, Mr. President, I have a note which I want to take to Cabinet for the first time again to expand services and teaching at the dental hospital in Mount Hope.

Mr. President, you know, sometimes it is ironic, but I want to deal with—Sen. Avinash Singh talked about dilapidated buildings, but I am going to come to that just now. Do you know that there was a threat of deaccreditation at the Faculty of Medical Sciences because of the absence of a student activity centre, and we moved in under my Ministry with approximately $12.5 million to build that centre, which will be opened next month for the first time and, therefore, we cannot talk about health care services, if we do not provide the infrastructure and the utilities.

2.45 p.m.

Mr. President, we have agreed again to construct the 100-bed hospital in Point Fortin; 150-bed hospital in Sangre Grande; [*Desk thumping*] a children's hospital at Couva. As you drive down now on the highway you will see work going on apace. For the first time, in Couva you will not only have the children hospital, but a multi-training centre for medicine, nursing and pharmacology. [*Desk thumping*] The Arima hospital, the Penal hospital—we have agreed as a Cabinet and as a team—and I am sure Sen. Dr. Wheeler will be happy to hear this—that every hospital we are going to be constructing, there must be teaching and learning facilities at those hospitals. That is how you are going to build the capacity.

Therefore, when we talk about the issues related to the Nurses and Midwives Registration (Amdt.) Bill, I want to turn my attention to that, but let me just say a couple things before I get into that as well.

It is important for me to respond to some of the comments that my colleague, Sen. Avinash Singh, raised—and he was quite correct. He started very well. Mr. President; he started well until he had lunch. [*Crosstalk and laughter*] When he came back from lunch, you had to—so maybe, I do not know what happened between then and now. One of the things I want to compliment him for—and my colleague is saying that we did not have sweet potatoes upstairs [*Laughter*]—but I want to tell you that I am very proud of Sen. Avinash Singh. You are a good person from central Trinidad. [*Desk thumping*] I love sweet potatoes, and anytime you are giving away again, keep me on the list. [*Laughter*]

Sen. A. Singh said, and I agreed with him, that the health system must be able to cope with modernization; that is absolutely correct. Therefore this Bill is really a game changer and a response to modernization, but also the internationalization of the health sector. [*Desk thumping*]

You raised the question about how we deal with foreigners. We deal with foreigners quite well; they are always welcome here. As a matter of fact, I remember when I went—I am not saying that we say the same thing—to study at the University of Singapore, I remember going into the immigration the first time and the lady said, "Welcome to Singapore," and I said, "Thank you." She said, "Do you chew gum?" And I said, "No." She said, "Well you read about Singapore?" I said, "Yes." She said, "Well, would you like to see your family again in Trinidad?" And I said, "Yes." She said, "Well, do not do drugs." I said, "Well, what can I do?" She said, "What you must do is all the money you came with to Singapore, spend it here, we need it."

Therefore I tell you that, because we welcome all our foreigners here, especially those who will spend as much. But very importantly, the Minister of Health confirmed that we treat all foreigners, if they appear at any emergency centres, but not for chronic diseases and, therefore, your question in terms of how do we treat with foreigners, is very important and we answered that.

Sen. Avinash Singh also raised the issue of consultation. You know, in preparing for this debate, I decided to go back to the contributions in the Lower House. I said let me see what some of the colleagues on the other side would have said. It appears as though not much preparation was required from my friends on the other side so far, because you could have repeated what I read with your colleagues in the Lower House. Let me put to rest some of the things—and I will refer to consultation because I am sure that might be raised by other persons.

This is the report by Mr. David Benton. I think it was Sen. Vieira who had asked for his credentials. I am reading from the draft of February 2013. In terms of consultations, in his acknowledgments he says:

> "I wish to take the opportunity to particularly thank the Chairman and Secretary of the Nursing and Midwifery Council of Trinidad and Tobago who not only along with existing council members participated fully in the review but also provided speedy access to a wide range of documentary sources."

He continued—and again in answer to the whole issue about consultation:

> "I also wish to acknowledge the contribution of a wide range of stakeholders who shared their views on both the current strengths and weaknesses of the legislation..."

And he itemized some of the persons therein. Mr. President, there has been extensive consultation throughout, and I am going to make reference to this document again.

With respect to the Bill before us, and again in terms of the comments made by Sen. Avinash Singh in terms of the brain drain and the GATE. He raised the matter of the GATE, and I am very happy that Sen. Avinash Singh got it right in the Opposition Bench this time. The last time I was here to talk about GATE, one of your colleagues in the Lower House said that the motion was the "Government Assistance for Tertiary Expenses". We could have ended the debate there and then. I obviously corrected that person. [*Interruption*]

Sen. Al-Rawi: He knew it was tuition.

Sen. The Hon. F. Karim: No, he said tuition. I said in the other House the person said—it was an error.

But the point I am making to you is that with respect to the GATE programme, I want to place on record as well—and since you made reference to the manifesto of the People's Partnership—Item No. 2 of the 120-day action plan of the People's Partnership manifesto says—and you could check it, I think you have a copy.

Sen. Maharaj: I have one here for you if you want. [*Laughter*]

Sen. The Hon. F. Karim: We will secure and expand the GATE programme to vocational studies for the first time in the history of Trinidad and Tobago. [*Desk thumping*]

I want to tell you, you had raised the issue about the GATE programme, but let me take this opportunity, Mr. President, to tell you that when I assumed office in 2010 there was a 42 per cent participation rate in the tertiary sector and, again, largely to the GATE programme, which had its genesis and predecessor in the UNC's dollar-for-dollar. [*Desk thumping*] Let me just place on record that the architect who promoted that policy, sits with us in this House today. He was the then Minister of Human Development, Youth and Culture, our Leader of Government Business in the Senate, Sen. The Hon. Ganga Singh. [*Desk thumping*] I want to tell you, the Permanent Secretary sits next to me here. He was the permanent secretary, Minister George. [*Desk thumping*] The GATE programme continues.

We have universal education, we are going to move to that early childhood. We currently have universal primary education, universal secondary education and right now we can say we have universal tertiary at the undergraduate level.

As you raised the issue about GATE, I want to tell you that I have before me the two contracts for GATE. I will not elaborate too much, because I want to speak on some other matters here, but we have substantially improved on the contract that we met with respect to what now obtains, to ensure that you are tied to contractual obligations for two years, to any part of this country, be it in the public service or the private sector. You must serve. [*Desk thumping*]

That is what we are talking about in terms of the ROI. That is the ROI you talked about, Sen. Singh, the return on the investment. I want to tell you something, when you are talking about GATE, Mr. President, when you are talking about assistance, you made mention of the fact that we must disclose and we must ensure that everyone knows what we are talking about. I have a document in my hand that does not disclose very much from the previous administration. This is a report from the Ministry of the Attorney General, "Comparative Review of the Administration of Trinidad and Tobago's Financial Assistance Programme for Tertiary Education".

Sen. Young: PWC? "Leh we see the PWC FCB report nah." [*Laughter*]

Sen. The Hon. F. Karim: I think you will hear a lot about PWC from my report, and we will not hear anything about any other bank, so we will not go there. Let me just stay on my course. Therefore, let me just say that I want to read as well. I read this sometime ago in terms of the Government Financial Assistance Programme, and I am responding to Sen. Avinash Singh in terms of assistance, and this one is very instructive.

This talks about the Social Development Scholarship Programme, which is now called, the Financial Assistance Studies Programme.

Sen. Maharaj: PNM slush fund!

Sen. The Hon. F. Karim: We have here a report of the forensic audit into scholarship fund administered by the Ministry of Community Development—The Fund. The fund was established by way of a Cabinet Minute, and in that Cabinet Minute specific criteria were laid down as conditions precedent for the access to funds in the programme. All of these funds as well may have been used to assist persons pursuing courses in nursing or allied health, therefore I am staying focused in my contribution.

Let me just say, on page three, Item one, what this report says:

> The Cabinet Minute which established the fund was operated in substantial breach rather than compliance:

1. There was no evidence of consultation with CBOs and NGOs.

You all raised the matter, and the matter has been raised in the other place about consultation.

2. No clear policy was established.
3. No agreements entered into with the recipients to serve the Government—for money they were getting.
4. There was no official gazetting of the administration of business to any particular ministry, including the Ministry of Community Development. [*Crosstalk*]

Let me just give you a bit about what this is about. The mischief—and I use this word that Sen. Al-Rawi is very popular for using—the mischief in this is really that by doing the funding this way, and that is the way in which they could be vired, the Ministry and the Minister therefore avoided parliamentary oversight.

Sen. Maharaj: That is what they specialize in, hiding.

Sen. The Hon. F. Karim: Mr. President, I will not deal anymore with this, just to say that in terms of what Sen. Avinash Singh raised, in terms of poor and dilapidated conditions—he was saying that we must provide excellent services in the health sector. I just want to remind Sen. Avinash Singh about a couple of things.

Number one, he indicated that he was happy that we were pursuing the policy of the PNM in terms of medical tourism. Well, I want to tell you something, my colleagues and Mr. President: when you are pursuing a policy of medical tourism, there is an implication that the institutions that provide those services must be registered and accredited. Nothing of the like happened under the People's National Movement, nothing. It was only talk, not walk. It was old talk, not performance. We do differently; we are accrediting the institutions. [*Desk thumping*]

You spoke about the dilapidated conditions. Let me just give you a few examples: Port of Spain General Hospital, dilapidated central block, now being assessed and contingency plan developed; dilapidated, rat infested, vermin infested.

Sen. Maharaj: Sounds like the PNM.

Sen. The Hon. F. Karim: Poor quarters—nurses' quarters now being demolished to make way for new residence. [*Crosstalk and laughter*]

Sen. Maharaj: That is Balisier House you are talking about.

Sen. Al-Rawi: That is Rienzi Complex?

Sen. The Hon. F. Karim: I know you are more charitable than that.

Mr. President, I have examples as well of the dilapidated Ward 8 to be removed; CT scan, diagnostic centre to be done; clinics in Port of Spain General, no air condition, poor seating, now being assessed; blood bank, dilapidated; dilapidated, Arima health facility; dilapidated, poor surroundings; numerous health offices dilapidated; San Fernando General Hospital—as a matter of fact, we have a new area now that we have to move over to the Chancery Lane facility. Dilapidated condition again, St. James Infirmary. I have as well in Tobago—the people of Tobago were left with a dilapidated hospital. The People's Partnership did bring on board the new Scarborough Hospital, and the rest is history. [*Desk thumping*]

So those are some of the comments that my colleague, Sen. Avinash Singh, raised. With respect to those raised by Sen. Drayton, I think I will allow the hon. Minister of Health when he is winding up to answer some of those.

3.00 p.m.

Well, let me just indicate that we are doing everything possible to ensure that we expand the facilities and the intake. As a matter of fact, when I congratulated my colleague, the Minister of Health, and he mentioned this morning as well, that what he was proposing was something innovative. You know there are many people who think that you can do the same thing over and over again and get a different result. Well, I am sure my colleague will want to ward some of them in Ward 1.

But what we are doing as well these days, you know when you are looking at game changers, it might be useful for those of you who are thinking that this cannot change anything, to also consider the concept of disruptive learning, disruptive class. As a matter of fact, there is a book written by Clayton Christensen—two books as a matter of fact which I would want to just recommend for those who are interested in terms of how we change things and how we do things differently; and that is, disrupting class—*How Disruptive Innovation Will Change the Way the World Learns*. And in addition to that, for those who are interested in the higher education sector, you may want to also read *The Innovative University—Changing the DNA of Higher Education* from the inside out.

And as I talk about changing, what we are also seeing is a vast change in terms of the capacity of our institutions to provide nursing and midwife programmes as of 2014.

Mr. President, I did indicate to you that we have the facilities at the former El Dorado Girls Youth Camp, where we have COSTAATT and the University of the West Indies, and we have a total between those two institutions, not only resident there, but they have a total of persons full-time and part-time who are pursuing the Associate of Applied Science—Basic General Nursing, the Associate of Applied Science—Basic Psychiatric Nursing, the Bachelor of Science in Basic General Nursing, the Bachelor of Science in Basic Psychiatric Nursing which totals 2,311 students.

Sen. Avinash Singh had cautioned us, and maybe exhorted us, that one of the things he would want to do is to identify persons in the nursing field by the colour identity. I think, maybe if he was sitting on this side he would have seen that his question may have not been necessary because when you look at the public gallery, you will see that they are clearly identified by their colour scheme. The University of the West Indies Bachelor of Science and Master of Science in advanced nursing—my colleague, Minister Khan, also made reference to the University of the Southern Caribbean and so on.

So that I did mention to you earlier on that when I—I am not sure, I may repeat it again for the record, that we are talking about expansion of the tertiary sector, and I did say that when I assumed duties as Minister in 2010, we had a participation rate in the tertiary sector, again influenced by GATE, of 42 per cent, Mr. President.

Mr. President, because of the expansion and the initiatives that we have taken in the Ministry and in the People's Partnership Government, I am pleased to announce to the national community, as of today we have approximately 67,000 persons who are involved in the participating rate, in that rate—the total number of persons participating in the tertiary sector, 67,000, of which 55,000 of those are accessing the Government Assistance for Tuition Expenses.

Mr. President, I want to announce, very happily and satisfactorily, as we move towards that target, that has been enshrined in our manifesto as a commitment of attaining the target of 60 per cent participation rate by 2015, we are currently in Trinidad and Tobago at 57 per cent participation rate in the tertiary sector. [*Desk thumping*]

Mr. President, while the Bill is very innovative, I want to also say that it talks about increasing penalties. It talks about the fact that we might now include a wider remit with the Ministry of Health, with the Nursing Council and the Accreditation Council of Trinidad and Tobago.

Clauses 6 to 10 of the Bill treat with the proposed amendments to improve the operation and efficiency of the Nursing Council and the powers therein. My colleague, Minister Khan would have spoken about the attendance at meetings and the fact that he wanted to move the complement from 22 persons to 15 persons, and that was really, again in consonance with the report and the recommendation of Mr. Benton.

Let me also indicate, again for the record, that what we are doing is not only in terms of consulting here, but in terms of the construct of qualifications throughout the sector, we are currently engaged with the National Training Agency and the Ministry of Health and members of the Nursing Council. I have all the names here—if I have the time I will read them out—in terms of a sector advisory council. Mr. President, the sector advisory council comprising of persons who are technocrats, who are competent, who are skilled in the sector, and who can advise in the delivery and the development really, and also the delivery of the curriculum or curricula as the case may be.

Mr. President, in the case of the National Training Agency, and I have a whole list of the courses that are being looked at in terms of promotion for qualifications with the CVQ. And I know that Sen. Baldeo-Chadeesingh is very familiar with the National Training Agency and the work of the agency, particularly in terms of the CVQ. At the time when you would have come, we were doing the TTNVQ. And the TTNVQ was really the Trinidad and Tobago National Vocational Qualification. Now we are doing the CVQ which is the Caribbean Vocational Qualification which gives the qualification increased marketability and portability within the Caricom Single Market Economy and single space. I say that to mention that all of these are important for the mobility of the qualification, the international recognition of the qualification.

Mr. President, I did mention, I think sufficiently enough, in terms of the consultation that has taken place, but I just want to deal a bit now in terms of clause 6(3A)(h) of the Bill, which will empower the Nursing Council and the authority to:

> "advise the Minister on the requirements for securing continuing competence…"

And one of the things that I noted in Mr. Benton's report and I want to read it, he says and we agree with him:

> That continuing education is not the same as continuing competence. And today in light of the rapid redesign of health systems and the changing demographics and health related problems of citizens, a continuing competence-based approach is far superior and would position Trinidad and Tobago for the future.

Mr. President, that is the way in which the CVQs, the vocational qualifications, are developed. And as a matter of fact, we subscribe as well to the whole process and the philosophy of lifelong, life-wide and continuous professional development that will enhance an individual's performance and will enhance the productivity of the workforce.

As a matter of fact, Mr. President, when we look as well in terms of the education and development, all of these are going to be underscored through the Accreditation Council of Trinidad and Tobago. Institutions cannot really perform significant duties and conduct businesses in Trinidad and Tobago without registering with the Accreditation Council of Trinidad and Tobago. If you do so, you are in contravention of the law. As a matter of fact, the process that we look at is registration of institutions and accreditation of institutions, and you also have programme accreditation, as well as institutional accreditation. The University of the West Indies, COSTAATT, the University of Trinidad and Tobago, the University of the Southern Caribbean, the St. Andrews Theological College, all of these are accredited institutions.

When we are talking about this relationship with the Ministry of Health and by extension the Nursing Council and the Accreditation Council, sometimes people may raise—and let me just say in anticipation of that question being raised, because it was raised elsewhere in another place—that the Accreditation Council does not have the capacity or the remit to assess practical programmes; nothing could be further from the truth. You cannot have an accredited institution like the University of the West Indies which offers programmes in engineering or even agriculture engineering and even medical sciences; a significant component of those courses are practically based. And how can you say that the Accreditation Council does not have the capacity to assess, to evaluate and to award a credential to an institution because it does not have that capacity. That cannot make any sense. In any event what happens here is that the Accreditation Council of Trinidad and Tobago—and I want to remind my colleagues on the other side, particularly on the Opposition Bench, to be very careful when you criticize the

Accreditation Council because you would be criticizing what you developed; what you started. It was started under your administration, as in many other things we simply took it and we improved upon it substantially where you did not have the capacity to do better. [*Desk thumping*]

Mr. President, the Accreditation Council of Trinidad and Tobago has transnational agreements with similar bodies throughout the world, and therefore, as my colleague Minister of Health indicated, if you were to pursue a qualification in nursing or midwifery abroad, and that has an agreement, a reciprocity agreement as we call it, with the Accreditation Council of Trinidad and Tobago, that makes it easier for you to be accepted and to be registered, than to start all over again as if it was new.

You know, many persons have raised matters in terms of registration. Well, I can tell you, and I am sure some of us may have been teachers for a while, how you actually register to become a teacher. You send in your forms, you fill it out, and you pay your money; and that is the story. As a matter of fact, I remember when I started to teach I had to go back into my copy books to pick up all my notes and to also emulate those who taught me well because there was a difference in terms of teaching and lecturing or facilitating.

But the point I am making here, Mr. President, is that this Bill goes very far in terms of ensuring that we have the integrity of the qualification being preserved by its relationship and its attachment and its agreement to work together with the Nursing Council and the Ministry of Health with the Accreditation Council of Trinidad and Tobago. Therefore, we have no doubt in our minds that this is a step in the right direction. So whether it is in terms of—the ACTT has continuously engaged the Nursing Council in matters related to registration, intuitional accreditation or programme approval, all of these we commend wholeheartedly.

As a matter of fact as well, today we had the situation where we are seeing—I think a matter may have raised here or elsewhere—about the entry qualifications. Today, we had Dr. Wheeler reading the tribute to former Prime Minister ANR Robinson, and Dr. Wheeler in his short commentary did indicate that Mr. Robinson was a success story, and he studied as well by the post; by correspondence course. Am I correct? You know that was a thing long time and not too long ago when we frowned upon studying by the mail; correspondence courses. I remember some of the names like Rapid Results College or ICS.

Mr. President, many of us who would have gone to study here, or campuses abroad, if you had a qualification by such a source, it might have been frowned

upon or it might have been what I call—have the experience of the lack of parity of esteem, depending upon which institution you went to.

Mr. President, when you look at what is happening today, the Government Assistance for Tuition Expenses which has an annual allocation, sometimes at a minimum of $650 million, in large measure as well, is expended to persons pursuing courses at institutions that are agencies or agents of foreign universities. That may have never happened before. It is happening now. And it is commendable as well because we are expanding the remit of higher education. We are turning out a lot more graduates than we could have done before, but I want to also say that while we turn out a number of graduates, that we are also very careful to ensure that they are responsive to the labour market needs of the country. It is not what you think you want to do that will get you a job, it is what the economy requires you to do that will get you a job. [*Desk thumping*]

Mr. President, I raise that in the context that we have different routes to acquiring our qualifications. Right now when you look at what is happening, we have, and my colleague Minister of Health indicated, one of the ways in which we are going to expand the remit for the nursing and midwifery courses will be through the technology, as opposed to simply bricks and mortar.

When you look at what the world is going through now, the world of learning is now into MOOCS, M-O-O-C-S, massive open online courses.

Hon. Senator: Not "mooks", eh.

Hon. Senator: It sound like "mooks". I thought it was "mooks".

Sen. The Hon. F. Karim: I am not making any reference to anybody on the other side, my colleagues. [*Laughter*] I am just saying, [*Crosstalk*] I mean, I know Dr. Henry from the University of the West Indies days and what I will tell you is that, even at UWI, we now have UWIDEC, the distance learning, which is very close to where his office used to be.

The point I am making, Mr. President, is that for the first time in the history of Trinidad and Tobago we have engaged in an expansionist philosophy of tertiary education and let me tell you how. Recently, we signed an agreement with Salman Khan—not the actor from Mumbai, eh. Salman Khan of khanacademy.org, and it is an interesting story to read; you could google it. Khanacademy.org—Salman Khan. I will give you some more—you could stay on your tablet there. I will give you some more to research. [*Crosstalk*] As a matter of fact, what it is, the book that he makes reference to in it, is called the *One*

World Open Schoolhouse. In that he talks about his cousin Nadia who was having a problem. And again, as we are talking about the medical field, in terms of preparing for a pre-med exam, and they met in Boston at a wedding, and he decided that he will teach Nadia by the distance mode, and it therefore, gave birth to one man, Salman Khan, with one computer—and guess what, Mr. President?—with 10 million students today and 5,000-plus videos in science and mathematics and more mathematics.

3.15 p.m.

As a matter of fact, we talked about the stem subjects and Sen. Drayton, I am sorry that she is not here, made a very valid point that we are talking about the number of times we can repeat the nursing council exam. I have no problem with people repeating. There are many reasons why people may not do well in their—but let me just finish with Salman Khan since my colleague is looking on the Internet to see what he could find.

Salman Khan and Khan's Academy is an agency which we have signed on, with the Ministry of Tertiary Education and Skills Training. As a matter of fact I will tell you what else. Lila Ibrahim, the President of Coursera will be here in Trinidad and Tobago at our invitation on May 28, to launch a network with Coursera and the University of Trinidad and Tobago, and for the first time in the history of Trinidad and Tobago, we are going to launch knowledgeTT the National Knowledge Gateway of Trinidad and Tobago. We will be beaming courses to you where you sit [*Desk thumping*] and that is also a way in terms of how we expand.

Mr. President: Hon. Senators, the speaking of the hon. Sen. Karim has expired.

Motion made: That the hon. Senator's speaking time be extended by 15 minutes. [*Sen. F. Al-Rawi*]

Question put and agreed to.

Sen. The Hon. F. Karim: [*Desk thumping*] Thank you very much, Mr. President, thank you very much, my dear colleague Sen. Al-Rawi and thank you to all my colleagues in the Senate.

Mr. President, I was saying that the issue of failure arose in the discussion earlier on and Sen. Drayton addressed that matter to—I am seeing that Sen. Vieira is agreeing that that was a matter that was significantly raised in terms of the failure rate. But, in some cases the report talks about the fact that there may be a 50 per cent, I think, Dr. Khan alluded to that, just to round off the figures and Sen. Drayton did say that was akin to what was happening in terms of mathematics and science, and that failure rate was really with respect to the clinicals, the practicals.

I am sure Sen. Vieira would agree with me, that there may be many reasons for failure. I will give you just a few of them. It could have been in this context the exam; it could have been the learner; it could have been the curriculum; it could have been the academic learning environment; it could have been the clinical experience and the practice environment; it could have been the teaching and/or supervision; or it could have been a combination of all of the above; but it also could have been something that we sometimes neglect to take notice of, the late developer.

Those of us who have children will know that all do not develop at the same rate. There is nothing wrong with people developing at different rates. There is the whole concept of discovery and experiential learning. There is the whole concept of Bloom's Taxonomy in terms of what do you do and what do you master. Do you master the cognitive domain, the knowledge? Do you master the affective domain, the heart? Do you master the psychomotor domain, the skills? What is it? Therefore, if we are looking at all those Taxonomies then one must recognize the fact that we must not be punitive on people who may fail. Failure is a part of the menu of success in life.

Sen. Vieira: Minister, on a point of clarification. All of what you said is true and may be valid, but I think the concern Sen. Drayton and I would have is that in our quest for expediency and fairness, we do not water down the brandy and lower our standards and lower the bar.

Sen. The Hon. F. Karim: Thank you very much, Sen. Vieira. I am not able to comment on brandy, being a Muslim I do not. [*Laughter*] So, I would not know what the quality of a watered-down brandy really is. But, I take your comment and I am very serious about it. I think you have made a good point.

Sen. Al-Rawi: Ask your colleagues.

Sen. The Hon. F. Karim: [*Laughter*] Ask my colleagues. But the point I also want to respond to, Sen. Vieira, is this, I do not think at all that we are intending to do that. I want to suggest that there are alternative routes to accomplishments.

Let me just give you one as well since you raise the matter of "watering down the brandy" and I am using that in inverted commas, before when I go back to my mosque I may be exculpated from the Jamaat—and not any one down this side. Mr. President, I just want to say that we have come up with an innovative system in Trinidad and Tobago. Very often we take for granted—and let me just say this and I like to use this slogan: the things that are closest to us we take most for granted. Stephen Covey said that, Mr. President, and I know you would have read

that book, in his seminal work, *The Seven Habits of Highly Effective People*, and I have added without Mr. Covey's permission, God bless his soul, until something happens and it is too late. And therefore, what I am talking about, we are talking about maximizing and optimizing the manpower resources of our citizens to provide health care. But guess what? In doing so, we must not lose focus of those who have been practising in the field, but not credentialled, not certified. There is a difference, in my view, between certification and qualification, as indeed, there is a difference in my view between education and schooling. We tend to mix that up. Do not condescend, because the stone that the builder rejects might be the head cornerstone, and therefore—[*Interruption*]

Hon. Senator: You sound like Robinson, man.

Sen. The Hon. F. Karim: Maybe I would take the collection after, Reverend Mohan. [*Laughter*]

Mr. President, I want to tell you about something that I feel would work since Sen. Vieira, and I thank him for that comment. There are many persons in our system, Dr. Khan made reference to it when he answered Sen. Ramnarine, when Sen. Ramnarine said, oh you live in Barataria and he said no, I used to live in Grande, and he said that the nurse used to take care of him, just like the advanced nurse practitioner that we are talking about now and proposing, who can assist in place of the absence of a doctor. Those nurses and those persons in the health sector, many of them would have acquired skills and competencies and the right attitudes, but were never certified with them. They are master nurses or mistress nurses, as you want to call them, excellent at what they do, and let me give you an example, and it is based on a principle and a philosophy in education technology called P-L-A-R. What is that? PLAR sometimes called APL in different countries or simply PLA in other jurisdictions is Prior Learning Assessment and Recognition.

So, Mr. President, let me give you a live example. You may have a plumber, a mason, a carpenter, but let us look at the mechanic, and I am using that in the corollary of the nurses and midwives. A mechanic or an electrician may be fixing a vehicle—auto electrician—and he has no certification, but what we have developed may be an auto electrician level one or level two. Occupational standards defined by industry that says these are the competencies you must perform to level one or level two. That person now is presented or presents himself to a facility, for example, like the National Energy Skills Centre or YTEPP Limited or one of these vocational training providers, and will be assessed against the standard, and if you do not meet those requirements you will be classified as having a skills deficiency or a deficit. So, you are supposed to know 10, you only

know five, that is a skills deficit as opposed to a skills shortage which is the numeric value of the number of persons required, for example, if we have a vacancy of 3,000 nurses and midwives and we only have 2,000, we have a skills shortage. Therefore, what we have designed is called, the workforce assessment centre. When Dr. Khan talks about putting these people in the wards, it is like many of us here too, you know. You look at your own lives, many of you will be interfacing with the technology but you were never trained in the technology.

Mr. President, look at our grandchildren today, I am convinced that probably their brains are wired differently to some of us. The things that they do, some of us even shun attempting to do it to be embarrassed, and therefore, the workforce assessment centres—and I am commending this to Dr. Khan as well—the institutions, the hospitals, the clinics and the health centres can be used as centres of assessment. Why not? They are workplaces too and we would develop the standards. I have a whole list of the standards here that the National Training Agency would have developed and I can tell you what they are in terms of different levels: Allied Health Geriatric Care Giver.

Mr. President, let me also say, if we read the McKinsey Global Report we will see what we are facing in the world, an aging population. In the United Kingdom they have extended the retirement age to 67. Why are they doing that? As a matter of fact, in my Ministry I am now designing a programme called RRW, Retirees Returning to the Workforce and that is what we are talking about. When Dr. Khan says we must remove the upper limit, there are persons in their 80's and 90's, a lady got a degree from Australia and she is probably near to 100 years.

Lifelong learning: you cannot practice the principle of lifelong learning and have age barriers because it is an oxymoron. How could you do that? How could you preach about continuous education and learning from the womb to the tomb when you have age barriers? What I am saying and I think Sen. Small made that point some time ago when I listened to him. We cannot have invested capital, human resource that exits the system and goes home and sits and buys coffee, tea and give your wife trouble at home then come back to work. We cannot build a society like that. I see Sen. Drayton is really excited by that statement, so if you are retiring we have a place for you, and that is what the health system is all about. There are many persons who have retired in the health system who are at home and we have a shortage. In the United Kingdom they are back to work, and therefore RRW, look for it, Retirees Returning to Work. I have a whole list of people here who would have trained. Let me just, for the record, indicate that YTEPP Limited has trained thousands of persons in patient care assistance.

Mr. President, YTEPP Limited has conducted training programmes in patient care assistance for the past eight years and guess how many have been trained to date? Two thousand, four hundred and sixty-four persons have been trained, and guess where they go? They go upstream. Mr. President, when Sen. Drayton—and I welcome her back—talks about the failure rate, I want to ask the Minister of Health, my colleague, to also consider, just how you have economic backward and forward linkages, that we consider having a backward linkage with the secondary school system. Why not have programmes that are akin and that will lead you to nursing and midwifery programmes when you exit CSEC? Why not? How you are going to build the stock? You are going to reduce the amount of investing capital if you start all over.

And, yes, the report talks about CXC as a regional examination, and therefore if that is the way we have to go to ensure that there is parity and there is the movement of skilled persons, because right now we use the Caricom skilled certificates as the passport, that is one way we could look at it. But I want to say as well, I want to also recommend that we consider the backward linkage, not only the output. The economic linkage system says that the output of one that leads to the input of the other is a forward linkage. So, when you leave the school system and you enter something else into nursing, that is a forward linkage, but the demands of one sector that leads to the establishment of another is the backward linkage, and therefore if you have a need in the nursing sector there is nothing wrong with establishing a backward linkage with the secondary schools.

As a matter of fact, many of the nurses I know would have started with the Red Cross Society in our various villages which was attached to every—which you used to call clinic—[*Interruption*]

Hon. Dr. Khan: Could the Member give way? Thank you very much. I am very glad the Minister made that point, I just want to hit it as it is going on, we have the ATN Programme, the PCA Programme, that is the backward link towards nursing, as the Minister is recommending. Thank you very much. [*Desk thumping*]

Sen. The Hon. F. Karim: Thank you very much, my colleague, and therefore it shows that we are on the same page. [*Interruption*]

Let me just say that all of those were really programmes that are articulated to various types, the ATN and so on, but I also want to say that what I am going to be looking at in terms of expansion of this sector, Sen. Al-Rawi, is the whole aspect of OJT sectoral. We inherited an OJT programme where we were advised that the

person who practised or who went through the internship there were seen as makers of coffee, tea and bringers of juice and photocopiers; not again. Not under this administration. We have launched OJT sectoral [*Desk thumping*] and therefore you are aligned to your sector. We have OJT medical; we have OJT environment; we have OJT media and we are going to be having OJT aviation soon when we construct the aviation campus on 5,000 feet of runway at the Camden airstrip in Couva. That is going to be happening as well, and therefore I just digress to tell you that all of these are very important.

3.30 p.m.

You know, I am sure Sen. Drayton will be happy to look at this book. There is a book when we talk about the success and failure rates, there is a book I just read, called *The Smartest Kids in the World*: *And How They Got That Way*, by Amanda Ripley. And you know what, in that book; there is a person there that you should also look at, Andreas Schleicher. And Andreas Schleicher is the architect of the PISA scores, the Programme for International Student Assessment, and that is what platforms the whole aspect of the STEM, in terms of the science, engineering and the mathematics. I have said in Trinidad and Tobago that I am not only focusing on STEM—I am putting an "A" in there—I am focusing on S-T-E-A-M, the reason being—[*Interruption*]

Mr. President: Senator, I do not want you to run out of steam, [*Laughter*] but you need to wind up now.

Sen. The Hon. F. Karim: Thank you, Mr. President. I will cool the steam down now. Let me just say that, as I conclude, I want to thank you very much for the extension of time. I want to congratulate my colleague, the hon. Minister of Health, I want to thank all Members for their contribution, this is a game changer for Trinidad and Tobago, do not lose this train. This train is the last train as we said when we went to college in San Fernando, if you miss this one you never get another one. Thank you very much. [*Desk thumping*]

Mr. President: Senator Young.

Sen. Stuart Young: Mr. President, hon. Members of the Senate, I would like to start my contribution this afternoon by saying that we on this side will always support any legislation that improves the lives of the average citizens of Trinidad and Tobago. [*Desk thumping*] We on this side are also always willing to think outside of the box and welcome any such legislation or progress that is outside of the box.

However, in going through some of these amendments, I have a number of concerns that I would like to share with the Senate today. And these concerns I hope will be taken on board, because it is no way meant to shoot down the legislation, because there is merit in the ideas that are being proposed, certainly from my point of view and the research that I have done in some limited time.

I would like to start my contribution on the footing of identifying, Mr. President, that there are different, in my respectful view, different categories of legislation. There are those that a Government decides based on Government policy and public interest. I think good examples of that are: the Integrity in Public Life Act, the Insurance Act, et cetera, where a Government of the day takes a decision that is a policy decision and says, this is the route we are going to go and it drafts and develops that legislation.

And then there is another category of legislation that is specific to certain creatures, bodies, entities, and I think this is an example of that; that is legislation that governs professionals or bodies or entities and creates these bodies, legal entities that could self-govern. Two prime examples of this that come to mind are the accountants and the legal profession. So you have the Institute of Chartered Accountants of Trinidad and Tobago that was incorporated by an Act in 1970. And the whole purpose of that type of legislation is to give power to a body of professionals to self-govern; to govern itself, of course, within a government policy, a government outlined and approved policy. But the important point is, this is the type of legislation for self-governance of the bodies and respectfully, Senators, Mr. President, I think this piece of legislation falls squarely within those confines and the remit.

I make that point at the outset to suggest that it is important that you treat this legislation differently from a consultation point of view. And the hon. Minister Karim, foresaw the point of consultation, and this is something that has been playing on my mind as I read the contributions in the other House, and as I did my research and found certain articles that bothered me to an extent that I will raise in a short while. But when dealing with this type of legislation that we face here today in this Senate, it is important for the Government of the day, and not only the Government, but for us as the legislators to take on board a wider and a broader type of consultation. When I say wider and broader—not necessarily across the whole spectrum of society because at the end of the day we are dealing with a body and self-governance of that body.

So in this situation, it is my respectful suggestion that we should have consultation that is a little broader than referring to a report of—I do not know if he is a doctor, but Mr. Benton, if I may call him that, who I understand is a PAHO-approved consultant. Because this type of legislation requires those who are working it and utilizing it and there on the ground, and the front line, as I call it, on a day-to-day

basis, to give their contribution and to say to the hon. Minister, to his technocrats and to us as the Senate and to the other place, the Lower House, this is what we found works, this is what may not work, because we sitting here as legislators are somewhat distant, somewhat removed.

I think in this type of legislation it is important that there is sufficient consultation with the body that is going to be affected. I think this is a point that must be readily agreed. I do not think there can be any dispute with it. I will certainly be surprised if there was much dispute about it. This is important legislation because at the end of the day we are dealing with the health care sector, and we are dealing with the nurses and midwives, and we are dealing now—and credit to the Minister and his Ministry—with the introduction of a new category of nurses, an advanced practical nurse category, and that is innovative.

But the question becomes, firstly, in developing this legislation, it is not one that should be forced down the throat of those who must live it and who must implement it on a day-to-day basis. But if there is any outcry from them, and I think we need only to look at the public gallery, I have only been here on a few occasions, and certainly on this occasion I did not lose sight of the fact that in the public gallery there seems to be a representative body of persons who are affected by this legislation. And I will confess, I took the opportunity during the break to have a brief conversation to find out what they were here for, who they are representing, et cetera. And I was told that they are here representing the Nurses Association Council, et cetera.

So I come now to the importance of this legislation. I would just like to briefly trace the history of the legislation, and in looking at the Nurses and Midwives Registration Act which started off really as an Act to ensure that the persons who are on the front line of the health care sector are properly registered, properly qualified and we have a handle on it. We see that the Act first came into being in 1960. There have been several amendments in ’63, ’66 and 1970, and now we have this further amendment here in 2014 that is introducing a couple new concepts, and one, as the Minister described the quite innovative one, the advanced practice nurse that I will get to in a short while.

I would like to just take the opportunity very briefly to refer to the Preamble of the Nurses and Midwives Registration Act, to get an idea of what it is we are dealing with, and it is described as:

> “An Act to provide”—as I said a short while ago—“for the Registration of Nurses, Midwives and Nursing Assistants, and for other matters connected therewith.”

The health care sector, every citizen of Trinidad and Tobago is going to be of the unanimous opinion, is an important one in our daily lives. Every one of us, our families, our friends, our colleagues, even those that we do not know personally, et cetera, is affected on a daily basis by the health care sector, the quality of health care being provided in our public system, and therefore, when I was looking at and doing the research for this, the importance of it made a very daunting task. Because here we are dealing with, yes it is self-governing and yes it is a body that we are saying the council, and when I get to the Bill itself, I agree with the reduction from the 22 persons to the 15 persons—it just makes sense.

We all know that the bigger the committee is, the less efficient it may be, but there are other concerns that dawned on me as I went through the proposed legislation. And when we look at the health care sector I would like us to pause, to understand the importance of it, and Sen. Drayton and Sen. Vieira have alluded to a point that I intend to expand on a bit here—I have heard it described as a "watering down of the brandy". I would not necessarily coin that phrase, but I do have serious concerns and I think we need to pause and stop here and understand, and put it in a contextual framework, the importance of the people who are being registered and importantly the qualifications that we are asking them to have. Because these are the people, anybody going into a public medical health care institution, be it a clinic somewhere in a more remote part of Trinidad and Tobago or one of our general and bigger hospitals, the front line medical care providers are the nurses.

And we must be very cautious, in my humble opinion, when we are looking to reduce the qualification for these people. I will get to it in a short while about the concepts of whether one is entitled to be qualified, whether we should make it easier for qualification. I am not saying it should be put at the strictest and most stringent and highest and unachievable levels, certainly not, but we must maintain reasonability, and we must maintain and not water down the level of qualification that is required.

But before I go there, just to touch briefly on the need for consultation and this whole concept of it being self-governing, et cetera. In my very brief research I came across two articles that concerned me and gave me some pause for thought and a desire to bring to the attention of the hon. Minister, and I am ready to ask a question in a short while as to what has happened.

From my research I saw that this was first debated in the other place on the, I believe it was February 07 and then on February 14, 2014. And at that time there seemed to be some outcry by those who are affected, that is the nurses and their

relative associations, et cetera. I say some outcry and I am going to quote from the newspaper articles—one person's outcry I am told. But it was so serious that the hon. Prime Minister took time in leaving, it appeared a meeting that she was at, at the Hyatt, which is nearby, and on a walk here to have some level of conversation with however many people it was there. And I quote from the *Newsday* article of Saturday 15, 2014 quoting:

> "PM calms nurses' fears.
>
> PRIME Minister Kamla Persad-Bissessar yesterday assured the country's nurses and mid-wives they have nothing to fear from Nurses and Midwives Registration (Amendment) Bill 2014.
>
> The Prime Minister gave this assurance in the House of Representatives, moments after she met with nurses and midwives, who had gathered outside of the Parliament Building to express some concerns they had about the bill."

So certainly it appears on the face of it, it was more than one person.

> "After Persad-Bissessar gave her assurances, Health Minister Dr. Fuad Khan concluded debate on the bill, and the debate was adjourned with no vote taken on the bill.
>
> Nurses and Midwives Association representative, Kern Ramnath, later told reporters the group was not totally reassured by their conversation with Persad-Bissessar.
>
> Ramnath said while there were good measures in the bill, it needed to be withdrawn and proper consultations be held to address areas of concern in the legislation. He indicated the group intends to keep coming to Parliament, until the bill is withdrawn, and its concerns are addressed."

There is an article the day before in the *Newsday* newspaper of Friday, February 14, that also talked about certain concerns.

So, what I would like to do is just ask those on the other side, when you are dealing with this type of legislation, respectfully, and you have the persons for whom it is being developed and those who are most affected by it, at the outset—we the public are affected later on by the effects of the legislation, but this is the self-governing body that has to deal with it, implement it, work with it, that there should be some level of—when they are crying out for consultation, even if there has been consultation, the hon. Minister obviously recognizes that there may be need for more, I respectfully suggest, it was addressed earlier. One of the questions I have is since that last occasion, on February 14, 2014, has there been any further consultation?

3.45 p.m.

When I asked that question of the representatives, I was told no, there still has not been any consultation, and I was rather hoping to have been told a different answer, that since the last occasion there has been some further outreach or further attempt at consultation. So that is the first pin I would like to just stick in the record, hon. Minister, and ask that you and those on that side give consideration to when you are dealing with the nurses and the midwives and the new category that you intend to introduce, rather than rush through the legislation that may be effective or not type-specific—[*Interruption*]

Sen. G. Singh: They sent in any recommendations?

Sen. S. Young:—that you at least allow one last opportunity for consultation. The hon. Minister Ganga Singh is suggesting, or asking the question rather, whether they sent in any written contributions. I do not know the answer to that. You can help us with that. But maybe, perhaps, you can make that offering to them. I have seen recently in the newspapers, requests for contributions on different pieces of legislation and I think that is something to be commended and something that should take place on this occasion because these are the people who have to implement it; this is our front line. They are the ones who are called upon to deal with the public on a daily basis and we cannot ignore their cries. Whether it be one, whether it be 10, whether it be hundreds, there still is a cry and I think some consideration should be given to it, respectfully.

I turn, then, to this introduction of the new category of registered nurse which I, certainly, had never heard of before reading this proposed Bill, and that is the advanced practice nursing role. One of the concerns I had in looking through the Bill was, there seemed to me, respectfully, Mr. President, to be no proper definition of what an advanced practice nurse means. It is defined as:

> "a person who is registered as an advanced practice nurse under section 17:"

And when you go to section 17, as I will in a short while—and the provision being proposed for the new section 17 reads as follows:

> "The Council shall, on entering the name of any person in the Register of Advanced Practice Nurses, issue to such a person a licence to practise as an advanced practice nurse and such licence shall remain in force unless revoked or suspended."

And in looking through the rest of the proposed legislation and the Bill, there was absolutely no qualification or no suggestion of what the qualifications would be, should be, or could be for this new creature of an advanced practice nurse. In my

limited time and limited research, I enquired whether there is, in fact, in reality, such a category of nurses that exists in our health system, and I am told, no, there is not. And thank you, hon. Minister for confirming it.

Hon. Dr. Khan: It is international.

Sen. S. Young: Yes. And the research I have done I have seen it is a concept that was developed probably in the late ’90s and it is really an international concept that other jurisdictions have been grappling with and introducing for some time, and certainly in what the Minister referred to and outlined this morning about it being developed for the remote areas. That seems to be one of the driving concepts behind it.

But my concern with the legislation and all that we have the power to do here today, is that the legislation does not, in its present form whatsoever, outline even in the remotest way, or the simplest way, any qualification whatsoever for this category. Well, I figured you would say it is to come in regulations, et cetera, but then, when you look at the current Act, the Nurses and Midwives Registration Act, the draftspeople then took the time, even with the nurses and the midwives, to outline—at least provide an outline—that these are the types of qualifications.

Hon. Dr. Khan: Check the top about the—regulations.

Sen. S. Young: No. This is the original section 16 and what you are seeking to replace into. It does not go into specific details. Yes, the regulations do that, but I would have thought for something as important as this new innovative concept, we would have gone a bit further, and I would like to implore upon you to go a bit further and consider, at least putting an outline.

I am about to refer to an article, if I will be permitted, Mr. President, because I think, respectfully, it would be useful, certainly to provide the contextual background as to what these advanced practice nurses—and the advanced practising nursing role. It is an article that was submitted for publication on January 05, 2014, written by a Denise Bryant-Lukosius, from McMaster University in Hamilton, Ontario. I found it very useful and I hope it will also be useful for those listening.

She says:

> “The aim of this paper is to discuss six issues influencing the introduction of advanced practice nursing…roles:”

So I thought it quite appropriate for our present purposes where we are seeking to introduce this APN concept.

> "confusion about APN terminology, failure to define clearly the roles and goals, role emphasis on physician replacement/support, underutilization of all APN role domains, failure to address environmental factors that undermine the roles, and limited use of evidence-based approaches to guide their development, implementation and evaluation."

As I say, in looking at the specific legislation before us, it is devoid of any guidance, but in looking at the contribution of the hon. Minister in the other place—in the Lower House—I got an idea of what it is you are hoping to encompass by it, and I would like to suggest that you take some of what you were suggesting there and see whether it cannot be worked into this parent legislation in a broad manner, as was done in the original legislation.

She says as background:

> "Health care restructuring in many countries has led to substantial increases in the different types and number of APN roles. The extent to which these roles truly reflect advanced nursing practice is often unclear."

So what I would like to do is red flag. These are some of the difficulties in other jurisdictions that we should be aware of going forward, and one of them that comes up time and time again is proper role definition, and I would like to suggest that, again, that can be done legislatively.

> "The misuse of APN terminology, inconsistent titling and educational preparation, and misguided interpretations regarding the purpose of those roles pose barriers to realizing their full potential and impact on health. Role conflict, role overload, and variable stakeholder acceptance are frequently reported problems associated with the introduction of APN roles."

So we are highlighting this at the outset. Let us mark it; let us red flag it and seek, via the legislation, to try and narrow the problems that may come about, going forward. Just to flip through very quickly, she talks about the global context of APN roles:

> "In the last decade, many countries have witnessed unprecedented increases in the numbers and types of new APN roles such as acute care nurse practitioners, advanced practice case managers, clinical nurse specialists/nurse practitioners…New APN roles have occurred predominantly in acute care settings."

Otherwise referred to as the remote areas. She talks about confusion about terminology:

> "Advanced practice nursing roles can be shaped to address complex and dynamic health care system needs and demands for flexibility in service delivery. While variability among APN roles is expected and desirable, consistency in core characteristics is important for advanced nursing practice to occur. However, within the nursing profession there is confusion about the terminology used to describe APN roles."

So when we are seeing these difficulties at the outset, again, I am trying to drive home my point that let us use this legislation—I have marked here in red, next to the proposed section 14, which is an amendment to the original section 17, "Where is the proper definition of what an advanced practice nurse is?".

> "Advanced nursing practice describes the work, or what nurses 'do' in the role. There is no single definition, but agreement that advanced nursing practice extends the traditional scope of nursing, involves highly autonomous practice, maximizes the use of nursing knowledge, and contributes to the development of the profession…"

That highlights the consultation point. It highlights the need for those who have been practising in the areas, and I think it was Sen. Karim in his contribution that referred to—when you were talking about those who have retired and those who have moved on. Utilize, via consultation, the experience of those who have gone through the process. They may be able to help by their suggestions from a practical and logical and logistical point of view, what would make this a success.

> "Three characteristics distinguish advanced nursing practice from basic nursing practice: specialization or provision of care for a specific population of patients with complex, unpredictable and/or intensive health needs; expansion or acquisition of new knowledge and skills and role autonomy extending beyond traditional scopes of nursing practice; and advancement, which includes specialization and expansion…"

These are some of the warnings I would like to just—the last quote I would use the article for, which, she has under the heading: "Failure to define APN roles based on systematic identification of needs and goals." And my note next to it is: "These are the warnings that we must take heed of." She is identifying for us—this author—and from a brief reading of other similar articles, they all talk about the need to properly define the role of the APN, and especially, Mr. President, where we are here today looking at legislation that is for the first time introducing this new creature, this new ambit of nursing called advanced practice nurses.

She says:

> "Organizations often initiate new APN roles as a solution to a specific health care issue, rather than with well-defined goals resulting from systematic need assessments and clear understanding of APN roles… Evaluations of national initiatives suggest that many organizations fail to assess local health care needs in order to clearly define new APN roles and how they will achieve government priorities for improving health care...In the absence of clearly-defined goals, APN roles become shaped by the expectations of stakeholders such as managers, health care providers and nurses in the role, resulting in wide variations in how APN roles are interpreted and used. Lack of role clarity and inconsistent expectations contribute to problems such as role conflict, role overload, and variable stakeholder acceptance of APN roles..."

So, Mr. President, through you, I would like to suggest, as strongly as I am permitted to the hon. Minister and those on the other side, that they take this opportunity to revisit, not the introduction of the advanced practice nurses, but certainly the legislation by which it is proposed and to ensure that we do not fall into the same trap that we have seen happen in other jurisdictions. There must be a clear role definition, and you can start with that by defining for those who will be utilizing it later on, after proper consultation, what is a definition of an advanced practice nurse.

If I may just, very briefly, in looking at the Bill, I had a number of concerns I would just like to highlight. And if I may turn, first of all, to clause 12 of the Bill, which says section 16 of the original Act is repealing subsection (2), and when I did a comparative analysis of the new proposed subsection (2) compared to the old section 16(2), it seemed to me to be a backward step because the old section 16—well, the existing, I should say, section 16(2) of the Nurses and Midwives Registration Act, reads:

> "Any person who has completed a course of training in a recognized place of training and has passed the examinations prescribed by the Council and who establishes to the satisfaction that he is a fit and proper person to be entered on the register as a nurse, shall, on making application to the Council and upon compliance with the requirements of this Act, be entitled to be registered."

So it dawned on me that we see it is referring to completing a course of training in a recognized place of training; you have passed examinations that have been prescribed by the council—[*Interruption*]

Hon. Dr. Khan: Which council?

Sen. S. Young: By the council set up under the—this is the council set up under the Nurses and Midwives Registration Act. This is the original; this is the existing legislation.

Hon. Dr. Khan: So it is not a backward step. We have expanded it to—

Sen. S. Young: If you would let me just complete the point. So what it is saying, it sets out here very clearly and expressly what needs to be done before one can be entitled to be registered as a nurse. And what we are looking at here is repealing that and just saying:

"Any person who has—

(a) completed a course of training—

(i) in a recognized place of training under section 40;…"

When we go to the section 40:

"(ii) approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act; and

(b) passed the examination prescribed by the Council or any other nursing examination body recognized by the Accreditation Council,

and who establishes to the Council's satisfaction that he is a fit and proper person to be entered on the register of a nurse, shall on making application to the Council and upon compliance with the requirements of this Act, be entitled to be registered."

And the concern that I had, and saying that it is a backward step, is, again— and Sen. Karim referred to it a short while ago, and in looking at what was said in the other place, is this Accreditation Council of Trinidad and Tobago and some sort of assurance that, again, those who are qualified in this area would be able to work alongside and to ensure that there are proper qualifications set up and that the necessary requirements are met and are set out expressly. And I assume you are going to tell me that will be done through the regulations, et cetera.

Hon. Dr. Khan: That speaks for itself.

Sen. S. Young: One of the concerns I had is the—but I see it is used throughout the Act, the fit and proper person. I assume that that fit and proper person would be defined by the council and the Accreditation Council and there would be certain requirements, standards, et cetera, as to how we declare a person fit and proper.

4.00 p.m.

Sen. Drayton referred to, a short while ago in her contribution, that we are now introducing the need and the ability to understand, read and speak English, which I think is—certainly from my interaction with the public health care system over the past few years, and not only the public health care system, but certainly the private health care system—that there seems to be a utilization of a lot of foreign-

based nurses and sometimes have had difficulty in communicating with them, so I think this is necessary. But my question became: "to what level is this requirement and how do we define 'understand, read and speak English'?" I just red flagged that as to whether—I know in other jurisdictions at different levels you have to do a certain examination to test your level of English, your competency in reading and speaking English and I would like to suggest that here importantly once again, especially where these nurses are going to be required to be making notes that may have a purpose later on down the line.

I then had great difficulty with the new proposed section 16A, which is found at clause 13 of the Bill and really, from the proposed subsection (6) onwards, which is where we are dealing with the nurse intern. I understand the need for the introduction of a nurse intern system. I have heard, and take the Minister at his word, the difficulties that are being faced in the public health care system. But when I began to read through the proposed subsections (6), (7), (8), (9), (10) onwards, my question became: well how can we support this? How can we support that:

> "A nurse intern who holds a provisional certificate may, during the life of the provisional certificate, attempt a licensing examination as many times as necessary, until he is successful."

I heard the hon. Minister, and I read his contribution in the other House. I heard him again this morning talking to us and providing us with information as to the low pass rate, and this is where I hesitate and this is where I pause. In something as important, in my respectful opinion, as the provision of health care service, and on a front line basis, the nurses are the first people that are administering that level of health care that can save a life until someone who is more specialized, a doctor, et cetera, can get there. They are extremely important as the front line. How can we be looking to reduce the level of qualification or to reduce it to the extent that: look, try the exams for as many times as you want?

Certainly, when I did the Bar examinations in England many moons ago now, there was a 25—30 per cent pass rate, and many people felt: "Well you know I come here and I spend money to do examinations. I have tried this thing. I have paid money for courses, et cetera and I am not passing." There is no entitlement to be professionally qualified. By definition, the use of the word "qualification" means you have to cross a certain threshold. And for us to say now to reduce it from try it three times and if you fail you strike out or you have to start all over again, to try as many times as you want over a four-year period, I would like, respectfully to suggest, we as the Members of this Senate pause and question: Is

this really what we want to do? Do we really want to drop the level, the bar, the standard—and I am going to say it—to such a low level for people who, as important as the front line public caregivers, to say: Well, you have an entitlement to be a qualified nurse?

Hon. Dr. Khan: I just want to ask you a question. Is there any specific number of times you could write the Bar exam?

Sen. Al-Rawi: It must be done in consultation.

Sen. S. Young: I am smiling, because that is a good question, maybe with a bit of mischief, because I have not had the opportunity to have the consultation with the members who would be affected. But certainly if I were in the hon. Minister's position, I can tell him what I would do. I would go out there, I would consider, as he has done, the statistics of the fail rate, et cetera, but I would go to the nurses and I would also consult with the doctors at the level of nursing ability, and find out, okay if three was not the right amount, what is the right amount, is it two more opportunities, is it one more opportunity? I would be honest, my personal view, without studying any of that material, is three times is sufficient, because what I understood you to be saying is after the third time you go back to square one and you can start over again. No, it is struck out, there are more opportunities. I do not really have a problem with the three. I am not sure whether you increase that to five or what it is but I certainly do have a problem. Sorry.

Hon. Dr. Khan: Let me ask a question. In the Bar exam, suppose you failed it three times and you had to go back to year one to start all over, to write all those exams again, would that be fair?

Sen. S. Young: Actually what applied, hon. Minister, Mr. President, from my recollection of the Bar exams at that stage, you fail twice and that was it, you could not re-sit. That was it. Your opportunity has gone. What it does is that it calls to mind your focus. You have to want this well enough and that is why I say respectfully, I do not think three times is too high a threshold, but I am willing to say, because we need it and we have difficulty in getting nursing personnel registered and I understand that and accept that. But my caution is that these are the front line people. I keep using that phrase. We must understand that. These are the people who are being trained. You can go into a health care clinic, an institution. The nurse intern—[*Interruption*]

Hon. Dr. Khan: She is not a front line.

Sen. S. Young: Is the nurse intern serving any practical purpose in the public system? Under supervision, but we all know, Mr. President—[*Interruption*]

Hon. Dr. Khan: The nurse intern is not a front line person. They would be working under supervision. They only become front line when they pass the nursing exam. I think that should clear up a lot of the misconceptions.

Sen. S. Young: Not necessarily, because, certainly, in my experience and going to the public health care systems, as you yourself have admitted, it is undermanned. So the problem is you get in there, if there is an emergency situation—we talked about the concept of supervision, et cetera—there is not always necessarily going to be that direct hands-on supervision.

In any event, there is a concern, certainly on my part and I am sure others will share it, to just say sit the exams as many times as you want and if you pass in four years, fine. I do not think, for something as important as this, whether it be front line or not, they are providing an important role and a hands-on role in the health care system, so maybe I should use that phrase instead, there is a hands-on role, as opposed to the front line role that a threshold, a bar be set and we should not lower that standard because we say well we have a need. That can never be the answer when we are dealing with professionals. Well we do not have enough professionals so let us just wipe out the standards, free for all, everybody come, try for the four years and you can extend it by 18 months. Just keep trying and we will fill the spots. We will have bodies on deck and that will solve the solution. I would like to respectfully suggest that you rethink that. That should be rethought. I see the Minister nodding his head that it is not going to be, but I have marked the record.

We have a responsibility to protect the public. This is health care. This is people's lives. So I would move on, seeing that the Minister has shaken his head, as I am very quickly being accustomed to, in that contributions are not really taken on board.

I would move along then to things that can really be dealt with, I think, at the committee level and when you go now to the section dealing with midwives. When you go to clause 16 of the Bill dealing with midwives, there are errors, in terms of you have just kept the word "nurse", as opposed to changing it to "midwives", et cetera. The rest of the clause, specific contributions I have to make, I can deal with, I have learned now, at the committee stage and I will do so.

There is just really one area that I would like to deal with in my wrapping up, as I hope is being realized by now when I come to contribute, I am not going to waste words, and then it is really to just wrap up that last point. In the hon. Minister's presentation, I was taking notes of certain things that he was saying

and one of the things that stood out to me and it really, to me, concludes and wraps up this point on qualification is he said that the Nursing Council's statement was that standards have to be kept. So I red-lined that and I marked it and said this is a call that we must heed. Do not just drop the standards.

Hon. Dr. Khan: The Nursing Council agreed with this.

Sen. S. Young: Agreed with the try as many times as you want? I am hearing being whispered behind me that that is not true.

And the other final point in reply really is to the hon. Minister, Sen. Karim, and that is when you were discussing the lifelong learning, the age barriers. Of course, I do not think that is applicable to the present circumstances, but certainly I have a recollection. I think in looking at the legislation, there is the opportunity, I believe, for retired nurses to be brought back and I think not only in your consultation process but that is also something that should be given consideration for, in the providing of qualifications going forward and that they keep qualified. It is a useful asset that the country has and we should not, I am always for—retirement is just an age that is put and it certainly does not mean, we see it, certainly in the legal profession with the Judiciary all the time. I think that bar is too low an age bar and there is a lot more contribution that can be given and that is something, as well, that should be looked it.

Really, Mr. President, those are my concerns with respect to this Bill, and, again I would like to thank the Senate for the opportunity to make a contribution, and I hope that on this occasion, there will be a different reaction from my friends on the other side and that they will, on this occasion, listen to the heeds and the cries that I am hearing coming from this side and I am sure that will be echoed, that let us not drop the bar, let us not lower the standards. Let there be more consultation. Let us look at, very carefully, this advanced practice nurse that we are going forward with; that you would like to go forward with. I think it is a move in the right direction but there must be caution that you define, as well as can be, the roles, and not necessarily through the use of regulation because certainly in interpreting legislation, it is always easier, when you see language in the parent legislation, as opposed to going to the regulations, that set out the intention of us here as the legislators.

Mr. President, thank you very much, that is my contribution. [*Desk thumping*]

Sen. Dr. Victor Wheeler: Thank you, Mr. President, for allowing me a brief input in this Bill to amend the Nurses and Midwives Registration Act, Chap. 29:53.

Mr. President, in my viewing of the Act, it seems to focus on dealing with two aspects of nursing care. One aspect is the introduction of a category of nurse called advanced practice nurse which, I agree with the Minister of Health, is revolutionary. All the nurses who I have spoken to about this are welcoming the introduction of this new category of nurse—[*Desk thumping*]—because it will offer them the opportunity for upward mobility. I think once this is introduced it will actually revolutionize how health care is being provided in this country, if it is implemented properly, and that is my concern, because there does seem to be a little lack of clarity in certain quarters about it.

Now the reason that it is being proposed to introduce the advanced practice nurses, because of the shortage of medical personnel, particularly in the community areas—speaking to the Minister of Health, and it is quite true—there is a shortage of doctors to provide the care for certain areas in the community that are as not well staffed.

4.15 p.m.

With the expansion of the health sector—you are building more hospitals, you are providing more care to patients—there will be a greater need for doctors. So this is a tool that has been implemented in certain parts of the world with varying levels of success. It is intended to use or, at least, upgrade the current district health visitors who are already nurses that have had increased levels of training beyond just a registered nurse. Certainly, in the case of the antenatal clinics in the community, the district health visitors already provide the care to the patients unsupervised by doctors. But, this is because they are midwives and a midwife, in itself, is already a nurse who has a higher level of training and is licensed to work independently in particular circumstances; that is dealing with pregnancy and labour.

So, with the introduction of the advanced practice nurse, it is hoped that this will now be applied to providing care to patients in the community for other conditions unrelated to pregnancy. I actually see this working well in chronic diseases. For example, we already know that patients in a community, you go to a health centre, health office session, you might have 100, 200 people, the doctor is there. The doctors—it is said—do not spend as much time with the patients as they need to.

With the introduction of an advanced practice nurse, you can actually have those uncomplicated patients with diabetes, or high blood pressure, being seen by the advanced practice nurse. Nurses, on a whole, because of the nature of their

training, do spend much more time with the patients and would be able to counsel them better. So, the care provided to uncomplicated cases, from the patient's point of view, because the patients like you to sit down and spend time, you know. Sometimes, when the patient goes to the health centre, they feel it is time to lime and talk about their life story when the doctor just wants to deal with the particular medical problem at hand and get on with it. The nurses naturally tend to facilitate this and patients would certainly appreciate this more.

The problem with the introduction of the advanced practice nurse worldwide has been—various, not all places where it has been introduced—they have not been allowed full prescribing rights and this is actually the challenge. Even in the United States where it is introduced, it is not in all States that the advanced practice nurse is able to prescribe. If the person in the position is not able to diagnose and treat a patient, then it is not really performing the role that it is supposed to. Now, for this position to work well, it would require and mandate that the country has nationally accepted guidelines and protocols for care because you would need to know what conditions the advanced practice nurse will be allowed to treat; up to what level of complexity she would be able to treat. The doctors as well will need to know that so that you will have a harmonious relationship.

Now, when this position of advanced practice nurse was first thought of some years ago, the medical fraternity objected vociferously. Since this Bill has been laid in the House, I myself have tried to get the views of the medical association, Council of the Medical Board, and I have certainly not been barraged with any outcry or objection. So, there seems to be now an acceptance by the medical fraternity that this is the way to go. This is actually important because if the doctors were not prepared to work with the advanced practice nurses, it would fail and so far from what I have been gleaning—and I have certainly attempted to actually engage the various associations—I have not really received any objection. But what certainly has been said, it needs to be very clear what the advanced practice nurse can do and it needs to be made clear what he or she should not do.

Once this is actually implemented in the community services, I would actually like to see it being introduced into the secondary health care system, because we have, in the hospital system, various specialties where there is the need for care. Even though we have a lot of junior doctors now compared to, maybe, 10 years ago—and I need to be careful how I say this—the nurse is always on the ward. There is always a nurse assigned to a ward 24 hours a day. Doctors, on the other

hand, are not assigned to the wards. Even though a doctor might be assigned to a department, he might be doing a ward round eight to nine and then he might have a clinic, he might have an operating theater—various consultations. The nurses are there all the time. I would actually like to see this advanced practice nurse position be introduced into the hospital system as well.

In certain places abroad, you have the position of physician assistant and just to clarify the difference between a physician assistant and an advanced practice nurse. An advanced practice nurse is actually a nurse who has received additional training so that she can treat and prescribe medication, whereas a physician assistant is not a nurse. This is somebody who might have done a degree in sociology or some other area and may choose to become a physician assistant and undergoes a period of training. The advanced practice nurses are mainly trained by nursing schools but the physician assistant is trained by medical school, so there is really a difference in their training. In some jurisdictions, they provide the same service but it is important to understand that their basic training is different.

I would actually like to see you have an advanced practice nurse on the surgical ward; an advanced practice nurse on the paediatric ward and the medical ward; the reason being, this person would bridge the gap with the nursing care and the doctor's care. Now, you have a junior doctor who is training in a particular area but he would be in that area for maybe six months or a year. By the time he develops an interest in it, he goes on to a registrar level which is specialist training, whereas opposed to an advanced practice nurse who has been in the area for a number of years, she may actually be able to provide a certain level of care to that patient that may be superior to the doctor.

I remember when I was training as a medical student, and in my early years as an intern and a house officer specialty, it was actually midwives who taught me most of what I knew in the formative years. That is not the case now, but in those days at Port of Spain General Hospital, the midwives were very experienced and competent, and they actually functioned, in some instances, like junior doctors.

In Tobago, in the '80s and early '90s, because of a severe shortage of doctors—in fact, at one time, that hospital was run, when I came back to Tobago in '96, I was told a few years earlier, by just five junior doctors. Now we have about 50, and in those days, the head nurse for each department saw the patient, admitted the patient, gave initial treatments, took the blood, put up drips, and it was quite useful. When I started working in '96 and more doctors started coming, the same midwife who, five years ago, would have taken blood, put up the drip and actually, if the patient had episiotomy, which is a cut, during labour, stitched

that woman, stopped doing it because, well, you know, we have doctors now so they could do it. I just stress that because the health care system did have people who functioned at the level of advanced practice nurse in the past but that was purely out of necessity. There was no formal training; they just acquired the experience over the years.

So, I am actually quite in favour of this new category of nurse called the advanced practice nurse. Concerns have been expressed about the lack of definition and the regulations, and I would have that as well, because I am hoping that the Nursing Council will be able to adequately introduce it, define it. I have not seen anything about training. I do not know what the plans are for training these advanced practice nurses but I am hoping that the curriculum is worked out in detail. I am hoping that the doctors would be involved in the process, so that there will be a smooth transition into this new category of nurse.

On clause 5 when they talk about definition, they mentioned the term "nurse intern", which is the other reason for introducing this Bill, and we have been told that this is because you have nurses who have a nursing degree but have been unable to pass the exam that the Nursing Council sets, and without passing that exam, even though they are qualified as a nurse, they cannot be registered and have a licence to practise. I believe this is a commendable effort by the Government and the Minister of Health who introduced a new category of nurse, similar to what happens in the medical fraternity where you have medical interns. The only difference is, with a medical intern, he has already passed all his exams and just needs a year or two of supervised clinical practice before he gets his licence to practise individually. He does not have to do an exam again. In this instance, from what I have seen, for those persons who do not pass the exam—I think it is three attempts they have—they can be registered as a nurse intern and they can have registration, I think, for four years, and during that time, they will have unlimited attempts.

Now, I did receive some correspondence from a member of the Nursing Council and that correspondence actually indicates that they are not in favour of the unlimited attempts being offered to persons to do the exam. In my opinion—actually, the exam that I did when I went to England, the membership of the Royal College of Obstetricians and Gynaecologists, I passed that exam in 1995. The same year I passed that exam, there was a doctor from Egypt who passed the exam on his 25th attempt. Now, I applaud someone like that who—it is not easy to fail an exam once, twice, three times. I mean, I have failed one or two exams in my time and it was very distressing, but there are some persons who are

determined that they must achieve this. They set their goal and they set out to achieve it and if the authorities allow that, personally, I do not have a problem with it, because it is the same exam that they will have to sit as somebody who sat it once.

In fact, because they would have been under supervised training for those number of years, you might find that, clinically, they may function better than someone who just went through. In the current system, the training for a nurse is three years. The training for a nurse now is not what it was in the ’70s and ’80s where from day one, you are on the wards. That was when the Ministry of Health did the training for nurses.

Under that system, from day one, you are in touch with the patients. You have your supervisors on the ward, you have your lectures in the classroom, but the bulk of your time, you are on the wards. When, after a number of years—I cannot quite remember when it stopped—I understand the Ministry of Health stopped training nurses—Minister, that was in the 90s or early 2000? [*Crosstalk*] Right. And there was a time when no training of nurses was being done, then COSTAATT started training nurses. The training for COSTAATT is primarily in the classroom with limited exposure to the wards.

Mr. President: Hon. Senators, it is now 4:30 p.m. I propose to take the tea break at this point and we will resume the sitting at 5.00 p.m.

4.31 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

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

Mr. Vice-President: Hon. Senators, when we suspended for the tea break, Sen. Wheeler was on the floor. The information received, Sen. Wheeler, is that you have 17 minutes more. You may continue. [*Desk thumping*]

Sen. Ramlogan SC: “Yuh breaking record boy. Yuh taking up yuh full time today.”

Sen. Dr. V. Wheeler: Thank you very much, Mr. Vice President. I do not plan to be much longer actually. I was just making the point before that the training the nurses received, under the Ministry of Health, was more hands-on compared to what they seem to be receiving under COSTAATT.

Mr. Vice-President, clause 6(d) states that the functions of the Council are to—6(3A)(d):

"set standards for the education and practice of nursing and midwifery personnel;"

Am I to presume here that the Council itself would be developing clinical protocols of care and standards of care that the nursing profession will have to be audited against? If this is the case, I do not know if the Minister of Health will like to clarify that. With respect to subsection (h):

"advise the Minister on the requirements for securing continuing competence of the registered nurse and enrolled nursing assistant under this Act;"

I am just wondering, if these requirements are, in fact, determined and someone fails to achieve the requirements, if there is going to be any consequence or penalty for it. Now, I know that it does not appear to be mandatory, or if it is mandatory it would mean that continuing medical education would be mandatory for nurses. The medical fraternity, certainly the TTMA and other groups have been trying to have mandatory, continuing medical education come into effect for doctors, as part of renewal of licences and even though, when I had filed a question before, the answer was in the negative, I am hoping that in time to come, it will be part of a person's requirement to satisfy, to get a licence.

Mr. Vice-President, clause 7, section 4(iv) says:

"a person registered under this Act, nominated by the Tobago House of Assembly;"

In other words, on the Nursing Council you will now have a person nominated by the Tobago House of Assembly—which was not there before. I actually applaud this and I hope that, in time to come, the Council of the Medical Board will also have a person nominated by the Tobago House of Assembly because right now the Council of the Medical Board does not have any Tobago representation. The last time that was the case, it was from 2007—2010.

Hon. Dr. Khan: They have one.

Sen. Dr. V. Wheeler: The THA?

Hon. Dr. Khan: Yes.

Sen. Dr. V. Wheeler: Council of the Medical Board?

Hon. Dr. Khan: But they do not send anybody.

Sen. Dr. V. Wheeler: "Ah doh" think so, you know. No, no, no, no, no. Just for clarification, I was on the Council of the Medical Board, 2007—2010 and I was actually appointed by the then Minister of Health to represent Tobago's interests. Subsequent to that—but it certainly is not as how it is clearly stated in this

amendment, that the Tobago House of Assembly must nominate someone. I would certainly like to have it in the Council of the Medical Board, clearly stated, that the Tobago House of Assembly nominate someone because Tobago does have some issues that are slightly different from that of Trinidad.

With respect to section 12—[*Interruption*]

Hon. Dr. Khan: Would the Senator give way?

Sen. Dr. V. Wheeler: Yes. Sorry.

Hon. Dr. Khan: I would like to answer that right away. The Minister is allowed two appointees. What I would do, in the interim, I will see if I can ask one of the appointees to be from the Tobago House of Assembly. Will that be okay?

Sen. Dr. V. Wheeler: Yes. That will be quite fine actually. In fact, that is what happened 2007—2010. Clause 12 says:

"Section 16 of the Act is amended—"

And (2)(a):

"Any person who has—

(a) completed a course of training—

(i) in a recognized place of training under section 40; or

(ii) approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act; and

(b) passed the examination prescribed by the Council or any other nursing examining body recognized by the Accreditation Council,…"

Now I have received some feedback by the Nursing Council that this is going to cause a bit of confusion, if you have more than one body who a person can take an exam from. I do not know if it is referring to people who did their training abroad and did different examination—if that is what you are referring to.

Hon. Dr. Khan: Yes, it is.

Sen. Dr. V. Wheeler: If that is the case, then that should be okay but the way in which it is written, it may, after you have clarified it, sure—[*Interruption*]

Hon. Dr. Khan: Somebody could do the nursing course here, pass the exam, have a Diploma in Nursing from, let us say COSTAATT, but decides to go to America and do the NCLEX exam. The NCLEX exam is the qualifying exam for

registration in the United States. That is an internationally accepted, qualifying exam for accreditation by the Accreditation Council. They could then come back to Trinidad and Tobago and get registered.

Sen. Dr. V. Wheeler: Okay.

Hon. Dr. Khan: And it works the other way too. Similarly, Caricom has the RENR exam. It is not necessarily the Nursing Council exam. You could pass the RENR exam for Caricom and be trained here or trained, let us say, in St. Vincent—wherever—Jamaica and they could get registration here without having to duplicate the exam. That is the whole idea behind it.

Sen. Dr. V. Wheeler: Okay. Thank you very much for that clarification. Now, the other area that I would want to comment on is an area that has been discussed, which is the issue of the nurse intern and when she has this provisional certificate, she would be allowed to practise on the wards. Now, that is actually a good idea, as I have said, and I support it. The only thing, in practice, is when they go on the ward, are they going to have specific nurses whose job is to supervise these holders of provisional certificates?

The reason I am mentioning that is at present, in Tobago, we have lots of nursing students on the wards and I do not often see them with a specifically identified supervising nurse to take them through. What they do is that they align themselves, or they are assigned to various nurses as they perform their duties. They observe these nurses performing but with the current provision of nursing care, you have the head nurse who is the head of the ward and then you might have some senior nurses.

In Tobago, when we were going through the improvement for provision of care, for the new hospital, there was a category of nurse called a resource nurse. That category of nurse was supposed to be specifically employed to ensure that the standard of nursing care is what it should be. So newly registered nurses will have their hands held by this particular category of nurse and that particular category of nurse was not—that position did not seem to find favour with the TRHA. Now, I do not know if there are other regions, in Trinidad, that have that category of nurse because if you have this new category of nurse called "nurse intern", you would need to ensure that there are experienced nurses assigned, or maybe a category of nurse can be created, whose job is to ensure that these nurses are properly supervised.

Hon. Dr. Khan: Thanks for giving way again, Senator. You cannot create another category of nurses. You have to come up with the legislation. However, in the regulations that we would do after the parent Act is passed, regulations would speak to that; that the Nursing Council, or the Nursing Administrator, or the

Nursing Educator, someone, who is in the RHAs or in the Nursing Council, can determine what level of nurse can be utilized to overseer these nurse interns. That will be written in the regulations.

Sen. Dr. V. Wheeler: Actually, I did not mean that it be part of the Act. It is just that a position needs to be identified in the organization—[*Interruption*]—Yes, because it is not just for the nurse interns. There are newly registered nurses who do not have that much experience and I have seen where they may just be left to fend for themselves. It is important to have some—just like in medicine; a doctor now comes to the ward, we do not just let him flounder. We have people who supervise. So that is something I will like to have addressed.

So, as I wrap up, I would just like to say that even though there might be some little issues with the amendments, as proposed, I am certainly supportive of the position of "advanced practice nurse" and the "nurse intern", to try to address the issues with assisting those nurses who have been failing the exam; to help them to pass. I hope that the creation of the advanced practice nurse will cause the nursing profession, as a whole—and by the way, the nursing profession contains the single largest number of health care workers in the health sector. Hopefully, this will give them the encouragement and the confidence to increase their role as patient advocates.

If we do have advanced practice nurses in the secondary health care system, it will certainly help with the provision of care to the patients. It should not be a case where a doctor comes to the ward to see patients, the junior doctor presents information to him, the senior doctor makes his decision and just gives the nurse instructions. It should be teamwork. There should be some level of collaboration.

I think we have gone past the stage where one category of health care worker is considered senior and another person junior. We are all health care workers, focusing on different areas, to provide care to the patient. We should be working together. It should not be one superior to the other. The nurses do need to take a little more charge of the areas that they are under and I am hoping that this category of nurse will facilitate that.

On a separate note, with respect to midwives—even though this was not specifically addressed—I hope that with the new hospitals that are being built, particularly those that will have maternity departments, will have what we call midwifery-led units which we had in the past, in certain health centres, whereby a patient who would have seen a district health visitor and maybe an advanced practice nurse in the community—no problems; comes into hospital in labour—no

problems; and she goes to a midwife-led unit, which has a labour suite on the ward itself. It is a unit where the midwives take charge. And if there is a problem—because it is in the same hospital—you will have access to the specialist obstetricians, to provide care.

I believe if this is done, we will actually reduce certainly the number of caesarean sections that are being performed now. By nature, obstetricians do tend to medicalize what is actually a natural process. Pregnancy, childbirth and labour are natural processes. It is not an illness. [*Desk thumping*] It is not a sickness. The vast majority of women do have normal pregnancy, normal labour and normal delivery.

So, if we can have, as happened in the past 20 years ago and more; when you had midwifery-led units, you had more people having home births. If, at least, you can have a midwife-led unit in the labour ward that they control, this may actually assist in reducing the problems that we see, to some extent, in the health sector now, particularly concerning pregnancy and labour. Thank you, Mr. Vice-President.

Mr. Vice-President: Sen. Baldeo-Chadeesingh.

5.15 p.m.

Sen. Diane Baldeo-Chadeesingh: Thank you very much, Mr. Vice-President. It is a privilege for me to contribute to the Nurses and Midwives Registration (Amdt.) Bill, 2014. This Bill seeks to amend the Nurses and Midwives Registration Act, Chap. 29:53. Amongst the proposed changes are, to change the composition of the Nursing Council from 22 members to 15, and provide a new cadre of nurse, the advanced nurse practitioners, to ease the nursing staff shortage.

Mr. Vice-President, while the change in composition and size of the Nursing Council is positive, and in keeping with 21st Century best practice, the introduction of the advanced practice nurse will have a positive impact on integrated public health care quality. However, there will be serious negative implications that will arise from the proposed amendments. One being, reduction of the entry requirements would lead to inefficient staff.

Mr. Vice-President, I wish to refer, with your permission, to a newspaper article dated Friday, February 14, 2014, the *Newsday*. It is an editorial piece and it is entitled "Nurses want exam to stay".

> "The NURSES Association yesterday"—I quote, Mr. Vice-President—"called on Minister of Health Dr. Fuad Khan to quash a plan to remove a qualification examination...

> The Association called on the minister to move that the Nurses and Midwives Registration (Amendment) Bill be referred to a Parliament committee for more detailed consideration.
>
> ...the Association"—further—"said"—that—"it, 'disagrees with the removal of the licensing examination'. It said the examination, 'is essential to maintaining safe practice and patient safety'."

But, Mr. Vice-President, in addition to the reduction in entry requirements and the fact that it would lead to inefficient staff, there is also the risk of the failure to implement retention strategies for nursing staff. In addition to that, there is an increased risk to liability for medical errors with the removal of this licensing examination. Quality national health and health services are two of the most important aspects of health in Trinidad and Tobago. [*Desk thumping*] The development of a nation depends on a healthy nation. In other words, a healthy nation is a wealthy nation, and this must be our goal.

The critical issues of licensing I will deal with in detail. These issues, Mr. Vice-President, impact on the long history of well-trained Trinidad and Tobago quality nurses, with excellent portability regionally and internationally. In other words, our nurses are in demand globally, and the provision of mandatory continuing education for all nursing and all nurse personnel is excellent. I agree, but it must be done in collaboration with the professional bodies in Trinidad and Tobago. There must be collaboration.

Having said that, Mr. Vice-President, I wish to give an overview of the structure of the nursing education. I think this is needed to effectively analyze these amendments in context. Trinidad and Tobago inherited the UK nursing programme which was successful, and saw students enter the hospital apprenticeship programme. This programme comprised a theoretical and a practical nursing curriculum. On completion and successful passing the nursing school exam, the nurse graduates then applies for the licence, writes the licensing exam of the Nursing Council of Trinidad and Tobago, and if successful becomes a licensed nurse and legally allowed to practise as a nurse.

As the education system expanded, the NIHERST programme evolved into the Associate Degree in Nursing from COSTAATT, which is to move to a bachelor in nursing (BN). The apprenticeship programme is still offered, while the University of the West Indies (UWI) and the University of the Southern Caribbean (USC) now offer the BN programme. On completion, Mr. Vice-President, all graduates must

sit the licensing exam of the Nursing Council to obtain a licence to practise as a nurse in Trinidad and Tobago. The licence has offered portability in the region and worldwide, where our Trinidad and Tobago nurses are, once again, in demand. In other words, we have an excellent training programme.

My focus, Mr. Vice-President, now is dealing with the issues of the amendments of nursing in Trinidad and Tobago. These are main areas that I wish to focus on today:

1. quality health care professional training and licensing;
2. management, administration and continued education of nursing in the health sector; and
3. the Ministry of Health linking strategically and collaboratively with the stakeholders—including that one of them is the nursing council—to sustain a quality health care system, staffed with international best practice.

Mr. Vice-President, I wish to draw to the attention of the Minister some recommendations for the proposed amendments. The amendment of section 16A of the Act by repealing subsections (2), (3), (4) and (5) and substituting new subsections (2) and (3), which will provide for the registration of qualified fit and proper persons. However, in (2)(b):

> "...or any other nursing examining body recognized by the Accreditation Council,..."

Mr. Vice-President, from my research and in speaking with persons in the sector, this should be deleted. You see, the Nursing Council of Trinidad and Tobago must be retained in its regulatory role. It must be retained in quality nursing in Trinidad and Tobago by retaining its professional regulatory responsibility. The Nursing Council has a fiduciary—[*Interruption*]

Sen. Al-Rawi: Fiduciary.

Sen. D. Chadeesingh-Baldeo:—fiduciary responsibility to protect the public from unsafe practices. Its gatekeeping role protects the public from unlicensed professionals in nursing. [*Desk thumping*]

Mr. Vice-President, still on (2). Another recommendation that I have, is that the Nursing Council is responsible, further, for the fitness to practise, and is the professional regulatory body for the nursing profession for over 80 years. In June 2014, the Nursing Council would be 84 years old. Since 1953, it has also been officially linked with the International Council of Nursing. It is a recognized council and it has been efficient and it has been effective.

Hon. Dr. Khan: Maybe that is why we have a shortage.

Sen. D. Chadeesingh-Baldeo: I will come to that. Still on (2)(b):

"...or any nursing examining body recognized by the Accreditation Council,..."

Mr. Vice-President, the Accreditation Council of Trinidad and Tobago confers accreditation when a process or a programme has been evaluated and found to meet the—or exceed the stated criteria of education quality. The ACTT collaborates with regulatory bodies for professions and regional and international accredited bodies. The nursing council is already the regulatory body for nursing and there is no need for creating confusion because it has been effective and has a long history of excellence, and it should remain the official regulatory body for nursing.

Mr. Vice-President, I wish to move on to clause 13, and this clause reads:

"Provisional Nurse's"—and—"Midwife's certificate"

From my understanding, it should now read, the provisional nurses' certificate, because this does not apply in the case of the midwife because she is already a nurse. She is a licensed professional. So I believe it should change from Provisional Nurse and Midwife's Certificate to provisional nurses' certificate. The midwives play no role with regard to this.

In addition, the words in the Bill, "nursing personnel"—and I came upon it several times, and in doing my research "nursing personnel" is a general term. Who is to regulate; who is to regulate this system; and who is to know what they are to do or what they are to be doing? The law is meant to regulate, and it should read instead of "nursing personnel" which is the general terms. I propose it be changed now to "advanced practice nurse, registered nurse, registered mental nurse, midwife and enrolled nursing assistant".

Mr. Vice-President, it is important that the definition be accurate since the law is meant to regulate those prescribed.

Moving on to clause 13, section 16A(3) to (10), I also had some concerns regarding these sections.

"(2) A person who is granted a provisional certificate under this section shall be referred to as a 'nurse intern'."

And:

"(3) A provisional certificate granted under subsection (1) shall entitle the holder thereof to only practise as a nurse while under supervision at a public hospital listed under the Regional Health Authorities Act."

Mr. Vice-President, a provisional certificate to practice as a nurse? These persons with a provisional certificate, they do not have a licence to act. There are certain tasks that they will not be able to perform, and if they are under supervision and you are saying that there is a scarcity of nurses in the system, then with this scarcity of nurses, the ones that are there now have to do their work and supervise persons without a provisional licence. [*Desk thumping*]

Mr. Vice-President, these are the persons who have to, in most instances, assess the patients because the doctors do not see them immediately as they come in. They have to conduct tests, they have to sometimes evaluate the liability and the risks associated with the patients. If this is so critical, why bypass the licensing exam?

5.30 p.m.

In many instances, nurses do make and have to make interventions in cases before a doctor even sees the patient. So my recommendation therefore, Mr. Vice-President, is as a provisional certificate it should read—[*Interruption*] It is my job. [*Laughter*]

A provisional certificate granted under subsection (4) is valid for four years and shall entitle the holder to only practise as a nurse intern only under the supervision at a public institution listed under the Regional Health Authorities Act.

That is my recommendation on that one. Seeing that you like them so much, I will give another one.

Still with—[*Interruption*] not at all, not at all, this might come in handy because any one of us could be a patient at any time, you know. And you are making legislation that affects everyone. [*Crosstalk*]

Mr. Vice-President, clause 13, section 16A, (3) to (10) states:

"(4) A nurse intern shall, within one year of his provisional registration, attempt a licensing examination conducted by the Council or the Regional Nursing Body.

(5) Where a nurse intern fails to attempt the examination under subsection (4) within fifteen months of the grant of the provisional certificate, the Council may revoke his certificate."

Mr. Vice-President, a nurse intern shall within one year of his provisional certificate—[*Interruption*] this is a recommendation I am making, you cannot tell the difference?

> Recommendation: A nurse intern shall, within one year of his provisional certificate attempt the licensing exam conducted by the Nursing Council.

Further, Mr. Vice-President:

> Recommendation: Where a nurse intern fails to attempt the licensing examination within fifteen months of the receipt of the provisional certificate, the Council may revoke the certificate.

It is just a tweaking of that and to make it a little more specific, because as it stands, it is a bit general.

Mr. President, my rationale for giving these recommendations, the academic programme for a student nurse is now four years, after which he or she gets a provisional licence, and the chance to attempt the licensing exam within 15 months. With this recommendation, Mr. Vice-President, the student is given five years to complete the nursing programme. The licensing exam is a regional exam, administered by all nursing councils twice per year on the same date and the same time. There are enough opportunities for students to attempt the exam.

Mr. Vice-President, still on section 16A(6), it states, a student can attempt the examination "…as many times as necessary…" Again, I wish to put forward my recommendation. This is not recommended by the Nursing Council. Given the technical hands-on nature of nurses, unlimited chances presents a situation where the student's competency cannot be assured. The Nursing Council mindful of its purpose to protect the public sees this as a risk, and exposing the health system to increased liability, Mr. Vice-President.

You know, Mr. Vice-President, in the Minister's verbal presentation he stated that the category of persons referred to as aides to nursing, who have one CXC subject and a passion can eventually become a registered nurse. I thought this to be the title of a movie, one O level and a passion, but it sounds like the title of a movie, "One O level and ah passion". But the parent Act [*Interruption*] let me tell you, it sounds good, but it is not good. It is not. It is not. [*Crosstalk*]

Mr. Vice-President, this is the Minister, Mr. Vice-President—[*Interruptio*n]—so, Mr. Vice-President—[*Interruption*]

Mr. Vice-President: Hon. Senators, please allow the Senator to make her contribution.

Sen. D. Baldeo-Chadeesingh: Thank you very much for your protection, Mr. Vice-President. [*Desk thumping*] You see, they are getting recommendations and

"dey jumpy", because they are so surprised they are getting recommendations to fix the thing, you know. [*Desk thumping*]

But, with regard to aides to nursing, who have one CXC subject and a passion can eventually become a registered nurse. Mr. Vice-President, I was confused when I read this, because I took time to cross this with the parent Act, and the parent Act in its regulations under training of nurses, section 7 states the qualifications required to do nursing are five subjects at O level GCE, and two subjects must be English Language and a subject showing a proficiency in mathematics.

The Nursing Council and nurses themselves want this to remain or be upgraded to the Caricom and international standards. And I refer, Mr. Vice-President, to an article titled:

"Nursing and Midwifery at WHO"

Now, earlier this morning, the hon. Minister, in referring to the WHO, the World Health Organization, identified that there are "…57 countries facing severe health work shortages…", but what he did not indicate, Mr. Vice-President, is that:

> "The number of Resolutions on nursing and midwifery adopted by the…World Health Assembly, demonstrates the importance WHO Member States attach to nursing and midwifery services as a means of achieving better population health outcomes.
>
> The most recent resolution…give WHO the mandate to strengthen the capacity of nursing and midwifery workforce through the provision of support to Member State on a number of strategies including:"

They listed quite a number of strategies, Mr. Vice-President, but I want to share just five with the Senate:

- participating in the ongoing work of WHO's initiatives on scaling up transformative education and training in nursing and midwifery,
- collaborating within their regions and with the nursing and midwifery professions in the strengthening of national or subnational legislation and regulatory processes that govern those professions,
- harnessing the knowledge and expertise of nursing and midwifery researchers,
- engaging actively the expertise of nurses and midwives in the planning, development, implementation and evaluation of health and health system policy and programming; and

- implementing strategies for enhancement of interprofessional education and collaborative practice,"

Mr. Vice-President, but we hear the Minister talk about one O level and a passion, and this is what the last resolution of the WHO stated.

Mr. Vice-President, students with less than the entry requirement will have tremendous difficulty studying the required subjects applied to nursing, for instance, anatomy, physiology, microbiology, pharmacology, as well as the nursing process relevant to all diagnostic groupings and branches of medicine.

There is a Caricom agreement, Mr. Vice-President, that entry into nursing is a Bachelor of Science degree. Most Caricom nursing programmes are at the degree level, except Trinidad and Tobago. And I want to at this juncture and, of course, with your permission, Mr. Vice-President, quote from:

"*The World Health Report 2006: Working Together for Health*

Through networks and partnerships",—the World Health Organization will:

And I will share just two:

- Support Member States to maximize the contributions of health professionals through interprofessional education and collaborative practice.

- Support the maintenance and development of professional competencies through continuing education to ensure health professionals are equipped to provide the best care possible."

Mr. Vice-President, I think we should be talking in Trinidad and Tobago about raising the standards to address that human resource challenge, [*Desk thumping*] and the Minister has indicated that he would like to lower the standard. By lowering the standard you are lowering the morale of the nurses and the nursing fraternity. Instead of increasing and improving the morale of our nurses and incentivizing our nurses, they are almost being ridiculed, Mr. Vice-President.

As matter of fact, just a couple weeks ago when the labour movement was outside the Waterfront Centre and they had a march a couple weeks ago, I distinctly saw a placard—some of the nurses were at that march; some of the nurses were there. And there was a placard, and I took a note of it and incidentally someone also emailed me that—subsequent to that. And it said—[*Interruption*]

No, not a mailbox, I said email. There is a big difference between an email and a mailbox, Mr. Minister. Do you not know? [*Desk thumping*] My point is the placard I saw, Mr. Vice-President, one of the placards said: "To fry chicken, five CXC, to do nursing, one CXC: yuh mad!" [*Crosstalk*] End quote. That is what the—[*Interruption*]

Hon. Senator: Read that again.

Sen. D. Baldeo-Chadeesingh: "To fry chicken, five CXC, to do nursing, one CXC: "yuh mad"!" End quote. [*Crosstalk*] I have it. I could forward it to you [*Interruption*] because I have that picture of the placard, and I have a photograph of the persons when they were outside and they were placarding. And you talk about incentivizing and increasing the morale of the nurses of Trinidad and Tobago? [*Crosstalk*]

Mr. Vice-President, in the Bill, I also noticed the terms "registration" and "licensing" and they are used interchangeably. I find that this is incorrect. [*Crosstalk*] I have another recommendation, Mr. Vice-President. You see, the nursing profession members, when I was doing my research, Mr. Vice-President, I consulted with quite a number of persons and when consulted, they recommended that the terms be corrected in accordance with the definitions to avoid challenges in administering the law. You see, registration is for life, unless it is revoked for one reason or the other, and it is obtained after a student completes all exams, and is accepted for registration by the Nursing Council.

Licences on the other hand, Mr. Vice-President, is a periodic, yearly or biannual process, based on criteria established by the Nursing Council. It is a requirement for continuous safe practice and world standard. Example, Mr. Vice-President, a registered nurse found practising without a current licence can be charged and his or her employer can be penalized.

Further, Mr. Vice-President, in the text of the Bill, reference to the regional nursing body was made and also in doing my research, I would be so bold to say that this might be even inaccurate. The term should be the Regional General Nursing Councils. You see, the regional nursing body refers to the chief nursing officers in the region, which is an advisory body to the Caribbean Conference of Health Ministers, and has no legal status, and this is the role of the Nursing Council. [*Desk thumping*]

With regard to strengthening the nursing profession, Mr. Vice-President, my research and the research reveals that there are always more than enough qualified applicants with five O level subjects for the places in nursing. The Ministry of

Health seems not ready to hire these successful nurses who become licensed and move on to private institutions, while the public system is not administratively ready to employ them.

The aide to nursing must be removed and these individuals be trained to function as the patient care assistant, and this morning there was talk with regard to that. But the process needs to be more integrated, since the Minister states that there is a need, but the hiring, on the other hand, is very tardy, Mr. Vice-President.

Mr. Vice-President, to achieve the goals of developed status, we must improve our health system, so the public confidence is strong. This is key to efficient treatment.

5.45 p.m.

I wish to refer to an article dated February 08, 2014. It is from the *Newsday*, by Andre Bagoo, and it is titled "$34M a year to have foreign nurses". I quote:

> "Minister of Health Dr. Fuad Khan yesterday said it cost $34 million to staff hospitals with foreign nurses last year…Khan said the Nurses and Midwives Registration (Amendment) Bill 2014 would potentially increase the number of nurses available on hospital wards, so much so that the"—nurses—"could expect State medical care at health facilities to be available 24/7."

But I ask the question: at what cost? Because:

> "The legislation proposes to remove a mandatory examination which all nurses must sit in order to practice and replace it with a system of granting of the provisional certificates. The move would mean that graduates with nursing degrees or diplomas would be able to start working as nurses immediately, pending further qualification."

Mr. Vice-President, the public institutions must be staffed with well-trained nursing professionals, and standards of education and training just cannot be compromised. Nursing is an independent profession, as well as an interdependent profession. By independent profession—meaning that once a nurse obtains his or her licence, they are able to practise on their own; as well as interdependent, they still need to be dependent on the doctors in terms of recommending and prescribing and that sort of thing.

So the nurse must work with other professionals in the medical field, for example, the doctors, X-ray technicians; but must also offer care based on her nursing professional competencies. The nurse can identify patient needs and

within professional guidelines, administer medicine and other interventions to the patient within the scope of the nursing care. The nurse is central to the treatment and rehabilitation of a patient.

The Minister is aware of the critical relationship between nurses and all related service professionals, but I have to admit that this Bill is a good opportunity for the Ministry of Health to review the staffing at the Ministry of Health. The Chief Nursing Officer, the CNO, is a most critical position and I am advised that there is a vacancy right now. As a matter of fact, how are we managing without this position at the Ministry of Health?

In addition, the Minister would not have gone in the public domain and made these pronouncements about nurses and the revoking of the licences and so on if he had the advice of the CNO. You see, the CNO, the Chief Nursing Officer, advises the Minister on policies and is responsible for integrating the functions of nursing education, community nursing staffing, administration and the practice of nursing nationally. The CNO develops and drives the strategic policy for nursing to achieve the desired objectives.

Implementation of the strategic plan by the Chief Nursing Officer is critical for nursing. Nursing represents 60 per cent of the technical staff in the health sector; 60 per cent of the technical staff. There must be a strengthening of the relationships between the Ministry of Health and nursing professionals.

The Nursing Council, the Association of Registered Nurses of Trinidad and Tobago and the Midwives Association—and, by the way, we also have some midwives from the San Fernando General Hospital with us in the public gallery today; hard-working career women. The midwives need to be heard in stakeholder sessions on this Bill. It is a most important Bill. The Nursing Council, the Trinidad and Tobago Registered Nurses Association and the Midwives Association have always been very proactive in legislation.

Our nursing professionals were instrumental in lobbying to have a review of the Nurses and Midwives (Registration) Act of Trinidad and Tobago undertaken by the same David Benton, a consultant to PAHO. That was brought up today. Mr. Benton had undertaken similar reviews in Guyana and Jamaica. Remember, you could not remember the other country? It was Guyana.

The current Bill, however, does not reflect, nor has it incorporated many valuable recommendations from the in-depth review that was undertaken by this experienced David Benton. The nursing professionals of Trinidad and Tobago are ready to collaborate on a review of the Bill.

Mr. Vice-President, to the Ministry of Health and to the Minister; hire a C-N-O a-s-a-p. [*Desk thumping*] It is needed. A C-N-O a-s-a-p. Urgent implementation of the strategic plan by the CNO is critical for nursing.

Hon. Dr. Khan: What does a-s-a-p stand for?

Sen. D. Baldeo-Chadeesingh: Well, if you have to ask what a-s-a-p stands for. Once again, nurses represent 60 per cent of the technical staff in the health sector, so there must be a strengthening of the relationships between the MOH, the Ministry of Health, and nursing professionals.

The Nursing Council, the Association of Registered Nurses and Midwives need to be heard in stakeholder sessions regarding this Bill and there is still time to undertake the sessions to ensure that we have a Bill that will ensure quality education and service.

It is important to review incentives for nurses on the job, for example, a designated lunch area, continuous training, retention strategy reports and their recommendations must be implemented. You see nurses have given us years of dedicated service and today many ignore the work of the Minister's favourite person, Florence Nightingale, but with her statistical record-keeping—do you know who she was?

Hon. Dr. Khan: You read my presentation.

Sen. D. Baldeo-Chadeesingh: I did.

Hon. Dr. Khan: I like that.

Sen. D. Baldeo-Chadeesingh: Because there were too many things wrong with it, I wanted to try to fix it. [*Laughter and desk thumping*] I leave it to the Minister to tell you, Mr. Vice-President, because he was not so nice to Miss Florence Nightingale, you know.

Today many ignore the work of Florence Nightingale, but her statistical record-keeping was her first contribution to evidence-based nursing and there are several examples that clearly reflect an evidence-based framework, ranging from Nightingale's first work after her return as a heroine from the Crimean War in 1856, to a late attempt to influence social policy with a proposal for a Chair in Social Physics at Oxford University in 1891. I end with a quote from Florence Nightingale:

> "Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than exertion."

Hon. Dr. Khan: "Florence never write no exam, you know."

Sen. D. Baldeo-Chadeesingh: Let us heed these wonderful words and you see those remarks, Mr. Minister, is what—you have to show compassion for the nurses of Trinidad and Tobago. [*Desk thumping*] After this, you are still not showing compassion for the nurses of Trinidad and Tobago?

Let us heed these wonderful words of wisdom from the mother of nursing and do good to support our nurses and ultimately their patients. Any one of us is a patient. I thank you, Mr. Vice-President. [*Desk thumping*]

Sen. Anthony Vieira: Thank you, Mr. Vice-President. Senators, I feel qualified to speak on this proposed legislation on both personal and professional grounds. At the personal level, my first wife worked as a nurse at Great Ormond Street Hospital for sick children in London and nurses also cared for my elderly relatives before they died and this allowed me to appreciate the importance of nursing and what nurses can do for patients and the families of patients through their dedication, vocation and skill.

At the professional level, many years ago, in 1991, I had the privilege of teaching a course for student nurses, for NIHERST, at the general hospital, on the legal aspects of health care administration. Throughout my legal career I have advised and represented doctors, dentists and medical organizations, including regulatory bodies and associations representing members of the medical and dental professions.

We will, hopefully, all grow old before we die and during that time we may fall ill or get into accidents. From birth to death and throughout periods of crisis, if we are lucky, we will need nurses around to help us. Nurses care for our sick, infirm and elderly. They work alongside our doctors, dentists and surgeons. Nurses are essential to our communities and the primary health care system.

As health care professionals who work in the trenches, nurses need to have proper training and possess scientific knowledge about viruses and other infectious diseases; about how to help from the bedside to the surgeon's table. It needs to be recognized that the success of our health care delivery system depends largely on well-trained, well-educated nurses. Nurses work to promote health, prevent disease and help patients cope with illness. Their jobs are important and demanding and this they perform quietly and successfully.

It is often said that physicians cure and nurses care. Now the quality of that care may well be affected by the legislation we are considering today and we need to ensure, in our own enlightened self-interest, that nurses have the right competencies and the right training. They must be able to provide the best possible care for patients.

Clearly, they need to learn about the latest technologies and medications; about how to collaborate with physicians in the performance of treatments and examinations. Nurses who seek advance practice, that is to say, those who have pursued specialized training in fields such as paediatrics and aesthetics, obstetrics, midwifery or oncology, should be afforded the recognition, the status and the pay they deserve. I support the introduction of this new category of nurses in keeping with evolving international practice.

I think that this debate offers us an opportunity to recognize and show appreciation for those unsung heroes who labour long and hard, often handling difficult and unpleasant tasks. Nurses offer real support when we endure the turbulence and uncertainty of illness and accident. Their gentle strength can carry us beyond the immediate dramas of fear, helplessness and aloneness.

This proposed legislation offers an updated framework for the education, training and certification for nursing careers. It also occasions us to wonder and reflect on why so many of our best nurses continue to leave our shores in favour of working in foreign lands.

Our nurses and, indeed, West Indian nurses in general, have gained a reputation for having simpatico and compassion; things that you do not learn from books, but which are a natural reflection of who we are as a people. This natural humaneness makes our nurses very much in demand and it raises the concern that if we do not find the ways and means which will inspire them to want to remain here, we may be investing our money, time and resources to train nurses for the benefit of other countries.

6.00 p.m.

We must be astute in developing and maintaining an environment which will encourage our nurses to want to stay here. If they are unhappy with their work environment or they feel dissatisfied with the available remuneration packages, job security, opportunities for ongoing training and the necessary amenities, we run the risk of training our nurses to serving other countries, and that I think would be both futile and self-defeating. The Minister has said that in the past three years we have spent $34 million on foreign nurses, and we still have a shortage. Perhaps, the money can be better spent in beefing up the current pay packages.

As you will hear, again and again, I have a particular concern about the need to build, foster and maintain strong institutions; key institutions such as the Judiciary, the police service, Parliament and our medical institutions. They must

remain strong, viable and enduring if Trinidad is to remain stable. We must also develop and sustain the environment that supports these institutions, in particular, the essential capital, the human resources, finances and research capabilities.

Accordingly, I would like to suggest that it is in the national interest to pay our nurses well; to provide them with proper job security; opportunities for career advancement and to demonstrate the due respect and proper regard for the fact that they are an integral member of our national health delivery system.

In general, I support the proposed legislation which is long overdue. The parent Act, as we have heard, took effect in 1960 and it comes from the '50s, over a half of a century ago and, clearly, is in need of update.

Having said that, I must say that from a draftsman's point of view, I find this Bill—and while it is clearly well-intentioned—long-winded and clumsy in its wording. I find it also tends to lose focus in some areas by being unnecessarily repetitive. It is quite stringent in some areas and then very lax in other areas, and at times when I read through the Bill, I wonder if it might hinder rather than help those it is intended to serve. I find it unwieldy and it could be a trap for the unwary.

Now, I know that at committee stage we go through line by line examining all the different parts, but I just want to say, given current practice, I have found that by the time we get to committee stage in the wee hours of the morning, I just do not have the mental acuity. My mind is just too tired and not focused to be able do the kind of wordsmithing that is required. So, for what it is worth and in case I forget, let me draw to your early attention one of the most glaring bits of duplicity in this legislation. If you turn to pages 14 and 15, you will see that (2A) and (3) are exactly word for word; the same clause is repeated. Clearly, this cannot be deliberate. One of these clauses must be redundant.

I agree with Sen. Drayton's observations regarding the ambiguities latent in clause 13. I think you talked about the word "may", I think it should be "shall".

Hon. Dr. Khan: Where is that?

Sen. A. Vieira: That is new section 2A(5).

Now, one of the Nursing Council's functions, clause 6, the new section 3A(f) will be to:

> "monitor the adherence to, and investigate breaches of, standards and the code of ethics and conduct;"

I want to focus on "investigate breaches of". When I worked with some of the other regulators, one of the questions that keeps cropping up is well: what triggers these investigations? Who should do the investigating? So, I would like to suggest that we expand on this, and that the reasons for investigation could be developed upon to include, for example, complaints from a member of the public or health care professionals; reports from an employer, an officer or agent from the public health services or a colleague.

You may want to put in whistle-blowing provisions making it a duty to report on misconduct; information passed from one regulator to another. That could trigger an investigation. So, for example, under clause 29, section 51B, where a nurse or midwife is coming from another country, and the regulator there may have had adverse findings against that person, or where that person may have been convicted of a crime in that country and it is reported here, that should trigger an investigation here.

Publicly available information: newspaper reports, for example, could trigger an investigation, and it is not clear whether or not the council can self-initiate investigations. So, I would make it clear that the council should be able to investigate on its own initiative.

So, for example, if you look at the Integrity in Public Life Act, section 33:

"The Commission—

(a) may on its own initiative; or

(b) shall upon the complaint of any member of the public, consider and enquire into any alleged breaches of the Act or any allegations of corrupt or dishonest conduct."

So, in section 3A(f), I would like to suggest that this section could also be expanded to include breaches of the Nurses and Midwives Regulations and any guidelines or policies of the council.

Council, I think, should also have the power at its own initiative or by request of the parties to request the attendance of witnesses and the production of documents and other evidence. One of the problems I thought about too is, you have many homes caring for the elderly or infirm people which are basically nursing homes, and I was wondering whether council should have the ability to investigate complaints in those homes.

I turn now to council's disciplinary function. Under the legislation, council has disciplinary control over nurses, midwives and nursing assistants. The institution of disciplinary proceedings is more fully dealt with at Regulations 83 to 87 of the Nurses and Midwives Registration Regulations and you see also under section 18(2) that a nurse can be suspended or deregistered for:

"(a) professional dishonesty;

(b) negligence or incompetence in the performance of duty;

(c) a habit or illness rendering the nurse unfit to practise nursing;

(d) conduct that does not conform to the generally recognised standards of the profession of nursing, or that is unbecoming to a nurse;

(e) wilful refusal to obey a lawful order given in the course of his professional duty; or

(f) fraud or misrepresentation in obtaining a registration, whether for himself or some other person…"

May I also suggest that the list be expanded to include reports concerning a nurse's misconduct; lack of competence; physical or mental ill health.

I would also like to suggest that the range of sentencing options available to council could be expanded beyond what is provided for at Regulation 83(1), and clause 6 which inserts 3B. We see that under this Bill and as it would stand, council can cancel certificates or they can revoke licences or they can suspend or place conditions on the licence to practise.

Now, we heard much about innovation and out-of-the-box thinking and that is music to my ears. I love innovation. So, I would like to contribute in that vein. My recommendation is that council should have at its disposal a range of techniques which can deploy flexibility according to the circumstances of the case.

So, if we accept that the principled purpose of council's jurisdiction is to maintain standards and public confidence in the nursing profession, then council should also be able to order, for example, further training along the lines expressly provided for at clause 13 which inserts section 16A(8) for nurse interns to take a one-year remedial programme. So, for example, if your look at section 8(8) of the Mediation Act, under that law:

"The Disciplinary Panel"—is allowed to—"impose sanctions, including but not limited to—

(a) the issue of a private reprimand;

(b) the designation of corrective action necessary for the mediator…to remain on the register;

(c) notifying any approved mediation agency with which the mediator is affiliated of the complaint and the result of its disposition;"

So these are things that, perhaps, we could consider in the arsenal of the regulator. Alternate dispute resolution, in particular, mediation, should also be available as a means of resolving and reducing complaints or disputes.

Now, of course, the way the Bill is structured, if any of these recommendations were to be implemented, they will have to be replicated several times, for example, in the case of midwives and whatnot. As I say, I feel council should also be able to use expert witnesses in their investigations and deliberations.

Turning now to appeals and judicial review proceedings, section 38 of the Act provides that:

"Any person aggrieved by the refusal of the Council to enter his name on the Register…"—an appeal—"to a Judge in Chambers…".

And, as the lawyers will tell you, such appeals are dealt with under Part 60 of the Civil Proceedings Rules.

We also know that besides appeals to a judge in chambers for registration aspects, council can also be subjected to judicial review on a number of various grounds. A problem that arises for people who sit on disciplinary bodies and councils is that they can find themselves threatened or saddled with orders of legal costs in the event that the challenge succeeds, and this fear of being saddled with a cost order can be very off-putting for people who might be willing to serve on these councils. Remember these are not salaried positions. These are people who have put themselves forward to work towards the advancement of their profession. There is little opportunity for them to make any sort of commercial gain or to promote themselves an interest. So I ask: why should technocrats and other persons appointed by the Minister—he appoints six—or elected nurses, elected midwives, elected health nurses and nursing assistants have to suffer anxiety because of the possibility of cost orders being made against them in the course of performing public service and services in the course of their profession? My suggestion is that there should be a clause providing protection for council members for acts done in good faith in the performance of their duty or in the exercise of a power under the Act.

6.15 p.m.

Mr. Vice-President, there is a lot of precedent for this; for example, section 13 of the Securities Industry Act; section 2 of the Public Authorities Protection Act; section 26 of the Data Protection Act, and section 12 of the Environmental Management Act. You can pick and choose which of them you like for the particular purpose, but people should feel—unless there was some malice or mala fides—they should not be threatened with cost orders.

I turn now to the definition of "fit and proper". This again has caused a lot of anxiety and stress for a number of regulators:

"In determining if a person is 'a fit and proper person'..."

I would like to suggest that the first thing is the way it reads:

"In determining if a person is a fit and proper person under this section, the Council shall consider if he—

(a) is of good character;

(b) is mentally and physically capable of performing satisfactorily, the duties of a nurse; and

(c) has the ability…to understand, read and speak English."

The problem with this language, I think, is that it narrows and limits council's parameters in assessing whether a person is fit and proper. Such assessments I think should be made using wide criteria on a balance of probabilities, and the cure is simply to insert, "but not limited to". So then you could dovetail it with other fit and proper provisions.

I would also want to put in some other suggestions as to what might render a person fit and proper or not fit and proper. If there is information, for example, to suggest that they have not respected or are not prepared to abide by the law; if, for example, they have been convicted of a serious crime or there are reasonable grounds to suspect that they have been involved or are involved in crime; if they have been involved in or associated with actions that are considered not to be conducive to the public good; if they have been deliberately dishonest or deceptive in their dealings with the Government or the authorities or if they have assisted in the evasion of immigration control. The point I am making is that you do not want to narrow—[*Interruption*]

Hon. Dr. Khan: You are not that way; it says you are of good character.

Sen. A. Vieira: The point I am making is that there is no definition of fit and proper, and council will have to be satisfied that the applicant is fit and proper on what is available on a balance.

Hon. Dr. Khan: In the regulations.

Sen. A. Vieira: In the regulations? I will just like to suggest that an overall assessment should be made using wide criteria, as opposed to what I see as narrow and restricted criteria. In order to demonstrate that they are fit, applicants should be able to show that they are familiar with the Act, with the regulations, and with guidance from the Nursing Council and other organizations such as the RHA and medical schools.

National emergency—I had asked about this. This is clause 29, section 51A which is being inserted that:

> "Where a national emergency...the Minister may, by Order permit a person...be deemed as though practising as if a licence had been issued..."

My question is, I do not see how this is going to work, if you have a real disaster and there is no way.

I have a problem with the wording of 51B—well a couple of problems. It says that:

> "The Minister may, by Order, permit nursing personnel who are registered to practise nursing or midwifery under the laws of their governing country as part of a visiting planned education or teaching programme or medical visiting treatment team, for the purpose of providing specific skills and technology..."

First problem is: I do not see why the Minister should pre-empt council. [*Interruption*]

PROCEDURAL MOTION

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): I thank the hon. Senator for giving way.

Mr. Vice-President, I beg to move that in accordance with Standing Order 9(8), that the Senate continue to sit until the completion of the business at hand.

Question put and agreed to.

NURSES AND MIDWIVES REGISTRATION (AMDT.) BILL, 2014

Sen. Ramlogan SC: For a moment there I thought you were going to vote against yourself. [*Laughter*]

Sen. A. Vieira: Thank you, Mr. Vice-President.

Section 51B—my concern here is that this allows the Minister to preempt council, and I thought that the same way that council has to work in collaboration with the Minister, the Minister also ought to work in collaboration with council. The concern here is that there is a need for consistency with clause 12, section 16, that the applicants must establish to council's satisfaction that they are fit and proper. In any event, section 16(6) of the Act already allows council to exempt persons who are not qualified to be registered as nurses under the Act. So that is one stream of thinking on 51B.

But my particular grouse, and it is a concern I would like to raise, is the medical visiting treatment team. From time to time people come, like on warships or you have these international organizations come down here and they say they are going to do these charitable and altruistic endeavours, but you do not always know if these people are up to standard. I want to say that Sen. Roach is in the condition he is in today because a foreign doctor working at one of our health care institutions was negligent. So it is one thing to permit nursing personnel to practise here as part of a visiting teaching programme or for the purpose of providing technical skills and technology, but it is a very different thing when they come here as part of a medical visiting team and their training or quality standards are just not up to par.

One must bear in mind that after these visiting medical treatment teams depart our shores, if they have caused harm or injury to people, they are outside the jurisdiction of our courts. They are outside of the jurisdiction of the Nursing Council and the afflicted persons will have no recourse for the injuries suffered. So I think we need to be mindful and to guard against such risks.

At clause 7, section 4A(1), the Minister will appoint, among others, an attorney-at-law. I would like to suggest not just any attorney-at-law, perhaps an attorney-at-law of not less than seven years standing, or who has experience in medico-legal practice or administrative law.

The composition of the council—clause 7, section 4. Previously we had 22 members of the council and now we have 15. Under section 5(5) of the parent Act, a quorum was six members. I assume that the quorum remains the same.

Sen. Al-Rawi: Seven, under the main Act.

Sen. A. Vieira: So there is really no real change here, vis-a-vis the concern about the high levels of in-attendance that previously obtained.

Sen. Al-Rawi: True.

Sen. A. Vieira: I just want to put on record again—I am looking at page 18, clause 24—section 41(2), subsection (4):

> '"The Minister may by Regulations prescribe..."—and
>
> "(5) Regulations made...shall be subject to affirmative resolution of Parliament.'"

Section 75(5) of the Interpretation Act provides that:

> "...statutory instruments or…documents shall not come into operation unless and until affirmed by a resolution of each House of Parliament."

This can take a long time. This is tedious and in my view I think that will be very unnecessary. As Minister Karim said, the technocrats who are involved in this are competent and skilled in the sector. Between them, between the nursing council, the accreditation board, I do not really see the need to trouble Parliament and both Houses coming to debate these regulations. I respectfully suggest that the regulations should be done subject to negative resolution.

As I said, I have less of a problem with the ideas behind this legislation, as with the way in which they have been put forward. I find that the legislation is very clumsy. It is long-winded. It is prolix; it is repetitious and I think it can be unwieldy. But having said that, on balance, I think the nursing profession will be glad that they are getting what they have asked for and I think that there is an overall potential benefit that the Bill may bring.

I am also very mindful of the length of time it has actually taken to get this to this stage. Hopefully the legislation for doctors, dentists and other health care professionals will also be revised and updated in due course.

With those words, Mr. Vice-President, I thank you.

Sen. Faris Al-Rawi: Well, I could use the term "anemic" in terms of our mood at times, to describe the vigour with which debate is engaged in a House. So I hope to liven this debate somewhat for positive purpose. Thank you, Mr. Vice-President, for the opportunity to contribute to this debate. Thank you, hon. Senators.

Hon. Minister, through you Mr. Vice-President, this is a laudable objective. We stand four years after the tenure of the People's Partnership began, and we are today prosecuting an amendment to the parent Act, the Nurses and Midwives Registration Act, to include specifically an advanced practice nurse.

We are also doing something that is also quite unique. We are removing the gender bias entirely in relation to midwives, because prior to the promulgation of this thought, midwives could only be women. That comes about by virtue of the operation of section 16 of the Interpretation Act, and insofar as the parent Act only speaks to "she" in respect of midwives.

What we are here doing, first of all, hon. Minister, is to ask ourselves what is the mischief that we are hoping to deal with. You have come, hon. Minister, to persuade us that this is necessary, that we need to amend this Act. May I immediately invite your attention to section 15 of the parent Act under Part II. The parent Act as we know, is divided into some five parts. There are, I believe, 52-odd sections inside of that, and we are considering the need for a category of nurses called "advanced practice nurse".

Section 15(3) says:

> "The Register of Nurses"—this is the parent Act, the existing law—"may be divided or classified, according to the manner which the Council deems most appropriate, into male and female nurses, and into nurses qualified for general nursing or for such special classes or branches of nursing as the Council may from time to time specify."

Let me repeat the last few words there:

> "for general nursing or for such special classes or branches of nursing as the Council may from time to time specify."

My first submission is that it is well within the existing law under this particular section 15 of the parent Act, to put in a special category of nurse; and, hon. Minister, insofar as you also have the ability to make rules and regulations, there being a distinction between the two in the parent Act. In the parent Act regulations are made in respect of nursing assistants and rules are made in respect of other categories, that is, for midwives and for nurses. You also have the ability by order to immediately put forward rules and regulations to deal with a new category.

So the first question is: Why are we doing this? The second question, hon. Minister, is: Has this legislation really been properly prepared? Let me stick a pin for a moment and ask you this. We are four years into operation of your Government. This is the second time that we have had you in the Senate as Minister of Health, come to promote something to improve the health sector. On the first occasion, it was to amend the Regional Health Authorities Act, and this is the second occasion.

There is a vertical and horizontal operation of the health care system in Trinidad and Tobago. We are dealing with the Ministry of Health, we are dealing with the Regional Health Authorities, we are dealing with the independent practitioners and professionals that operate in the system and we are dealing with the users. We are dealing with billions of dollars of expenditure and funding into all of the articulating elements that make this wheel and system work.

6.30 p.m.

So, hon. Minister, this being the second opportunity only, have we really poured in the correct effort? Let me draw you to an immediate example of that. Today we are dealing with a Bill which proposes, I think it is 31 clauses, and of the 31 clauses, one clause that we do not look at is section 38 of the parent Act, and I am just giving you an example of what I consider to be, need for more work, hon. Minister. If we turn to section 38 of the parent Act, hon. Minister; let us look at section 38 of the parent Act. Sen. Vieira just referred to it a little while ago. It is under Part V of the Act, under general. Section 38 says:

> "Any person aggrieved by the refusal of the Council to enter his name on the Register of Nurses or on the Register of Midwives, as the case may be..."

And then it goes on to prescribe the right that you can have to approach a Judge in Chambers to challenge the system. Well, hon. Minister you know that this Bill does not propose an amendment to section 38. It does not! We have amended section 16 of the Act to specifically categorize register of nurses as distinct from register of advanced practice nurses, as distinct from register of midwives, as distinct from register of assistant nurses, and in another section we create a register for provisional nurses.

How then are we giving a right of appeal to the advanced practice nurses under section 38? How? You know what the answer is, hon. Minister? You are not. You have as a Government specifically excluded the right of advanced practice nurses to approach the courts of Trinidad and Tobago under section 38 of the Act. Completely missed the mark. So, when Sen. Vieira says that this Bill is poorly drafted, most respectfully he was being very polite. We are in a situation in Trinidad and Tobago where we are witnessing the titular head of the Bar, the Attorney General of Trinidad and Tobago, running behind cameras to talk about the size of my mailbox and to threaten the media as opposed to looking at the core qualities of legislation. [*Interruption*]

We are witnessing a Minister of Legal Affairs, a Legislative Review Committee, Finance and General Purpose Committee, a team of lawyers, and we have just so excluded a whole class of people from approaching the courts. So, what are we going to do? Amend it tonight? Sit down in committee stage and fix it? Because I

can tell you, hon. Minister, I have read the parent Act from cover to cover and I have compared it against the Bill, and that is not the only amendment that has not even been thought about that is required in the parent Act. I have a long list of them, hon. Minister, and yet again, I submit that the Opposition has to time and time again come to do the Government's work. [*Desk thumping*]

And what happens if we do not do it? What do we do? How do we sit down as serious people in a Parliament of Trinidad and Tobago with omissions like that? All afternoon I have been hearing crosstalk across the floor about mailbox. I have heard the Attorney General speak to an allegation that I committed treason for raising the existence of a report in the Parliament of Trinidad and Tobago, where we enjoy absolute privilege to raise matters of national importance. The Attorney General does not recommend for himself that he will put himself on a charge for treason, which is subject to hanging, death by hanging. He instead says it is okay for him to hold a DPP's file on a political stage in public and talk about confidential information in the DPP's office about Anna Deonarine, but he wants to talk about me. [*Interruption*]

Hon. Minister, invite your Attorney General, please, to take charge of his responsibilities at law and to review the legislation. Hon. Minister, we are in a situation where we are looking at terms and conditions to be supposedly improved with respect to registered nurses, insofar as they have the ability to push themselves forward to become advanced practice nurses. We are saying that our health care system is going to be materially improved as a result of this. Hon. Minister, we have sat here as a Parliament since 10.00 o'clock this morning and not one scrap of statistical information has been put onto the floor. We have heard you say, most respectfully, that it has cost us $32 million to employ foreign nurses.

Sen. A. Singh: Thirty four.

Sen. F. Al-Rawi: Thirty four million dollars. Do you recall that when your party was in Opposition that it decried and complained up and down Trinidad and Tobago about the hiring of Cuban nurses and Filipino nurses? Do you recall, hon. Minister, that we have had reports tabled in the Parliament? We have the Fifth Report of the Parliament of Trinidad and Tobago of the Joint Select Committee established under Group I, looking into the operations of the Ministry of Health.

We have had, hon. Minister, submissions coming in that Joint Select Committee report as papers in the Parliament which demonstrate that we have an absolute and complete hole in the medical system in Trinidad and Tobago. And I

want to put it on record that I really am not concerned about what happened 42 years ago or what happened four years ago. What I want to deal with, hon. Senators, is the fact that we have a position in the Ministry of Health as has been confirmed by reports presented to the Group I Joint Select Committee and also reports presented by way of additional information to that committee which specifically specify that we have a massive shortfall in manpower at the agencies.

When we look to the manpower shortage, we have a manpower shortage that is both at the specific doctor level and at the nursing level. When we look to the manpower shortages, there are admitted shortages of up to 66 per cent shortfall. Now, why have I raised that, hon. Minister, in the context of this? I have raised that, hon. Minister, because this particular piece of legislation, which is supposedly very well thought out brought after four years of planning and consultation, does not begin to even fathom the disaster that we are working with, with respect to the issue of indemnities and insurance to users on the professional side of the health care system. Doctors are not covered; nurses are not covered; and let me tell you why I say that. [*Interruption*] They are covered on paper, hon. Minister, and let me explain why I say that.

When we look to the regional health authority contracts that are in existence, we note that there is a standardized provision called medical indemnity, and the medical indemnity says:

> The employer—meaning the RHA—shall provide insurance coverage that will indemnify the employee for claims made against him for sums for which he shall become legally liable to pay as damages arising out of any bodily injury, mental injury, illness, disease or death of any patient caused by any negligent act, error or omission committed by the employee or about the performance of the duties of the employee engaged in any Good Samaritan act.
>
> The coverage shall be guided by the principle of vicarious liability.

Why have I stressed the word "negligence"? Hon. Minister, number one, the employer, the RHA, has never provided, as far as I am aware, actual insurance coverage; number two, the employer has only covered by way of its contractual position, civil liability and damages and it has specifically excluded, therefore, criminal liability issues. But, hon. Minister, I am sure you are well aware that the RHAs are currently in a situation where criminal liability has been presented at the door and step of the professionals in the system, the doctors and nurses. And the indemnity that has been contractually offered, falls far short of the usage of private indictables brought by citizens.

Let me break that down for people looking at us. We have a division in law between the criminal law and civil law. The employment contract says that we are going to cover only civil liability. There has been an incident raised, there have been incidences that have occurred in the public domain where people are now approaching the courts on a private indictable, that is the right of a citizen to bring a criminal charge by himself against doctors, and hon. Minister, we have reports coming out of investigations in the health care system which include statements as I am about to read.

I do not want to call the names of the persons involved, but I want to flag out the kind of reports and the kind of material that has been presented as being the true situation in the health care system:

- failure of medical staff to recognize in this instance massive blood loss in a timely fashion;
- lack of prompt and efficient intervention by both medical and nursing staff;
- lack of routine observation;
- delay in obtaining blood and blood products;
- shortage of both medical and nursing staff at the obstetrics department, in this instance;
- unavailability of essential equipment and emergency drugs;
- failure to abide by certain protocol standards of care issued by the Ministry of Health;
- inadequate written documentation;
- lack of early senior multi-disciplinary involvement.

Now, hon. Minister, I have raised this because a while ago when Sen. Young was speaking and he was drawing the example of front line versus hands-on approach, you intervened to say that the nurse practitioners would always be supervised. Well, the litigation arising in the medical arena demonstrates that we end up in serious loss of life and liability to persons in the sector, nurses and doctors, on the basis of a lack of manpower and a lack of supervision.

And, hon. Minister, what has happened in this scenario is that we have an inadequate coverage for doctors, but what we are doing in this particular piece of legislation, we are with full knowledge of the inadequacies in the system inviting

people to come in at very low thresholds of qualifications and to move and move in exam after exam until they are qualified. But, hon. Minister, are we not therefore creating a scenario which resembles what is going on in relation to the police service?

The SRPs announced by the hon. Prime Minister as an immediate solution to crime, by way of analogy, they were brought into the system with six weeks training. They were supposed to be supervised. We have seen resultant actions for lack of supervision which have seen us have young men shot in the back, and the police service is coming out and saying to us, this has happened because of a lack of supervision.

6.45 p.m.

Are we not inviting trouble into the system, Mr. Vice-President—[*Interruption*]

Hon. Senator: At another level in another area.

Sen. F. Al-Rawi: —at another level with an important consequence? So what are we asking hon. Senators to do? When we go to the state of litigation that exists in the health care system, the Government of Trinidad and Tobago has said to its attorneys: enter an admission of liability. A baby dies, admit liability; a mother dies, admit liability. When these events happen, put the doctor on suspension; put the nurse on suspension and just pay the people the money.

Mr. Vice-President, that is not good enough, and what we are willingly carrying ourselves into is the problem of opening Pandora's box and liability claims, and we are not working on the preventative side of it. [*Desk thumping*] In the same way that our SRPs are being exposed to liability, so, too, are our doctors and nurses being exposed to liability. Therefore, I am deeply concerned as to the veracity of the Government's allegations that it has consulted on this legislation. It surely did not have the input of the Attorney General because he would clearly have spotted what I spotted if he had a look at it.

But what are we really doing? We are telling our doctors in the public domain: go forward; practise under admitted shortfalls in the system; practise in a circumstance where the State automatically accepts liability, but we are telling them we are not providing you with indemnity insurance for criminal claims. We are not covering your legal costs. If you go down the road and you are brought on a private indictable before a criminal court to face a charge of criminal negligence, we are not covering you for your legal costs; we are not protecting

you. So what do you want the doctors and nurses to do? Do we want the entire health care system to shut down? Because what we are doing by not addressing the immediate needs in that regard is to tell doctors, work to rule, and if doctors and nurses work to rule, the entire health care system shuts down.

Mr. Vice-President, this Bill proposes a new constitution for a council. That constitution for council has reduced the limits—I am looking for a face that is paying attention—down to nine people, and in trying to find nine people on the council, what we have said there, keep the quorum at seven people; do not address the judicial—

[SEN. DAVID SMALL *in the* Chair]

Welcome, Mr. Presiding Officer to the Chair, hon. Sen. Small. [*Desk thumping*] It is good to see you taking another position.

Yes, Mr. Presiding Officer, if I may say, having found an attentive audience now. [*Laughter*] Mr. Presiding Officer, I was saying this particular Bill proposes a shrinkage of the council. We have removed the Chief Nursing Officer—the chief nurse—we have removed the Chief Medical Officer. They are no longer ex officio members on the council, but the Bill, in sections that have not been reflected upon, still makes reference to the Chief Nursing Officer, still makes reference to ex officio members. But the larger point inside of this is: how do we expect the system to operate efficiently if we do not have the vertical tie-in to the Chief Medical Officer and the vertical tie-in to the Chief Nursing Officer?

Why have we, in a system which requires obstetric knowledge—knowledge in obstetrics—excluded the services of an obstetrician? Why have we confined ourselves when we acknowledge that the board, that the council of this parent Act must operate and perform quasi judicial functions; it must take disciplinary action; it may de-register; it can deem people not liable for suspension, et cetera, for failure to pay fines and failure to pay fees? Why are we only putting a very low bar on the quality of legal input into that situation? What do the doctors who are at risk of being in a catch-22 where they cannot perform their functions because there is not enough administrative staff, where there is not enough equipment; what do we do when nurses and doctors are presented in that situation and they have no automatic access to the Chief Nursing Officer and to the Chief Medical Officer? What do we do? How do we tie it in?

How do we deal with the fact that the contracts for doctors are in various stages of disposition? How do we deal with the fact that the contracts for nurses are in various states of disposition? There are unequal operating terms across the sector.

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

And, Mr. Vice-President, when you sit in a different capacity—as I welcome you back to the Chair—you would be aware that the NUGFW is a representative union for only 10 per cent of the workforce at one of the RHAs, and that MPATT, as a union, is again in a very limited circumstance of 10 per cent representation, and that the PSA is not a recognized majority trade union. So who is advocating for the contracts for doctors and for nurses? How do we expect advanced practice nurses, how do we expect registered nurses, how do we expect doctors to perform better if there is no active advocacy on their part in relation to their contracts and terms and conditions, hon. Minister?

Hon. Minister, you will know that the salary and security and benefit issues across the board, be it doctors, be it nurses, is the best incentive to performance. You would know, hon. Minister, that the staffing ratios must be adjusted. And, therefore, it being your prerogative and your distinction to promote and bring regulations and rules, the question is: after four years of planning for this new manoeuvre, why could we not see the rules or see the regulations along with this proposed amendment? Why not?

Hon. Minister, you are aware, I am sure, that the Medical Board, for the first three months in 2014, had no assignments to it and therefore could not function. You are aware, therefore, that issues of nursing liability, medical liability for doctors, could not be addressed because there was no functioning board in that environment. You are aware that vacancies existed that the Minister ought to have applied.

And hon. Minister, it therefore boggles my mind to consider how we operationalize the structure. We heard the hon. Sen. Karim speak about hospitals being built and the teaching hospital in San Fernando, and we all took note of the hon. Prime Minister saying in Diego Martin West, as she did on the public media, that this Government has changed the ratio distribution of doctors to patients, from 11.8 doctors per 10,000 to some 25 doctors per 10,000. And she did it in four years!

I did not know that doctors could be qualified in four years. [*Desk thumping*] How on earth could the Prime Minister of Trinidad and Tobago take us for people of that kind of intellect? I cannot use the word "fool" I am sure, but how could the hon. Prime Minister seek to persuade us that in four years she could have qualified so many doctors as a result of this Government's policy to move the ratio from 11.8 per 10,000 to 25?

Hon. Senator: They will print certificates, "yuh know".

Sen. F. Al-Rawi: This must be the same paper factory that provided certificates, CVs, diplomas and qualifications for a number of places and people that are in question in the public domain. It surely must be, because that is an impossibility. And hon. Sen. Karim never spoke to the fact that it is going to cost us $15 million per bed to take the Chancery Lane Hospital to where it is, and that this Government when in Opposition, marched up and down about the cost of beds in the Scarborough General Hospital, costing, I think it was a couple million dollars a bed. Up and down Trinidad and Tobago, when the cost per bed was lower, even with the cost escalations that went on there because of the amendments and improvements and changes that were required there, by far lower under a PNM regime. And you have no shame in putting $15 million a bed?

But the bigger question right now is: how do we have a facility like the San Fernando Teaching Hospital—the Chancery Lane Hospital—beautiful as it is, outfitted as it is, Prime Minister's office and Executive suites on the top of it, as it is, who are we staffing them with? Who are we staffing them with? Are we going to take the same under-quotient of doctors and nurses from the San Fernando General Hospital and have them run two buildings at the same time? Or are we, hon. Minister, going to employ more foreign nurses and more foreign doctors—which I personally have no problem with if we do not have the capacity. But let us be responsible and honest as big men and as honourable Senators and admit that the verbiage spewed by the now Government when in Opposition was irresponsible, hon. Minister. Irresponsible! Because we are going to have a staff shortfall in the San Fernando General Hospital. So, hon. Minister, are we playing smart with foolishness? That is the question here. That is the question tonight before this Parliament.

Hon. Minister, we note several inconsistencies in the legislation. Some of the inconsistencies—if I can find my notes—also revolve around the fact that the drafting, as it has been employed into this particular Act, finds itself in material conflict in the following sections. I have observations in relation to clauses 8, 9, 10, 11, 15, 25, 30 and, hon. Minister, I think that your draftsmen have completely missed section 6 of the parent Act which is not in the Bill, and the need for consequential amendments there. It has completely missed section 13 of the parent Act. It has completely missed section 14(2) of the parent Act. It has completely missed sections 38, 39 and 40 of the parent Act and, hon. Minister, it has also missed section 50 of the parent Act.

Are we satisfied, hon. Minister, by way of example with reference to section 50 of the Act, that we want to leave a breach of regulations or rules at $300? The Interpretation Act in section 65—or 75 I think it is—prescribes that a breach of regulations or subsidiary instruments can only attract a maximum fine of $500. This parent Act, way back when it was cast, allows us in section 50 to put in a fine of $300.

Hon. Minister, with the lack of production of rules and regulations, and the fact that we are limited to $300, is it that this Ministry of Health, in its careful consideration of the law, thinks that a breach of important regulation should only attract $300 in fines? Or do you not want to do, as we have done as a Parliament all year long—each time I raise the issue—give the Ministry of Health, give the people of Trinidad and Tobago, give the administrators of this legislation the opportunity to levy fines of a greater and more realistic point?

7.00 p.m.

Hon. Minister, let us look at some of the points that I have just mentioned. We have inside of this particular law, by way of example, in sector 39 of the parent Act:

> "If it appears to the Council on reasonable grounds to be inexpedient or dangerous in the public interest or in the interest of the health of his patients that any nurse, midwife or nursing assistant should continue to practise pending a full inquiry, the Council may suspend the nurse, midwife, or nursing assistant from practice pending the result of a full inquiry by the Council which shall be instituted into the matter forthwith."

Why are you leaving out the advanced practice nurses, hon. Minister?

This is the catch-all section that allows you the discretion of your council to suspend somebody if there is just cause. It deals with the very point of fitness and propriety, and the broadening of that concept that Sen. Vieira raised a short while ago. Why have your draftsmen and the Attorney General of Trinidad and Tobago left out section 39 of the parent Act from your considerations? Are you putting the advanced practice nurses in a special category all on their own? Did you really think it through, hon. Minister? Are you absolutely sure about that; or were we distracted by the hon. Attorney General chasing down the size of a mailbox in Al-Rawi & Company in the three offices that I have? Could it be that?

Hon. Minister, look at section 40 of the parent Act. Again, not dealt with:—

> "The Council may, with the approval of the Minister, designate such schools, hospitals or institutions as it thinks fit to be recognised as places of training or as affiliated places of training for nurses or midwives or nursing assistants, as the case may be."

What happened to your policy set out in your Bill of the use of accreditation entities? You just left it out? You take the policy on one limb and you leave it out on another limb? Was that the specific intention of this Government; or is the Attorney General, who should be looking at this, trying to figure out if disclosure of a report under the privilege of Parliament is equal to treason at law, punishable by death? Could he be distracted by that? Is this a serious Government at work? I do not think so, most respectfully, hon. Minister.

Hon. Minister, this Government really needs to pick up its tools, it needs to pull up its socks, and it needs to stop pursuing the ultimate political goal of what you call a checklist. This Parliament is not a tick box to say, we did this, we did that, we did this, when it is worthless. We passed a dog control legislation the other day that is unconstitutional. It will fall in the courts of Trinidad and Tobago, but do you know what the Government will say? Tick, we did that. We, as a Parliament, sit here day after day, night after night, fixing the business of the people of Trinidad and Tobago, but that is your responsibility, hon. Minister. This is the Government of Trinidad and Tobago's responsibility. This is why you have had $300 billion nearly of expenditure.

The largest expenditure in Trinidad and Tobago's history in four years, when inflation is at its lowest level possible, has come under this Government's control. What has it done? What has it done, hon. Minister? It brings a piece of legislation last week in the Finance Act and it forgets to give municipal police a tax-free benefit. It just forgets. Year after year, we are giving tax-free benefits to SRPs, to defence force, to fire officers, and just so nobody bothers to check whether the municipal police who are getting their thousand dollars should be treated in accordance with the Constitution of Trinidad and Tobago, as people in similar circumstances requiring equal treatment. Just so, section 8(1) of the Income Tax Act is omitted. This is good work. That is the PP hard at work for us. That is what they are doing.

Hon. Minister, we have a situation where nurses and doctors are in extreme jeopardy, and whilst the system itself deserves a much larger look, whilst we have had no mention of the success that was supposed to happen when we amended section 20 of the RHA Act to allow the RHAs to procure across borders, we had no mention of the success there. But whilst we recognized that the system is in need

of significant improvement, there are low-hanging fruit that we can pursue and we can reach at to help the citizens of this country, and it is imperative that we deal with the psychological and confidence issues which relate to doctors and nurses in the public sector.

It is critical that we address those issues because the population is very unforgiving, very rightly. Doctors are being held to account for death as they must, nurses are being held to account for death as they must, but our doctors and our nurses, after nearly $300 billion of expenditure, are in admitted circumstances where we do not have equipment, we do not resources, we do not have blood in the blood bank because a chit system happened overnight when Therese Baptiste-Cornelis sat as Minister of Health—I remember her in her leopard print coming to Parliament, talking about that well in the Red House—and just so, blood disappeared because the system went upside down.

So, hon. Minister, we need to reach to the confidence of our health care professionals. I would think it axiomatic that you being as distinguished as you are in your own personal career, as one of the best people in your field, would be able to advocate these issues. And so, hon. Minister, we require the information that you have as to how the RHA system is now functioning better, as to the terms and conditions for our doctors and our nurses so that we can ensure that they can operate with some degree of confidence while they are taking stripe after stripe from the blows on their backs, because they are operating in field conditions, wartime conditions. And if it is proposed by the Government opposite to stand and say the PNM made it so, I am going to ask you what you did for the last four years with $300 billion? [*Desk thumping*] That is what I am going to ask you because it is your obligation to account to the people of Trinidad and Tobago as a Government.

Hon. Minister, where are the accounts and reports that should have been produced to this Parliament under section 10 and section 11 of the parent Act? Where is the information that we need, as a Senate, to consider to make material improvement? Why are we in section 14(2) of the Act requiring certification—and this is not dealt with in the Bill—of the secretary of the council as opposed to the registrar? We have created a position of registrar, we have given responsibilities to the registrar, why are we dividing out the roles and responsibilities specifically to the secretary?

Why are we, hon. Minister, dealing with what I called a *circulus inextricabilis*? [*Desk thumping*] Why are we creating a circle with no end? Why are we, hon. Minister, proposing a mechanism of appeal to the Permanent

Secretary without any form of deadline, without any form of result coming out of it, which, if we wish to have action upon, we must go through the expense of a judicial review over? Why? Why are we doing that in clause 13 of the Bill? Why are we doing that? Was it well thought out? Was it as well thought out as the Finance Bill was last week when we said you will pay a portion of the taxes?

I mean, I saw the shame on the Minister of Finance and the Economy's face to understand that a portion could not possibly be a precise definition of the law, and the law must be precise, hon. Minister. [*Desk thumping*] And most respectfully, clause 13 of the Bill which proposes that we have this inextricable circle of movement going nowhere fast, which can only be broken by an application for judicial review with serious exposure to costs, that does not take us where we need to go.

Hon. Minister, we have a serious issue, for example, in clause 14 of the Bill. We are recognizing that our nurses functioning, both the public health care system—[*Interruption*]

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

Motion made: That the hon. Senator's speaking time be extended by 15 minutes. [*Sen. C. Robinson-Regis*]

Question put and agreed to.

Sen. F. Al -Rawi: Thank you, Mr. Vice -President. I was saying we have a system which foresees that our nurses will be working in both the private health care arrangement and the public health care arrangement. I want to draw the analogy to the lawyers that work in the private sector and in the public sector. Who is responsible for the payment of fees? Who? In this Bill it does not specify. We do not have rules and regulations or standard practices to tell us whether the nurses' fees for continuous education or the nurses' fees for registration are going to be paid for by the State. We do not know.

Let me give you the analogy of the legal profession. We had for the first time in the history of Trinidad and Tobago to deal with this issue in the Law Association. Now traditionally, lawyers in the public sector working for the Attorney General and Chief State Solicitor, et cetera, they participated as members of the Law Association and they were allowed to participate and to vote, et cetera, without having to pay fees, and they were allowed that privilege in the recognition that the State wages are less than the private sector wages.

Do you know what our Attorney General, the titular head of the Bar did? He took a case to court, right up to the Court of Appeal, to make sure that State lawyers could not participate in the Law Association unless they paid fees from their pockets; made history in Trinidad and Tobago to prejudice the very Ministry that he is running.

Is it going to be the same situation with respect to nurses, hon. Minister? Are you giving an indemnity and guarantee that the State which pays lesser wages than the private sector does to nurses, is going to absorb the costs? Because you know, hon. Minister, that if you fail to pay your fees, you may be deregistered, you may be suspended, penalties will be attracted. You have to clear it up.

7.15 p.m.

Or, are we going to have the Attorney General do exactly like he did with the state lawyers and go straight to the Court of Appeal and make sure that the nurses take the money out of their pockets and pay when they are not in similar circumstances to nurses in the private sector because that is the track record of our Attorney General? Have we thought it out? Are we going to put it on *Hansard* today, hon. Minister? Are we going to say all doctors are indemnified in the manner that I suggest they ought to be?

We also have the hon. Attorney General in representing suits brought against doctors and nurses having one team of lawyers represent the RHA and the doctors. That is a conflict of interest in law. [*Desk thumping*] He is operating upon the basis that the admission of liability by the RHA exculpates the doctors and nurses, but that is not the fact because criminal prosecution follows after that. So how can the titular head of the Bar allow for one team of lawyers to represent both parties with conflicting interests? How?

I know that he gave himself Silk; I know that the Prime Minister did as well, but, hon. Minister, I am sure you will agree with me, that when it comes down to liability and losing your licence and "making a jail" in criminal liability, those doctors and nurses are going to be sweating tears of blood coming through their eyes and through their pores as to the conflict issues in law. That is not how you demonstrate your legal prowess. That is not how you recommend that a Senator be hanged for treason, for exercising the absolute privilege to speak in Parliament. I agree with the hon. Attorney General that he knows nothing about criminal law and I recommend a rigorous course of continuing education for him, [*Desk thumping*] as is prescribed in this Bill, so that he can school himself up in the criminal law and what treason really means because he is far off the mark.

Hon. Minister, we have references in clause 22 to midwife: where did that come from? We have references by way of cross reference in clause 16, again, dealing with the circle of no effect in relation to the appeal. Hon. Minister, I really do not think you have done your homework, most respectfully. I do not accept that my taxpayer's dollars which pay for us all is being put to best use. I really expect, knowing you as a man of dignity, knowing you as my senpai in the martial arts arena, someone of higher rank than me for years before, that the proper thing to do would be to retreat at this point, reflect upon the kind of amendments that you need, in particular to sections 38, 39, 40, et cetera, and get it right.

The hon. Attorney General wants me to disclose the source of information that I got in a brown paper envelope. I do not know where it came from. I have three offices. I am told he sent people to measure the size of my mailbox. He showed it on TV. They did not go home to my four-foot mailbox where I have another office. I said, "My offices". I am very precise with my language. Busy running to check the size of my mailbox; cannot, to this date, name the two unidentified Israelis that ran off with national security documents out of the SIS. Sorry.

Hon. Senator: SIA.

Sen. F. Al-Rawi: SIS is so everywhere—SIA. Two unidentified Israelis went into national security, grabbed all the files, run out of Parliament, of that building. Justice Volney came in, Member of Parliament as he was then, and said, "They are unidentified". Letter written by Mr. Persad to the Prime Minister naming the Israelis, passport number, where they stayed, what happening and the AG looking for me for treason? Seriously? Seriously?

Today is the day I draw the line. I heard my friend, the hon. Minister of Communications now, Vasant Bharath, super Minister as he is, draw the line on not taking what the Opposition tells him. Well, this Opposition is going to say everything that it has to say. [*Desk thumping*] And this Senator will do it with propriety and with care as I did last week in Parliament, when I was very careful, in the 35 seconds to one minute I spent in dealing with the existence of a report as opposed to the details of a report, to say that the Government and the Prime Minister must have known of the existence of the report: the Trinidad and Tobago Police Service Report dated December 13, 2013. She is the head of the National Security Council, she must have known it. I said I found it incredulous that one man was being pointed to as a culprit in that scenario.

Where is my Attorney General when I need him to draft the laws of Trinidad and Tobago? He is never in Parliament. "He busy watching TV right now to check out if they geh ah picture of my mailbox." I mean, come on. Come on! Come on! Shame! F is your grade for performance; F is your grade for morality on certain issues, and I am not taking that. So, I can guarantee you that I will be in committee stage for a very long time tonight because I will be awake at three o'clock in the morning. I thank you, Mr. Vice-President. [*Desk thumping*]

Sen. Dr. Dhanayshar Mahabir: Thank you very much, Mr. Vice-President, for giving me this opportunity to speak on this very important Bill this evening. Coming after two eminent attorneys, I think it stands to reason that the legal ramifications of this Bill will have been well-explored and that also coming after Sen. Al-Rawi, I think, few could challenge the political implications as well.

There is an area that I think we need to address and that is really: what is the problem that the Minister is seeking to solve and address with the amendments which are proposed for consideration by this honourable Senate? The problem, as I have seen it, Mr. Vice-President, is that there is a growing demand for the services of nurses, or what I will call, nursing services, but there is a dire shortage of qualified, certified registered nurses. So that we have a need for a great deal of nursing services but we have a shortage of those who are recognized and registered by the existing law as capable of providing these services.

We need, therefore, to address the two aspects of the problem that he is attempting to solve and to determine whether the amendments proposed are going to really achieve the objectives of addressing the issue at hand. So, the first issue is this notion of this growing demand for nursing services. Earlier Senators already alluded to the fact that we are in need of care, as people, from the day we are born to, sometimes, the day we expire under normal conditions, and then, when unfortunate events occur, as in the case of accidents and other trauma, we find ourselves in need of all types of care.

The need for medical care is a basic need. We are judged internationally on the type of care we are able to provide. Just as the provision of adequate housing, nutrition, clothing, shelter, we do need to provide a certain amount of care and access to care is, in fact, an important component of the Human Development Index. We measure a country's performance objectively on how well it is doing on this key economic indicator.

In this regard, the issue of the demand for care is something that we would have to address and we need to examine some basic statistics. It is said that we are not looking at key statistics which will guide policy, but first, let me refer to one

important statistic. In 1960, when this parent Act was enforced, the life expectancy of an average citizen of the colony of Trinidad and Tobago—we were not yet independent, we were a colony—was 65 years.

Fifty years later, when you look at the statistics, we see that the average life expectancy has risen from 65—I have seen some figures as high as 74—with women a few years higher, and men, a few years lower. So when we look at this objective indicator, what we observe is that over a 50-year span on average, we have been able to add a decade to the lifespan of our average citizen. This is no mean feat. It is an indicator of the progress we have made in the post-independence era.

But, Mr. Vice-President, while we, together with other developing countries and many advanced countries, have been able to secure an increase in life expectancy, we have not been so successful with respect to the quality of life for the individuals in our society, 60-plus. We may say, "Well, 60 is the new 50"; let us say we are seeing more and more people 70-plus in our society. With an increase in life expectancy, we are seeing the pool of individuals 70-plus growing. This pool now constitutes some 10 per cent of our population and the aging of our population suggests that in a decade or so, we are going to find, maybe, 20 per cent of our population in this pool. People are retiring at 60 but whereas, before they lived to age 65 on average, now we can expect them to live to age 75, and it is important to determine why this is so. What does this have to do with the Bill under investigation?

7.30 p.m.

Mr. Vice-President, the increase in the life expectancy is laudable. It has to be because of successes in medical advance; it has to be because of improvements in nutrition; it has to be because of a more educated and literate population—quite aware of the threats to the health and well-being of alcohol, tobacco and unhealthy eating—and of exercise. Mr. Vice-President, what we are seeing, really, is an aging population in our Republic and this aging population is a population that, from this time as we speak to sometime in the future, will require a great deal of care. This is something that the planners, at the level of the State, Mr. Vice-President, will have to be looking at, this change in our demography. For what it means is that geriatric care in our society, more and more will become a critical component of our health care system.

When you look at the cost of someone being housed in a specialized home for someone who is in need of assistance, 70-plus et cetera, you find that it is becoming more and more expensive—$4,000/$4,500-plus for the most basic of accommodations. And so, over time, Mr. Vice President, it is quite likely that in our Republic, we will find a growing number of our retired senior citizens living

at home but in need of assistance from personnel who are quite well-trained in the care for the elderly. This has been a problem for the longest while. My colleague, Sen. Vieira, alluded to the fact that we will need to regulate these homes for the aged but in the context of the Bill before us, I want to say that I support the hon. Minister's move, given this demographic trend because we do need now to have more and more trained personnel looking after our increasingly aging population.

In this regard, what we need, Mr. Vice-President, really, is a type of professional who is able to provide daily care to our senior citizens. They must have a great deal, not of passion, Mr. Vice-President, but a great deal of compassion. We hear of elder abuse. We hear of individuals who simply are given a uniform, without any formal training, and they are individuals who are acting as though they are qualified health care professionals, when they are not and they populate the homes. They are at the homes for the aged to provide care but they are not qualified. And so, I think, what the Bill gives us an opportunity to do, Mr. Vice-President, is to reflect on the fact that there is, indeed, a shortage in Trinidad and Tobago, perhaps in the wider Caribbean as well, certainly in the North Atlantic, of individuals who are capable of providing these basic nursing services.

If we are to rely, Mr. Vice-President, only on nursing professionals, who are fully certified, to provide the services, we would find that a large quantity of our population will be left without the care. Now, how do we solve this problem? One of the solutions offered by the Bill is that we have this advanced practice nurse providing the type of services, nursing services, even though he/she has not yet received full designation and certification. But what I am putting, for consideration, by the hon. Minister and by the planners in the Ministry of Health, looking at the demographic profile of our country and seeing the inexorable trend that we are going to find more and more people, elderly—simply, Mr. Vice-President, when we look at the election roll of Trinidad and Tobago, what do we observe? Two elections ago, maybe around the year 2000, we would have had something like 700,000 people voting. Today we have—a 10-year period later—about a million people on our election register, in a population of 1.3 million. So that our population is not growing rapidly but the number of people joining the adult pool is growing and the number of people joining the 60-plus/70-plus pool, with the increase in medical care and improvements, Mr. Vice-President, in the facilities that are now available, we are seeing a larger population.

The time will come when, in this society, we are going to need, hon. Minister, through you, Mr. Vice-President, what I will now call the registered nursing assistant. This registered nursing assistant is precisely the individual the hon.

Minister referred to when he spoke about one O level and a lot of compassion. What I have in mind is someone with no O level but to make up in compassion. And I draw this to the issue of the supply because we know, Mr. Minister, there is a great demand. There has always been a demand. The problem has been on the supply side.

In the 1960s, some of us may recall, the United Kingdom had a programme, with Trinidad and Tobago and the other Commonwealth countries, to have students, called pupil nurses, from the Commonwealth, go into England only with a School Leaving Certificate and given the School Leaving Certificate qualification/designation, at that time, they would be taken into the British hospitals where they were given the opportunity to go through the ranks and to become a SEN and a SRN and then something called the Sister and so on.

So that the entry requirements in the 1960s for the British hospitals, drawing no doubt—encountering, Mr. Vice-President, a problem, similar to the problem we are now encountering—was to draw a large pool of pupil nurses who did not have great matriculation papers behind them but who certainly were able to fulfil certain minimum criteria and then they took them on their wings. What was the success rate of that programme? I do not know but I am aware of qualified nurses in highly specialized fields, who went through that programme and who are perhaps manning Trinidad and Tobago's hospitals at this time.

Hon. Dr. Khan: Very successful.

Sen. Dr. D. Mahabir: So that programme has been in effect. What, therefore, I have in mind, given the demographic trend which we cannot really stall, is the fact that we can now give a great deal of young people, out of high school, who did not have the CXC passes, an opportunity. Instead of selling chicken and chips, as was indicated, where I think they would have relaxed the requirements of five O levels now, to fry chicken but instead of working in these professions, in the retail trade, which did not offer any avenue for mobility, an opportunity for our young people to be able to get into this aspect of health care.

When I looked at the data in the United States, it was indicated that this registered nurse's assistant is one of the growth fields. These are the individuals who actually man the homes for the aged and those institutions. They are certified and they are qualified. Now, what are the basic requirements for training for these individuals? My research indicated that many of them will go through in a community college—a COSTAATT equivalent—a two-year programme, hands-on experience and then there would be a theoretical or clinical experience; but after two years, someone is registered as a registered nurse's assistant.

That individual is able to look after an elderly individual in the absence of a qualified nurse but is trained to take the vitals and the basics, so that he/she is able, at some time, Mr. Vice-President, to provide all relevant data and information to the registered nurse, at the health centre or at the hospital, so that the patient's history is given adequately to the real registered practitioner but at the same time, the individuals who are being cared for, are being cared for by people with basic nursing training.

These individuals, after a number of years, may decide to stay as registered nursing assistants if they feel they lack the capability to pass some of those exams. And, Mr. Vice-President, hon. Minister, I have looked in the regulations, at some of the courses that nurses are required to take and I have seen in them courses in Physics and all sorts of things and I said: but are we not discouraging a lot of people from entering the profession of care from these onerous requirements?

I say this, Mr. Vice-President, in looking at the trends in some professions, where you have people who are really very good or potentially good but there usually is a course that is giving them endless trouble. In my field, maths and stats was in the Faculty of Social Sciences—always a huge problem—the course in statistics and so on. So what we have been able to do is try to make some amendments and so on, give people different alternatives, making mathematical methods for economics a requirement that is just optional as opposed to mandatory because we know that with some onerous requirements, we will not get the services of the professionals. In fact, the entry requirements may be too high and what we need really are the services.

So, Mr. Vice-President, hon. Minister, in the health care industry, we really need a range and when we look at the changes in the population, we will see, as the population changes, as the demographics change, as the structure of the society changes, we would find a greater need for mental health care in a more industrialized society.

[MR. PRESIDENT *in the Chair*]

In 1960, it may not have been as necessary to have mental health professionals or psychologists or individuals in therapy for arthritis. In fact, when someone, Mr. President, is over 65 years, in 1960, chances are they would not be around for too long but as someone is around for 10 years after 65—and I know, Mr. President, it may be a little scary—we have to get used to individuals in therapy who will help us with arthritis pains. You see, as a society changes, the health care needs change. The type of professionals we need also change.

I am making a strong plea, to the hon. Minister of Health, that we do need now to regulate the professionals who care for our elderlies. Mr. President, let me express my interest here. In 10 years I will join that rank and when I am there—and I think many of us, except Sen. Avinash Singh perhaps will not be there—[*Laughter*]—Sen. Baldeo-Chadeesingh, no Senator, you would not be there. Sen. Young, do not look with so much consternation. [*Laughter*] But the rest of us, in a decade from now, we, in all likelihood, will need the care. Such is the nature of the human body. We cannot change that.

What we can do, Mr. President, is to plan. I think once the Nursing Council, the medical doctors, the geriatricians in our medical community, can identify the needs, the training needs of these people, I think if we can train a large number of them, the entry requirements, Mr. Minister, below—we take you, we put you through a psychological test. All you must be able to do you must have some physical strength because handling an elderly person is not an easy thing; dead weight is very difficult. Man or woman, you need to be trained to handle this but secondly, I think you need to have the mentality that this is the profession that you are gravitating towards.

This is the profession of care, profession of compassion. I do not think it will make much sense to have a caring person selling in a store and someone who is not very caring looking after our elderly parents and ourselves. So that when we are looking at the amendments before us, I think the Government is on the correct trend. That is not to say that there are not problems with the clauses but in any event we have enough lawyers who will be able to identify and correct those problems, so that we really defend the public interest, Mr. President, by ensuring that nursing care, that nursing services increase together with the demand.

I think, therefore, in addition to the category of nurses that the hon. Minister would like to have recognized, we do need this first tier and if we can have a large number of these individuals getting into the programme, out of these large numbers, we may be able, Mr. President, to get some of them so motivated that they may seek further certification in nursing.

7.45 p.m.

Once you have a problem as we have, entry barriers, the onerous entry requirements will do nothing for the supply. I think ensuring that we can lower the entry requirements does not mean that we are lowering performance. What it means is that we are being practical with respect to the needs of the society. Being practical means that we have a cadre of people who can provide day-to-day care,

and at the same time, we can have specialized nurses of a different ilk, operating in the operating theatres with the specialists. So, that when we look at the trend that the Government is going in, let us fix the clauses, but let us look at the need for ensuring that the supply of services in the nursing sector can be enhanced.

Second statistic, Mr. President, and this is a statistic that has bothered me for the longest while, and I would like to mention that and again, in the context of the Bill before us. When I look at the infant mortality rate for some Caribbean countries, this is what I see: Jamaica, 13. What is the infant mortality rate? It is defined as according to the literature examined, the number of infants who died per thousand live births. So they emphasized live births. We see in Jamaica, 13 infants per thousand dying; Montserrat, 13 infants per thousand; Antigua, 13; St. Vincent, 13. We come down to St. Lucia, 11; Dominica, 11; Barbados, 10 in a year; Grenada, 10; St. Kitts, 9, and when I come—well, okay, Cuba, 4.7 infants dying per thousand; Canada, 4.71. So Cuba in this statistic has beaten the Canadians. The Canadians took their licks very well, not the Americans. The Americans cried foul, the Cubans are cooking the statistics; they are not to be trusted. But, Mr. President, when I look at Trinidad and Tobago, I see a statistic of 24.82 as the infant mortality rate compared to Jamaica of 13. I would like to think that this statistic is wrong, that this particular statistic—I am quite willing to give way to the Minister of Health, to inform this honourable Senate that the statistic I have from a number of websites is wrong; 24.82 per thousand.

Hon. Dr. Khan: Thank you, Sen. Dr. Dhanaysar Mahabir, for giving way. That has been a serious problem since I became Minister, looking at those rates, looking and comparing with the rest of the Caribbean, Cuba, Canada, et cetera. In fact, it went so far as when UNICEF came here, I asked them to do a study to see exactly why these rates are so high. What it has turned out to be, it has turned out to be that we count in an erroneous manner. When I checked it—now, to count the infant mortality rate, you have to count 26 weeks gestation and 500 grams and above.

In Port of Spain hospital, they count 22 weeks and above, and 400 grams, that would not even reach the statistic if it was in another country. In Eric Williams, they count, I think, it is 500 and 450, so that would not make it. And in San Fernando, they count 26 weeks and 850, which is a little high. Also our registration of births and deaths, any foetus that dies and is registered, is counted as a statistic. So in other words, we are over counting our statistics versus the rest of the world. I have put systems in place that we count as the international standards, 26 weeks and 500 grams. I am hoping that the next year we will get true pictures, because our registration methods are also out of sync because they count anything, even stillbirths. So that is not supposed to be counted. Okay?

Thank you.

Sen. Dr. D. Mahabir: Thank you very much, hon. Minister. I am heartened, Mr. President, to hear that Jamaica's statistic is 13 per thousand, and Trinidad and Tobago, which the data says is 24.82, will definitely be less than that. In any event, hon. Minister, Mr. President, we cannot be satisfied with an infant mortality rate which is so far ahead of other countries in the Caribbean, right now three times above that of St. Kitts and twice that of Jamaica. We would absolutely need to obtain the updated statistics, and one looks forward to getting this rectified. So that when we look at the health care indicators of Trinidad and Tobago, we are able to obtain much more accurate figures.

But the issue, Mr. President, is this, and again, I come to the Bill before us. The issue is that while we have an aging population, we also have at the same time, a birth rate that has fallen considerably over the last decade. What we are seeing now is that just simply looking at the statistics, Mr. President, in the year 2000, almost 30,000 children wrote the SEA or Common Entrance Exam. In this year, we are told it is some 18,000. So this would reflect a lowering of the number of babies every year. And every year since 2000, we have seen around 17,000 and 18,000 youngsters writing the exams which means that, if under normal conditions from birth, we do not have too many deaths, we are getting around 18,000 babies being born and being survived in a year; that is down from 30,000.

When we have this particular figure and an aging population, we know that every single baby is now precious. When you have an abundance of babies or a baby boom, then, you can say, well, we can be a little derelict, a little, maybe like Cuba, is down to 4.7, but when you are facing a decline in the birth rate, a decline in what is known as the fertility rate in our country, every single baby now is a precious—and every baby lost is going to be a tragedy for Trinidad and Tobago. We do need to address this infant mortality rate.

We need to get the statistics because it is certainly unacceptable for a country which is attempting to become developed, to have an infant mortality rate which according to the existing statistics, ranks us at number 75 in the world, where Cuba with much less is 4.7. I know the Americans have their issues with the Cuban number, but as I said, the Canadians have not. They have said that they are close to Cuba, and they think 4.7 seems to be the best they can do. If that is the best they can do, then fine. How soon are we going to get there? And what could we do about it? And how does the Bill before us assist in this important way?

Well, we know, Mr. President, that every year, an unfortunately large number of babies die in Trinidad and Tobago. With each baby there would have to be a mother, and it is important to collect the statistics. I am sure the health institutions

would have the statistics on a profile of the mother whose baby has not survived. It is traumatic for the mother, but it is of concern to us in the Parliament and in the country.

What is the profile of this mother? What is her age? Is she young or is she an older mother? What is her education level? Is she someone with 15 years of education? Or did she have 10 years or less? What is her income level? What is the region of birth? Does she have a support system? Does she have a pre-existing medical condition? If we address this issue, Mr. President, we will be able I am sure over time to really reduce this unacceptably high infant mortality rate, but who is to do it?

First, we need to give us a target; we are in 2014. Can we give ourselves five years in which we can get our house in order, and get our statistics down to that of Barbados, St. Kitts, Dominica or St. Lucia? We certainly should not be doing, Mr. President, worse than our Caricom neighbours. Let us assume Cuba is one of those countries that is an outlier, with respect to health care. In that regard, given that their infant mortality rate is so low, I have no issue with Cuban nurses coming into this country, because they certainly are—they seem to have some things right. What, in fact, we need to do—and, Mr. President, my daughter at Mount Hope was one treated by a Cuban nurse and I was very impressed, and her English was very good. All we need to do is to ensure that they are given a test of English as a foreign language; [*Interruption*] and you are training them? Yes.

Once we can give them English as a second language, a course of instruction, we should be able to benefit and maybe it may not be a bad idea, to get some of these nurses from Cuba, if there is a shortage currently in Trinidad and Tobago, to help us with our infant mortality rate. I looked at their statistic with awe, and I said it is something I would like, because every baby that survives is human capital. It is a citizen, but that is someone who is going to join the workforce not so long from now and we, therefore, need to find out what are the profiles of the mother.

When we look at the literature on infant mortality, what we observe is that many of the babies, who were born, were born with a low birth weight, that the birth weight was low. Is it then, Mr. President, that we can look at this category of professionals, the advanced practice nurse who is on the way to becoming a specialty in being a midwife, that is the course he or she has taken. But can this individual be identified and can we identify the at-risk mother in Trinidad and Tobago? And can we ensure that in every health centre in this country, on a particular day of the month, every expectant mother as soon as she learns that she has conceived, should be able to have a session with this either trained midwife or this individual who has had training in midwifery.

So that we can actually target an expectant mother from her first month, her first trimester, let her work with the specialty called the midwife, and let the midwife actually take her through her pregnancy. If, in fact, this individual is someone who is in need of a food card, Mr. Minister, an incentive can be provided to expectant mothers, that once they join the programme, we advertise it nationally; once they join the programme, it will be easier for them to get assistance, such as a food card to assist with nutrition.

They might get assistance with respect to folic acid. I understand that folic acid is something which helps the expectant mother; taking folic acid. I know I am Dr. Mahabir, I am not qualified let me explain. [*Laughter*] I am not qualified to prescribe, but this is what the literature says, that if the woman is very well nourished, if she can be induced to stay away from alcohol and tobacco, if she is given the facilities to actually obtain the vitamins and the other nutrient supplements, that she may need to carry her baby to term, then the intervention of this individual who has training in midwifery, who can provide the counselling services, who can track the mother and take early warning action, I think we will be able to see some kind of difference, because it is the mother who has to be targeted if we are going to reduce our very unattractive infant mortality statistics.

So if we are short of professionals, then it means that we can use the concept of the hon. Minister, but there will have to be interaction with the mother, and we can only know the mother if we have a statistical profile. I am sure in the hospital there must exist records on the background of every mother who has lost her baby, from birth to a year old. Once we do that, we will be able to identify who these mothers are, which region, perhaps we will know by region, we will know by age, by occupation. Once we know that, we will be able to target clearly the scarce resources we have in the services of the midwife. And this particular individual may even be retained to service the young mother up to when the baby is a year, so that the weight of the baby could be tracked, if there are any problems with the progress for weight that could be addressed. The mother may even be given assistance with infant formula if she is impecunious and if she cannot afford, while she is induced to nourish herself so that she can breastfeed her baby, our citizen, very, very, very well.

8.00 p.m.

So, Mr. President, we will need the services of the midwife up to when the baby is a year and if we do not have—and, I imagine, since we do not have—the quantity to perform this community outreach service, we may very well need those who are in the programme, who may have a couple of years' of experience in the programme, working under the guidance of a trained midwife to provide these counselling services.

The issue before us is: can we relax some of the entry requirements while not injuring the health status of the population? And the answer to me, of course, is yes. We are not in a perfect world, but so are many countries now in the advanced economies grappling with the same problem. Some of them have an overabundance of doctors, but a shortage of nurses. That has been a feature of many advanced societies.

How do we address that? Well, I agree with the Minister's view that we can look at people who are partially trained and provide to them partial responsibilities. That, I think, is an economic solution I do not have an issue with. But over the long haul, just as we are planning for our geriatric population, how do we now look at the nursing aspect of health care and try to remedy the flaw that has been with us for the last 20 or 30 years?

It is not a recent phenomenon that we have had a shortage of nurses. We have been using foreign nurses for a while; from the Philippines and from Cuba and I imagine elsewhere. We have been using foreign doctors, too. Is it that our trained nurses are migrating? That is, in fact, a problem but, I think, what we need to do in the education system—I am speaking now as an educator looking at the problem—is that we need to look at nursing now in a different way.

Nursing must now attract someone who would go and read for a BSc in Computer Science and a BSc in Chemistry. We should be able to have at the university a degree programme in nursing because I tell you, some of those courses I have seen in the regulations can be handled only by someone with three As at A level. I am surprised that the failure rate is only 50 per cent. I think that the failure rate would be closer to 80 per cent at any sitting.

Given the curriculum, given the course content and given the fact that we are dealing with physiology and anatomy, I ask myself, "Are they going to be first trained as nurses and moving on to doctors?" Then I realized that these are nurses only. The doctors do the diagnosis. The nurses in fact carry out the orders of the doctors. They are able to take some interventions on their own, but only if they call the doctor in extreme situations. I think there is a need—[*Interruption*]

Sen. Karim: We have BScs.

Sen. Dr. D. Mahabir: Is that at the University of the West Indies now?

Sen. Karim: We have four institutions doing it.

Sen. Dr. D. Mahabir: Right! And this, in fact, is the way to go because once we can attract a number of individuals into the BSc programmes, what you will find is that at the very high end of nursing, you are going to get individuals—sometimes

who would be considering medicine as a career or pharmacology or obstetrics or something like that—they are going to choose advanced nursing, yet these are the individuals, Mr. President—because there are now people who do PhDs in nursing.

In fact, when I graduated with a doctorate—good paper, not false paper [*Laughter*]—my institution graduated its first PhD in Nursing in the same year. That was 20-odd years ago. So we do need now to look at the academic side of nursing. We need to look at the basic side, those with no O levels, but who can care and those who are masters in physics and math and chemistry and biology and zoology and those who are good at computer science and combinations. We need to make nursing attractive to them.

Just as we were facing a shortage of people in the agricultural sector and we now have people like Sen. Singh, degreed and so on, in agriculture; not just as agricultural administrators in the Ministry of Food Production, but actually growing food in abundance. We do need to have nurses being trained at the academic level and once we remove from nursing the stigma that it is less than being a medical doctor; once we introduce into nursing the fact that if you really have a calling and a capacity to care, you have an ability to become a BSc, an MSc and a PhD in Nursing, to be able to administer at the very high levels in the health care system; if you find math and physics and chemistry to be very problematic, but you still have the same capacity to care, then you would find this entry level registered nursing practitioner is going to provide adequate needs to the health care community as a whole.

I think once we can examine the industry in this way, we will be able to look at our geriatric population and look after them and ensure that we can regulate their health care—inevitable. We will be able to lower the infant mortality rate and I am hoping that the Government will commit itself to a point where, maybe by 2020, we will be able to have our infant mortality rate in single digits, as it is in Barbados and St. Kitts.

I think if we are to intervene in the way and use the resources that we have, we should not wait to have certified resources, but really capable resources. We will certify. We definitely will certify, but we do have a pressing problem with infant mortality and if the resources, according to the Nursing Council, the obstetricians and so on, agree that many of our midwives in training can perform the kinds of counselling services to mothers at this time, I am sure that over the next five years we will see marked results in the statistics.

Since the hon. Minister of Tertiary Education and Skills Training has indicated that we currently have a BSc and we may even be moving into graduate training in nursing, we will be able to change the public aura, the public image of nursing, so that nurses will then obtain and have the kind of stature that goes with being a fully-trained professional over the long haul, we should find more and more highly qualified entrants into the profession, which will solve the problem in the long period. When that happens, we may need to repeal the legislation because we would have enough trained nurses on staff.

In the interim, I want to say I support the legislation. I leave it to the lawyers to look at the flaws in the legislation, but in terms of the text and in terms of the intention of the hon. Minister, he has my full support from an economic angle. I thank you, Mr. President. [*Desk thumping*]

Sen. David Small: Thank you, Mr. President, for giving me the opportunity to join in the debate. I want to start off dealing with the last issue raised by my learned colleague. I have a position on everything that comes before us that nothing that comes before us will ever be perfect. I would be the first person to say I am willing to accept a 70 per cent solution to get things moving because probably you will never get it perfect. But it does not mean that if there are things that we can fix now that we should ignore them. That is my opening position on that.

I also believe that when we are dealing with legislation that affects a particular interest group or a particular organization in society, there must be a significant effort made to have consultation. I recall, earlier in the debate, I think someone mentioned that no submissions were made. I am not sure what was the process that went on; the Minister did not outline that in his presentation about what was the process by which the consultation, if it did occur, how it occurred; if it was just an ad in the newspaper and people were asked to make submissions. I have no idea. I did not get what was the process for the consultation; what was the feedback and how the feedback influenced or otherwise the contents of the Bill. That is just a comment. Because nothing was said about it, I think it is important just to put it on the record that a little information along those lines would have helped me.

I also want to say that, in general, I support the intent of the Bill. I think that the Bill is something, certainly from the perspective of people working in a system and trying to understand where they are going to be going forward; what are the opportunities to advance oneself, I think that as a nurse coming into the system from an intern to a registered nurse, you can see some career progression and I think that is important to give people that career stream.

I also want to, as a general comment—I think Sen. Young, in his contribution, spoke on an issue that I had in my notes also, in that, in the existing legislation we spell out exactly what a registered nurse is and what it does, but for the advanced nurse, it is not in the legislation. I understand it is in the regulations, but I think because the parent legislation has it spelt out, even briefly, inside the legislation, it may be worthwhile following that script rather than having to flip to the regulations, bearing in mind it is the first time that we are talking about having advanced nurses.

It is not something that existed before. It is something new and I really think that there is some merit in the argument of trying to spell out some basic tenets of it within the parent legislation. I am sure that it will be discussed at the committee stage, so I will not spend any more time on that.

I also want to draw reference to the contribution by the hon. Minister of Tertiary Education and I particularly liked the bits where he spoke about the avenues that they are opening up to give other young people opportunities by which they can see the other ways that they can progress. I think that we have so many societal problems in the country and so many young people are struggling for opportunities to understand what they need to do. I am, for the first time, hearing about these initiatives, so probably the Ministry needs to do some more work letting people know what they are doing.

I am enthused to hear about those things because I run into young people who say they do not know what is available; how to get things and I am saying, "Listen, these are the things that I am aware of." The things you spoke about, I am saying, these things are very, very interesting and give people what I think are viable options or things for them to think about.

So, I think that having them on the books is good; rolling them out to more people to get them to understand what those opportunities are is something that the Ministry could look at. All in all, I commend the Minister on several of those initiatives because I think that the Ministry is really moving in the right direction.

I just want to deal with a couple of quick things in the Bill; a couple of places in the Bill where it talked about the nurses' roll and the register and there is a list. I have an argument that, as the Minister had indicated, there are all sorts of technology involved on the Internet. I do not agree that you should have a nurses' roll and someone should have to go to pay to get a copy of it. There is the Internet. In effect, it is a list. You can put it up online; you can update it with relatively little stress. I see no need for a nurses' roll for someone to have to go to an organization to pay to get a copy of the nurses roll.

This is 2014. I think it is a list. You can put it online and say, this is the list of registered nurses as of April 15, 2014 and if a nurse has been suspended, I do not understand what are the challenges in updating that list saying, this person is suspended pending until so-so-so date. I think that that is something that can be done. There are a couple places where it mentions it and I disagree with having a roll where someone has to go in physically to an office and then pay to get a copy of it.

I think a nurses' roll where I can go, sit; I can sit right here; go to your website and download it and see who are the registered nurses as at whatever date. I think that is something that we can do without any significant stress on the system.

I also wanted to talk about a couple more things. One of them has to do with the establishment of the council under clause 7. I would like to suggest—and I will do it again in committee stage—I think that where it asks for a representative of the Minister, I would like to suggest that it be a representative of the Ministry or a senior civil servant from the Ministry of Health. When you do things in that way, you have more opportunity for proper continuity. Bearing in mind the reality of the system that we work with, a representative of the Minister may end up with a certain tag and, as much as we want to think that the system is level, the system is often not.

I think that having a representative of the Ministry or words to the effect of a senior civil servant from the Ministry, it will allow for, in my mind, more continuity in the process rather than having someone now, some things change, whenever things change, someone saying, "Hey, this was an appointment of the Minister; this person is no longer—" It gets out of hand and while we may try to think that it does not happen, it does. That is just a suggestion that I have in looking at that.

8.15 p.m.

I had a question also about clause 12, about the mental and physical capability for performing as a nurse. I think someone dealt with it. My question is the method of assessing those factors, it does not spell out, let us say you use psychometric testing to determine the mental capability of someone. I do not know. I need to understand that. But more than that, is this a one off? Someone wants to be a nurse, that person has all the qualifications and then you do some psychometric test and then you do a physical test, great you are in. Is it that there is no repeat of that, say in five years? If you do other jobs people ever so often have to do over a physical test just to make sure you can really do the job. So is

this that you do it once and then you are permanently clear? People have all sorts of challenges that they are dealing with in their life and things happen and I think that every five years or every—I do not know.

I think this is something that we should consider, making sure when someone passes a psychometric test or whatever test to say that they are mentally and physically fit to do the job that, perhaps, sometime later in the future probably after 10 years, I do not know. I am just thinking it through. I do not think it is correct that it should just be in 2014, "yuh good" and then that takes you through forever until retirement age. I am not sure if that is correct. I think we should think about having a repeat of that, just to ensure that you are physically and mentally able to do the job.

I also have a question about clause 13, which everyone has made many and several comments about. I have a simple observation. Perhaps, I read it wrong, so I will be very happy to be corrected by the hon. Minister. Clause 4 essentially says you have to make an attempt to do the exam within 12 months and at clause 5, it says you may be struck off after 15 months. What happens if you decide after 12 months? Is it that you automatically get three months grace? Because if you have to make an attempt in 12 months, but you only may be struck off after 15 months, is it that you automatically get three months grace? Is it that? Well, if that is the case, why are we saying 12 months? I do not understand the logic. Perhaps, I misunderstand it. But how I understand it, you get 12 months but you must make an attempt. But only after 15 months your provisional certificate could be withdrawn. So what is the purpose of having the 12 months? Perhaps it is an oversight in the drafting. I do not know. I do not know if I read it wrong, but how it reads to me is that—is it that you automatically get a three-month extension? That is what it sounds like to me, but it does not say that. Perhaps, if you had said each one is 12 months or each one is 15 months, then it would apply after 15 months you must try and if at the end of the 15 months, fine or 12 months/12 months. But how it is written now I think that there is probably a minor error in the drafting that needs to be looked at.

I think I had one other comment. I think it was around clause 24 of the Bill and it has to do with the hon. Minister prescribing the qualifications at 24(c), I think it is. I hasten. I would humbly, respectfully ask that we have some text in there and say: "The Minister in consultation with the Council…"—or—"Minister after consultation with the Council…"

Hon. Dr. Khan: Which one is that?

Sen. D. Small: It is in clause 24(c)(4), where it says:

"The Minister may by Regulations prescribe the qualifications…"

And I am suggesting that "The Minister, in consultation with the Council" or "after consultation with the Council" some words to—[*Interruption*]

Hon. Dr. Khan: That is understood.

Sen. D. Small: That is understood?

Hon. Dr. Khan: Yes.

Sen. D. Small: Well okay Minister—well like I say, it is probably me, my lack of legal training. I beg your indulgence for bearing with me on that. I think that, Mr. President, where we are, we have the opportunity here to look at a Bill that provides opportunity to deal with some of the issues that we have in our medical system and the medical system issues are significant. I think that there are lots of people who go out there and really try their best but the system often militates against people giving of their best.

I recall earlier on—I had a concern and I really did not want to raise it. I tried because there are two arguments about raising the bar or widening the pool. I struggle with it because I think we are struggling to find a middle road and I recall Sen. Dr. Wheeler spoke to the young gentleman who turned out not to be so young passing the exam on the 25th attempt. That reminds me of a little while ago where someone asked me: what do you call the guy who graduated last in class in medical school? He is called doctor. You go to a doctor's office, you see the certificate on the wall, you do not know whether he came first in his class or he graduated, just barely made the mark. You never know. You just see the certificate. He has passed.

In our minds, we may want to have the best nurses and the best entrance qualifications, but people also need to recognize that in any system you will have people who struggle with particular things and they may need more than one attempt. I do not think that we should have an open-ended period. But the guy who graduated last in his class at medical school is a doctor. He may have just gotten 51 per cent or 50.1 per cent, but he is doctor and you never know. You go and you see the certificate on the wall, graduated. That is all you see.

I think if we think about that, and what we are thinking about, perhaps, we are dropping the bar too low for the nurses. We need to manage that expectation and understand that in every system we need to have tight control over what the

requirements are, but we need to be flexible enough to make sure we are not discouraging candidates, and in a situation where in Trinidad and Tobago we have a serious shortage of nurses, we should be trying, in my view, at least in the intervening period now, to get as many people involved or interested and give them the encouragement to be part of the system. We should really try to get them in and we can work with them. Once they are in, I think it would be easier for the Minister to say: listen, everyone who is in now, we can prescribe some other things to help people improve as they go along. For me, that is where my mental approach is in this and I think that most of that is encapsulated in here. Right now we are trying to get people in.

The issues raised by Sen. Dr. Mahabir are significant issues. Those numbers are scary numbers. I have seen the numbers and they are scary and I am hopeful that the Minister's actions with regard to organizing the statistical bases for how that information is captured is sorted out and we get some fresh numbers. I hope they reflect a better situation.

But, all in all, Minister, I think that this Bill is something that I think is needed. There are few things in here that need to be tidied and cleaned up and I think that it is something that will add to the ability for the country and for the citizens to receive better health care and with that, thank you, Mr. President. [*Desk thumping*]

Sen. Elton Prescott SC: Thank you very much, Mr. President. I rise to support this Bill to amend the Nurses and Midwives Registration Act, Chap. 29:53. The observations and recommendations I will make, though they may appear to be critiques of the legislation, I trust will be accepted as recommendations for the hon. Minister to, once again, look at it, and, perhaps, invite the drafters to address the concerns I have raised. I would take them in order, so that we can follow as I go along.

I am referring to clause 7 as the starting point. Clause 7 for those who wish to follow is found at page 4 of the Bill. It is the clause that deals with the composition of the council. Now, through you, Mr. President, I think the hon. Minister might want to reconsider whether the Chief Medical Officer and the Chief Nursing Officer ought not to be mandatory members of this council. I am assuming that there remains a position of Chief Nursing Officer somewhere in the pantheon of medical personnel, and if that is so, then it is a recommendation I would wish to make because the Chief Nursing Officer presumably is well qualified and experienced in the nursing profession, and ought to have some kind

of impact on the work of the council. Moreover, it will add to the prestige of the council, certainly, if the Chief Medical Officer and the Chief Nursing Officer, who are at the peak of the nursing and the medical profession, were to be considered.

I did not hear the reasons for the exclusion. I salute you on having made an attempt to reduce the numbers of the council from 22 to 15, and so I trust that you would look again at finding some good ground for including such a person. If you look at the first three categories, which the Minister shall appoint: an attorney-at-law, a person with qualifications and experience in nursing administration and a person with qualifications and experience as a nursing educator. Certainly, with a bit of tweaking, one could say the Chief Nursing Officer. It may not surprise you but there are people who are practising attorneys-at-law who have been in the nursing profession, or have some qualification in the medical profession. So, perhaps, we should confine the Minister to making such an appointment from among those professions, the joint profession, rather than focus only on an attorney-at-law. That is only a suggestion that I wish to make.

In (v) of that new proposed subsection (4A), there is provision for a representative of the Ministry and one wonders why should that not be a place where we might want to include an appointee of the Medical Board.

Hon. Dr. Khan: The Medical Board?

Sen. E. Prescott SC: Yes.

Hon. Dr. Khan: They do not attend meetings.

Sen. E. Prescott SC: Well, one could compel them to.

Hon. Dr. Khan: They do not.

Sen. E. Prescott SC: We are the Executive. We make things happen. If we say the Medical Board ought to be there we could—but Minister I accept that you have some difficulties and, as I said, I am putting forward recommendations for your consideration. In the same breath I am saying the new and much welcomed Advanced Practice Nurse can himself or herself find a position among those 15, because I think what is proposed for the 15 includes persons elected from among nurses and from among midwives, subsection (b) of the newly proposed subsection (4A). Consideration ought to be given to including the—regrettably it says only "registered as nurses" and I should like you to give some consideration to that.

I move now to the second of my observations and it has to do with the management of the application for registered and provisional nurses and midwives at clause 12. Clause 12 commences on page 8. The first startling observation that I would wish to make about clause 12, pardon me, is clause 12 at page 9? Yes clause 12 starts at page 8 and goes over to page 9. There seems to be an overindulgence of bureaucracy in the process of applying for and successfully gaining registration. I am referring here, not only to registered nurses but, to provisional nurses in clause 13 and midwives in clause 16. The process is simply too bureaucratic. More importantly, it is not time bound. So, that if we look at clause 12, it says—and I am reading from subsection (2A) on page 9:

> "Where the Council receives an application under subsection (1) it shall, within six months of such receipt consider the application and give such directions in respect of the application as it thinks fit."

That is acceptable.

> "Where six months have elapsed since an application was received, and the Council has not considered the application under this section, an affected applicant may file a complaint with the Permanent Secretary in the Ministry with responsibility for health."

8.30 p.m.

> "The Permanent Secretary…shall refer the matter to the Chief Nursing Officer in the Ministry with responsibility for health for investigation."

By the way, this is the peeved Chief Nursing Officer who does not have a space on the Council, and both the Chief Nursing Officer and the Permanent Secretary are not required by this piece of legislation to act within a fixed time. Somebody is sitting out there whose professional career, whose career, depends entirely on receiving this certification, and there is no requirement for the officials at the level of the Permanent Secretary and the Chief Nursing Officer to act with alacrity to fast-forward this person's application.

Then it goes on to say:

> "Upon receipt of the report from the Chief Nursing Officer…"

And I pause. There is no requirement for the Chief Nursing Officer to report. There is no statutory requirement; no statutory obligation placed on the Chief Nursing Officer to provide a report, so one assumes that the Chief Nursing Officer may report whenever he or she chooses.

And when he or she has done so, the Permanent Secretary, having received it, will now forward it to the council and request that action be taken on the complaint. Request is a mild term. I imagine there must have been some difficulty for the draftsman to find a stronger term, but I am sure there are stronger terms; "instruct" might have been one or "demand". It is that laissez-faire approach that is repeated in clauses 13 and 16 with respect to the application process.

So that I recommend that we be not so loose, and be more time bound in making our recommendations for the application and certification of nurses at that level.

I now move, if you please, to clause 13. Clause 13 deals with the nurse's intern, and in case I had not said so, I do applaud the introduction of the changes that we have seen; the nurse's intern, the advanced practice nurse, those are really quite laudable. I am on to clause 13 which deals with the nurse's intern. Mr. President, through you, I should like the Minister to tell us as to clause 13 which commences on page 10: what is the magic of fixing the date January 01, 2008 as the date from which a person who has acquired a degree or diploma from a recognized place of training may begin to be considered for the grant of a provisional certificate? In a more cynical vein, I might have been inclined to suggest that somebody's relative is standing by with a certificate, but I am not being cynical today, I am being celebratory. You may want to tell us, Minister.

Hon. Dr. Khan: There is a reason behind it.

Sen. E. Prescott SC: I am quite certain. I just invite you to tell us what it is. I then would like to move forward to—finally, I am suggesting that the date ought to be a more recent date than 2008. You see, if you take a person with a degree or a diploma in 2008, and you follow the timelines in clause 13, you will find that 13 years from that date that person may now be receiving a provisional certificate, once again, for a period of two years and, in the meantime, has been practising as a nurse while under the supervision at a public hospital is still under the Regional Health Authorities Act. How did I arrive at that? Let us read it. [*Crosstalk*] Well, that will not get onto the record, so I am going to put it on the record.

Section 16 says you have told the Minister or the council, "I received my degree on January 02, 2008. It is a degree or diploma from a recognized place of training. So, I am entitled to be granted a provisional certificate by the council." So the provisional certificate is granted, and according to the new proposed 16A(5)—is that right? The nurse intern will attempt the examination and within 15 months of the grant of the provisional certificate, the certificate may be revoked, I suppose if he or she has not passed the licensing examination.

He now holds a provisional certificate which is valid for a four-year period after which—so he spends how many years? Eleven years so far? After that 11-year period, he should be required to take a one-year remedial programme—presumably if he has not been successful—and then he will be required to submit himself to a certification examination, and so I pause. You must tell me whether "certification" there is an error and it should not be "licensing". He has failed at the licensing examination, gone forward after a four-year period to submit himself to a certification examination, and subsection (8) says.

> "Where a nurse intern takes a remedial programme under subsection (7)"—and presumably has not passed the certification examination—"his provisional certificate shall be valid for the period of the…programme…"

Where he completes the programme under (7) successfully:

> "…he shall be issued a provisional certificate which shall be valid for two years."

So, 11 addition years after his qualification in 2008 in some diploma programme—13 years after he has been practising:

> "as a nurse while under supervision at a public hospital listed under the Regional Health Authorities Act."

At age 55, he may well retire by reason of age. It seems to me that this could not have been intended to provide for such a person to be exposing himself or herself with whatever little training he or she has had to those who seek the solace of our public health institutions.

I am unable to satisfy myself from reading the legislation referred to—the statute referred to in subsection (3) at the top of page 11, that we do have something described as a "public hospital", certainly, not in the definition section of the Act. It may be that is what was intended, and so I would invite you to just revisit that and see whether that is a fact.

I made the observation about the use of the word "certification" in subsection (7). Is it really intended that having failed the licensing examination he then submits himself for a certification examination, Mr. Minister?

Hon. Dr. Khan: Could you say that again?

Sen. E. Prescott SC: Mr. President, my question is whether it is seriously intended that a nurse intern who has not been successful at the licensing examination in subsection (7) then presents himself after the remedial programme

for a certification examination quite different from the licensing examination? If it is so, then maybe you could just assist me to understand it when you do your replies.

My next position is that in reference to clause 22, which is at page 17, it appears from clause 22 that someone in the draftsman's department was satisfied that we could not continue to discriminate between male and female in relation to the profession of midwife. Regrettably, I am not satisfied that 32A quite achieves it. What 32A says is that:

> For the purposes of this Part, all references to a female midwife shall include a reference to a male midwife."

Now Part III where section 32 is does not make any reference to a creature called a female midwife. I do not imagine that we must imply that because the word "she" has been used, very starkly, it is limited to Part III which deals with midwives. For the first time we hear the word "she" being used to describe male and female as opposed to "he" that we have grown accustomed to with our arrogant masculine selves. I am sure section 16 of the Interpretation Act deals with it. I am more concerned to ask you, Minister: can you locate in any piece of legislation that is helpful to us the term "female midwife"? Because 32A as proposed says, where you see a reference to a "female midwife", you shall now include a reference to a "male midwife". [*Desk thumping*]

One wonders, is there any reason why we could not have something called—and there is no reason why Trinidad cannot be inventive, we have done it before—an obstetric nurse or a gynaecological nurse or OB-GYN nurse and forget gender? You see, the Constitution is very clear on it. We cannot discriminate on grounds of sex. And so, if this is what was purported to have happened in this reference to clause 22, it is not being achieved and we will not look as good as we intended. Our intentions have not matched with our actions in relation to clause 22 there, Minister.

You may find—and that is why I made the observation that you have limited yourself to Part III—that in Part I there is need to make an alteration. The reference is to section 3(2). Section 3(2) says:

> "Subject to the provisions of this Act, the Council shall have and exercise disciplinary control, whether by way of imposition of fines or otherwise, over persons registered or enrolled as nurses, midwives or nursing assistants under this Act."

This is section 3(2) of the parent Act. So, you may well have to go and do an amendment there as well for this thing you called "male midwife".

And since you are doing amendments, why not consider, what do I call it? OB-GYN nurses or obstetric nurses. I do not know what is the difference between "obstetric" and "gynaecological". Dr. Wheeler is not here to help me, and I do not know of anybody else who practises in that area here.

Sen. Al-Rawi: Dr. Khan.

Sen. E. Prescott SC: Dr. Khan? I thought he had something to do with urology. But, anyway, let me not pretend to know what it means. But I am sure you know, Minister, what might be a more appropriate way. Clause 22 does not achieve what I think you set out to do.

It would be a revolutionary piece of legislation if you did it for Trinidad. I understand the United Kingdom has already acknowledged that there ought to be no discrimination and, therefore, you can find precedent somewhere that will help you to treat with the man as midwife. Midwifery, as I always knew, was always discriminatory, but then it never troubled me. [*Laughter*]

Next, the advanced practice nurse: an innovation, I understand, and one can see the value of it in this society. I would like to refer you, however, to page 18 where it is treated with by way of an amendment to section 41. I note that whereas the Minister does not appear to have the power unilaterally to make regulations anywhere else in the Act, that power seems to have been given to him or is proposed to be given to the Minister in this clause 24, in relation only to advanced practice nurses. I feel sure that it could not have been intended that they should be subjected to the unilateral action of the Minister, quite unlike their counterparts in the nursing profession.

8.45 p.m.

So may I ask you to look at it again, Minister, and if they were all meant to be treated the same way by—what does the Constitution say? By statutory—what does the law say, Sen. Al-Rawi?

Sen. Al-Rawi: Equality.

Sen. E. Prescott SC: Equality—before whom? Equality of treatment by—do not let me find it before you speak on it. [*Laughter*] You are slowing down, man. What kind of junior is this? [*Laughter*] Equality of treatment before—I think it is public authorities—from any public authority.

Sen. Al-Rawi: And the protection of the law; the right of equality before the law.

Sen. E. Prescott SC: There you are. You have redeemed yourself. Thank you very much. [*Laughter*]

Mr. President, I am recommending that the Minister revisit the provisions in that clause 24, and if you propose that the Minister should have unilateral power in respect of advanced practice nurses and must only act upon the recommendations of the council in respect of the others, as section 41 provides:

> "The Council may, with the approval of the Minister, make regulations...",— then stand by it.

But you may want to revisit it and perhaps address squarely, equality of treatment in respect of all the nurses in the country.

I move now to deal with the final one. Sen. Al-Rawi had made reference to it, and I do agree with him. Section 38 of the Act appears to have escaped the attention of the draftsman. It needs to be amended. Advanced practice nurses we are sure ought to have the right—well, sorry—the statute ought to acknowledge that they have a right, because nobody can take it away willy-nilly, to go before a judge if they are not satisfied with a ruling by the council in relation to their profession.

I trust that you would take that on board. I thank Sen. Al-Rawi for bringing it to your attention. I merely restated it so that you can have it in black and white.

That, Mr. President, marks the end of my contribution. Thank you very much.

Sen. Dr. Aysha Edwards: Thank you, Mr. President, for the opportunity to join the debate on the Bill entitled "An Act to amend the Nurses and Midwives Registration Act, Chap. 29:53.

During my contribution, I will attempt to take a structured approach to look at this issue. As a medical doctor, this affects my daily practice; so while we are here dealing with legislation, I think one of the things that we need to consider is that whatever happens in this House will then affect the way that my practice goes forward, and it also may affect my licence.

One of the things that we can definitely agree on is that the health care system of Trinidad and Tobago is in crisis. Recently, I attended the Trinidad and Tobago Medical Board Association meeting. We have what is called continuous medical education meetings. They are sometimes talk shops, sometimes they are

workshops, sometimes they are seminars. An attorney was invited to present to us, and he described us as practising in M*A*S*H conditions. This was consultant, registrar, house officers, interns, medical students in this meeting. To hear him outline the law as it relates to medicine was really distressing, because as a medical doctor we do not understand the law; as I am sure as most lawyers you all do not understand medicine.

Mr. President, I will go on. The first thing that I would like to look at is the history. The reason for looking at the history, and I will quote from the *Hansard* of February 21, 2014, when the hon. Minister of Health said, and I quote:

> "Mr. Speaker, I would like to know how many O levels Florence Nightingale had. Florence Nightingale was the mother of nursing in the world, and it came about by seeing the infections occurring in soldiers in the wards."

This piece of education is not for the Minister of Health, because I know that he knows this, but this is to put on the *Hansard* so that the people of Trinidad and Tobago understand.

From a book titled, *Nursing in Today's World* by Janice Ellis and Celia Hartley, who are two nursing consultants, published in Lippincott International which is a publishing house for medical books, on page 25, subsection "The Nightingale Influence", it says:

> "In her travels Florence met Mr. and Mrs. Sidney Herbert, who were becoming interested in hospital reform. Miss Nightingale began collecting information on public health and hospitals and soon became recognized as an important authority on the subject.
>
> Through friends she learned about Pastor Fliedner's institute at Kaiserwerth. Because it was a religious institution under the auspices of the church, she could go there although she could not go to English hospitals. In 1851 she spent 3 months studying..."—at that institution.
>
> "In 1853 she started working with a committee that supervised an 'Establishment of Gentlewomen During Illness.' She eventually was appointed superintendent of this establishment. As her knowledge of hospitals and nursing reform grew, she was consulted by both reformers and physicians who were beginning to see the need for trained nurses."

Further in this subset it goes on to say:

"In 1860 she devoted her efforts to the creation of a school of nursing that was financed by the Nightingale Fund. Among the basic principles upon which Miss Nightingale established her school were the following:

1. The nurses should be trained in teaching hospitals associated with medical schools and organized for that purpose.
2. The nurses would be carefully selected and should reside in nurses' houses that would be fit to form discipline and character.
3. The school matron would have final authority over the curriculum, living, and all other aspects of the school.
4. The curriculum would include both theoretical material and practical experience.
5. Teachers would be paid for their instruction.
6. Records would be kept on the students, who would be required to attend lectures, take quizzes, write papers, and keep diaries.

In many other ways Florence Nightingale advanced nursing as a profession. She believed that nurses should spend their times caring for patients, not cleaning; that nurses must continue learning throughout their lifetime and not become 'stagnant'; that nurses should be intelligent and should use that intelligence to improve conditions for the patient; and that nursing leaders should have social standing. She had a vision of what nursing could and should be."

I think this still stands true for today.

It is important to note that professional bodies should always be nonpolitical, and independent from the influence or abuse of persons in public life. The reason I am saying that is within health care there are certain organizations that, depending on the regime in power, they are very, very vocal, [*Desk thumping*] and when another regime is in power you cannot hear anything from them, which leads the public to believe that the system has improved. It has not; it has gotten worse. [*Desk thumping*]

To understand the role of a registered nurse or RN, it is important to look at the training that they are expected to complete at the end of their programme. To this end, we will look at the regional examination for nursing registration. It is a blueprint document, and this is a standardized curriculum from Caricom nations, which our country signed on to. It is not just for Trinidad and Tobago.

Please allow me to read, and I am going to read from four different parts. Just to prove that it is a Caricom document and not a Trinidad and Tobago document, in the acknowledgement it says that they want to acknowledge the Regional Nursing Body, the Caricom Secretariat, the General Nursing Councils of the region, the nursing faculties of various educational institutions. Then in the introduction in the bottom it says:

> "The successful completion of the RENR"—regional examination for nurse registration—"enables the candidate to:
>
> - Be registered with the Nursing Council in the CARICOM country where the educational programme was pursued and gain a licence to practice for at least one year as specified by the respective Nursing Council.
> - Use the designation specified in the nursing law which identifies the professional nurse..."—whether it be as an RN, which is a—"Registered Nurse"—or a—"Registered General Nurse
> - Seek employment as a registered nurse at the beginning level of the nursing career.
> - Have reciprocity for employment purposes in any..."—regional examination for nurse registration —"participating CARICOM country".

In the rationale for having this examination they went on to state that:

1. "Establishes a uniform standard of testing and evaluating nursing students for nurse registration in the region.
2. Facilitates the development of a system of reciprocal registration of nurses in the CARICOM region.
3. Provides guidelines for the production, administration and marking of examinations.
4. Provides data for evaluating Schools and Departments of nursing education within the CARICOM community.
5. Facilitates the development in a wide cross section of professional nurses in testing and evaluating competencies and expertise.
6. Institutes a medium for continuing research in testing and measurement within the CARICOM region.
7. Provides quality examination in the Region through cooperation of the General Nursing Councils."

Further to this, this document does a curriculum outline, and though it is tedious I am going to go through the curriculum outline, because when you understand what a generic nursing curriculum entails, you will understand why people should not lower the standard for entry into nursing.

The pre-nursing courses that a nursing student who is reading for a bachelor in nursing has to fulfil, and there are 12 of them:

"…Anatomies

…Physiology

…Introduction to Sociology

…Introduction to Psychology

…Medical Microbiology

…Foundations of Chemistry

…Patho-physiology

…Introduction to Pharmacology

…Nutrition

…Health Promotion and Maintenance of Wellness

…Biochemistry

…Epidemiology"

Then when you get into your nursing courses, you have 16 of them that you have to complete. They are:

"…Nursing Professionalism

…Nursing Process

…Health Assessment

…Caring for the Child-Bearing Family

…Adult Health Nursing...20—64..."—there is a part I and a part II:

…Community Nursing

…Nursing Care—1 month—19 years

…Mental Health Nursing

…Nursing Research

…Nursing Care of the Older Person—65 years and over

…Specialized Nursing

…Nursing Management

…Nursing Leadership

…Nursing Clinical Elective

…Nursing Practicum"

Then there are core courses; there are six of them. They are:

"…Fundamental of Communication

…Information Technology

…Foreign Language"—and they have—"(French or Spanish)"

…Statistics

…Caribbean Society and Culture

…Public Speaking/Creative Writing"

The nurses that come from various Caricom countries who have pursued a BA in nursing, would have fulfilled that curriculum and then come to work in our system, and it is important to point that out. These nurses are not only fulfilling that criterion, they are passing the exam in order to come here to work.

Mr. President, I move on. Now that we know what the curriculum looks like, let us talk about admission process into nursing. I think that deals with—if we go through within the parent document, where it says "Training of Nursing" I think it is section 7—if we look from (b) to (e), and (b) starts off by saying:

"(b) he has obtained passes at Grade A, B or C in at least five subjects at the Ordinary Level of the General Certificate of Education examination, one of which shall be English Language; or

(c) he has obtained passes at Grade I or II in at least five subjects at the General Proficiency Level of the Caribbean Examination Council examination, one of which shall be English Language; or

(d) he has obtained at least five passes accruing from a combination of paragraphs (b) and (c), of which one shall be English Language; and

(e) he supplies evidence of having undergone training for at least three years at a secondary school in mathematics, principles of accounts, commerce or any other subject which demonstrates possession of a sound knowledge of the numerate skills."

9.00 p.m.

It is important to know that in Jamaica they have raised their entry requirement. In order to read for the BA in nursing, they are not taking CXC passes, they are looking at A levels. And I am going back again to the *Hansard* because in the *Hansard*, and this time it was on February 07, 2014 and I quote again, it says:

"In 2011"—and this is the hon. Minister of Health—"faced with this problem, I started a programme in the Ministry of Health—in the Ministry of Health we have discussed it—with the Regional Health Authorities, called the Aides to Nursing. The Aides to Nursing Programme gave nursing students a chance to enter the system with either no O levels or one O level, whatever it is, and work themselves up by training and possibly writing the exam in the system. That was the Aides to Nursing Programme. They are doing a very good job. Now some regions have them for 24 hours, some people have them from 8.00 to 4.00. We are now working together with the system. I am working with GHRS as well as COSTAATT to develop an exam routine system, where they could write exams every three months online, and once they have passed that, they move to what they call the PCA level—patient care assistant.

From the patient care assistant level, they will go to the ENA level, which is the enrolled nursing assistant, so you are now in the system. So hopefully we will get from this system, from the ATNs, once the exams are put in place, a registered nurse in our system. But what you notice in that system is that it is all practical—practical and teaching. So we have in our health care system enough nurses that will be taking care of patients at all different levels. At the same time moving to the advanced practice nurse, we could now have these nurses become specialized, because some go on to intensive care, some go on to cardiac nursing. This is the BSc in nursing that is being developed.

We will get the advanced practice nurse now being just at the level of general practitioners. The United States use them in all their drugstores together with physician assistants. We can have that cadre of nurse now working in the health office on their own; not as they say reporting to and under the supervision of the doctor, but they could be there 24 hours at different levels.

> And we do hope that sometimes along that line, those who want to become professional doctors, MDs, MDBS, we will give them the opportunity to move forward into that after their training, if they so desire."

Well, it is MBBS, not MDBS. That is the first thing.

I shudder to think that someone would have one or zero O levels and enter my fraternity. I shudder to think that. [*Desk thumping*] As someone—[*Crosstalk*]

Hon. Dr. Khan: I thought you all love poor people.

Sen. Dr. A. Edwards: Okay, Minister, I will respond to that. [*Interruption*] No, no, I will respond to that statement. I am one of five from a single mother from Castara Village, Tobago. [*Desk thumping*] In no way does that statement apply to me. I decided a long time ago that I wanted to be a medical doctor. I made a lot of sacrifices and I decided at a very young age that if I work hard that I can get there. [*Desk thumping*] We are telling our young people that mediocrity is acceptable. [*Desk thumping*] You cannot tell young people that it is okay to finish secondary school with zero passes. [*Desk thumping*]

As for the aides to nursing, for the people who do not know, they do not have patient contact. They serve at the level of almost a clerk; they stock boxes, they bring gloves; they do errands. It is unfair to those young people to tell them that you are coming in at that level and will move up to the rank that, God forbid, you will become a doctor. Hon. Minister Khan, as a medical doctor and as one of my bosses and seniors, because you are a consultant and I am a junior to you, I know for a fact that even in getting into a surgical specialty, even after qualifying as a doctor, there are criteria that you have to meet and I know that you will not willingly accept anyone into urology just on the whims that they have a passion for urology. [*Desk thumping*]

Hon. Dr. Khan: Could the hon. Senator answer me, has she ever worked in the private sector in this country?

Sen. Dr. A. Edwards: I have.

Hon. Dr. Khan: Are all those nurses there that you worked with, RNs or qualified nurses?

Sen. Dr. A. Edwards: Minister Khan—[*Interruption*]

Hon. Senator: Mr. President.

Sen. Dr. A. Edwards: Sorry. Mr. President, just for clarity, the way that the public health system works in this country is not parallel to the private sector health care and it is very misleading to have someone believe that it is. The contact that

nurses in the public health sector have is far greater than they have in the private sector. [*Desk thumping*] And it is important to understand that, and there are RNs working in the private sector. There are stratosphere of nurses, they come in different categories, but there are RNs working in the private sector.

Based on the Minister's statement, one can think that the nurses in the private sector are not registered nurses. They are! They are registered nurses, they may not all be Trinidadian registered nurses, they would have gone through the council and become registered. It is important to note that.

Mr. President, I continue. There is a document that I think we need to look at, it is called the ILO Recommendations 157, and under subsection (II), Policy concerning Nursing Services and Nursing Personnel, Part 5, it says:

"(1) Measures should be taken, in consultation with the employers' and workers' organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise.

(2) Such a structure may include the following categories, in accordance with national practice:"—and they have three categories—

"(a) professional nurses, having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;

(b) the auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under the supervision of a professional nurse as appropriate, and authorised to perform them;

(c) nursing aides"—which in our system is the PCA—"having prior education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse."

So, with these three categories of nursing staff, it is the RN that is responsible for supervising them. And we are talking about adding a fourth category of staff. So, not only are we giving the RNs more people to supervise, we are taking away patient contact time, because now RNs are responsible for supervising lower level staff.

Mr. President, furthermore, it has been shown that with each incoming class that the nursing programmes are oversubscribed, and not only are they oversubscribed, the persons who are applying have more than the five O level passes. So, it is not a case that we are not getting candidates who can meet the minimum requirement. It is important to point that out. We are not short of qualified candidates applying to this programme. [*Desk thumping*]

One then has to wonder what is the selection process. From my knowledge the selection process used to be that you apply and then you are interviewed. It is rumored, it is being said that they are going to do away with the interview process, so that you apply and you automatically can get in to do nursing. For anyone who has pursued a degree in medicine, they would tell you that there was a time where you would apply and you will—I am not sure if everyone would have written an essay. It is now where you have to write a personal statement or an essay which is keeping with international standard, and that they are moving to where you have to be interviewed. So, it is ironic that in all other professions we are moving to where you—it is not only your aptitude, in terms of having the qualifications, but also your ability to show your worth in an interview, to enter, and we are moving away from said interview.

Globally, and I think this is Australia and New Zealand, they are using psychometric testing in terms of deciding who they take into their nursing classes, and the reason for that is that they believe that this helps in reducing patient abuse. And psychometric testing, anyone would tell you, is higher than a basic generalized interview. Yet we are moving away from the basic generalized interview.

Mr. President, during the nursing programme—now it is important to understand something, Trinidad and Tobago signed on with the rest of Caricom nations, that the minimum requirement would be a bachelors in nursing, COSTAATT is offering a bachelors in nursing, the El Dorado Training Centre is offering a bachelors in nursing, University of the Southern Caribbean is offering a bachelors in nursing, it is my understanding that the Ministry of Health is still offering a diploma in nursing and that, to me, is very, very interesting. The bachelors in nursing is a four-year degree programme and even at COSTAATT, I am being told that students in their third year have had no patient contact for a four-year degree. At the end of your third year, you have had no patient contact.

It is important to understand that this Caricom document that the heads signed was to ensure the portability of nurses and that the examination that, for almost 12 hours, from 10.00 a.m. or just after, I am hearing people talking about the Nursing

Council Exam, Mr. President. There is no such Nursing Council Exam. Nursing students are required to do one registration exam, it is a Caricom exam; it is a regional exam. It is misguiding to have the public believe that this is a local exam. [*Desk thumping*] What is even more interesting, before I even get to the examination, is that COSTAATT, the head of nursing in COSTAATT is not a nursing personnel. Everyone here is really smart and brilliant, please go and look up the director for nursing at COSTAATT, see what nursing training this person has to be running a nursing programme.

So, I will come back now to the examination, and I have several newspaper clippings, and I heard the Minister stated today categorically, that the failure rate is 47 to 50 per cent, so I will quote an article from the *Guardian* of Thursday, July 5 where they quoted someone from the Trinidad and Tobago Nursing Council, and that person in fact gave a breakdown of the statistics from 2008—2011 and that failure rate is high based on these statistics, and I quote:

> "In 2008, 66 per cent passed the exam…34 per cent failed; in 2009, the figures were 84 per cent"—passed—"16 per cent"—failed—in 2010, 62 per cent"—passed—"38 per cent"—failed—"in 2011, 64 per cent"—passed—"36 per cent"—failed.

So, the highest percentage here is 36. Thirty-six is not 47 and it is definitely not 50. The examination that we are so quick to bash, to state that 50 per cent of our nursing students cannot pass, and it comes across as though this is the Nursing Council's fault, is a regional exam. No other Caricom country is complaining that their candidates are not passing this exam or that they have a 50 per cent failure rate.

9.15 p.m.

We should be embarrassed to state this. It means that we are failing our nursing students. [*Desk thumping*] So we come and we make it sound as though the Trinidad and Tobago Nursing Council is failing the students. No. This is a regional exam. Even further to this, this exam happens twice a year, April and October. This exam has an external examiner. That is a non-Trinbagonian citizen who comes into this country for one to two weeks. That person looks at the papers of everyone who would have failed; those that would have excelled and random the average person.

So it means then that there is no justification in thinking that persons are not getting a fair chance if a non-biased external examiner is reviewing the papers of people who were not successful, unless we are attacking the integrity of this

external examiner. Because people from our council go abroad and act as external examiners in other Caricom countries. It is the same thing with CXC, as other Caricom countries send people here to act as external examiners.

With the failure rate being 34 per cent as the highest quoted, one should not look then at the exam, but the Minister should probably look at reevaluating the programmes, or evaluating the programmes if they were not evaluated. Actually, I will stop there for a minute and draw a parallel. The Minister spoke about—because I wrote it down—a 47 to 50 per cent failure rate within the three chance system, and it is important to note, when you do your MBBS degree, when you try to become a medical doctor, you have three chances.

When you enter the faculty of medical sciences you understand that. And I would have failed exams along the way, but I will tell you something. When I got to my fourth year—because you know—let me break it down. It is five years. Years one to three might not be in three years, but at the end of that third year, you have a major exam that encompasses years one to three. Fourth and fifth, you have that MBBS exam that medical students read for, and that exam not only encompasses that fourth and fifth, which are your clinical years, it will take some stuff from years one to three. But as a medical student, you knew when it comes for your MBBS exams, you really want to hit it out the park at your first chance because you have three chances, and you are going to see the same people over and over again.

Our exam is, by no stretch of the imagination, an easy exam, and it is the same exam that is done in Cave Hill and in Mona. But it is three chances. We are hitting the nurses so hard about it is three chances. As a medical student, if you fail after three chances, you then have to write the university asking them to re-accept you and you get back in, I think it is into the fourth year or probably the fifth year—there is some remedial work—and you then are allowed. And it is not a guaranteed re-acceptance. I know of people who failed three times and were not accepted. Do they then have grounds to come and complain? No! You understand what you are getting into.

Sen. Dr. Wheeler pointed out that when he was writing his MRCOG that there was a gentleman who was writing it for the 25th time. I would humbly like to say that that is a specialist exam. That is not an entry exam. There is no way any person in Trinidad and Tobago can do an MBBS exam 25 times. The seniors will not even allow it. I am not sure that you could do it six times, which is double the required. And I am sure it is the same thing with law; I am sure it is the same thing with any other profession. There is a way for us—our seniors are the

gatekeepers into our profession. Sometimes the gates get a little bit wobbly, but they are the gatekeepers. And it is not that we are being prejudicial or "bouge", as the Minister seems to want to say, it is that you want to maintain a certain standard within your profession.

Hon. Dr. Khan: Could I ask the hon. Senator, did you write a licensing exam after you passed your MBBS exam ?

Sen. Dr. A. Edwards: Mr. President, just for clarity for the people who do not know, for persons who are pursuing nursing, there is not an exit exam.

Hon. Dr. Khan: There is.

Sen. Dr. A. Edwards: So as most degree programmes, you would have had courses that you would have passed throughout your course. Medicine, however, has an exit exam. So my final MBBS is my licensing exam.

Further to that, when I am finished—and there is a misunderstanding. A medical intern is not equivalent to a nursing intern that they are talking about. A medical intern is a medical doctor. Once you have that MBBS behind your name, you are a medical doctor. However, our internship is only a year. Apparently it used to be two years at some point because persons are quoting a two-year internship. I spent a year as an intern. I know interns are spending a year.

Mr. President: Senator, it is now 9.21. I propose to take a break for dinner at this point and return at 9.50. This Senate now stands suspended until 9.50.

9.21 p.m.: *Sitting suspended.*

9.50 p.m.: *Sitting resumed.*

Mr. President: When we were last here, hon. Senators, Sen. Dr. Aysha Edwards was on her legs. By my calculation she has another 12 minutes of original speaking time.

Sen. Dr. A. Edwards: Thank you, Mr. President. [*Desk thumping*] Just to recap so that I actually get my train of thought as we were going. We were at the point where I was trying to explain that the examination that the nursing students do is a regional examination, and this examination is done by all participating Caricom countries, and once you have passed the exam, you have the portability to practise in various Caricom countries. So some of the nurses that we have here from other Caricom countries would have done that exam and passed.

Clause 13, section 16A(4) to (10)—and I know everyone, or most people, would have spoken about it, and that speaks to the provisional certification. Mr. President, what I would like to know is why is the Ministry of Health perpetuating

this provisional certificate? Because we are going to have a huge pool of persons within our health care with a provisional certificate but no qualified nurses. [*Desk thumping*]

The nursing degree is four years long, and according to the various sections, if I calculated it correctly, you can have a provisional certificate for six years. So in other words, you are now telling me it takes 10 years—twice the amount of time it takes to become a doctor—for you to become a nurse. That does not make sense to me. It really does not make any sense to me.

If the provisional certificate is four years long and you can do the exam twice per year, it means that you would have attempted that exam eight times. Then the Ministry of Health, in its document, goes on to say that after attempting this exam—well, eight times because you have four years—you can then get remedial work and then submit yourself for certification.

So I am curious to find out what certification. Is it not the same exam that you would have failed eight times before? So what is it in this remedial work that would now facilitate you passing this exam? Therefore, the remedial work should be done way before the fourth year. [*Interruption*] Sorry?

Sen. Karim: Remedial classes will be available annually immediately.

Sen. Dr. A. Edwards: Based on this document, Sir, with all due respect, it does not say that.

Sen. Karim: Go ahead.

Sen. Dr. A. Edwards: It says that you have four years, provisional. No problem.

Sen. Karim: I am sure you are aware of remediation classes.

Sen. Dr. A. Edwards: Excuse me?

Sen. Karim: I am sure you are aware of how remedial classes work.

Sen. Dr. A. Edwards: I am not. [*Interruption*]

Now, one tends to wonder—and then the Minister spoke about the displacement of students who fail exams, and he stated that if you failed the exam then you have to start all over. This is the same for all degree programmes. There is nowhere in a degree programme that you could have flunked out and—they may give you credit somewhere along the way, but you do not come back in and immediately retake an exam.

9.55 p.m.

So to speak of people being displaced and that students are displaced, I think it is a bit of an overstretch and it could be misleading to the Senate, in saying that these students are then displaced and then he spoke to the nursing intern. To be an "intern" means you have to complete a course of study. A medical intern would have completed a course and read for a medical degree. Hence you take great pride in becoming an intern. And as a doctor, you understand that when you are an intern, you are a pleb. You are the lowest of the low. You are just above a medical student and you take pride in going from a pleb to a gofer, and that is when you are a house officer. You only really start wearing pants when you become a registrar, but we take pride in that. So for a while I was a pleb and I loved it. I worked hard. I took pride in my work because at the end of the year, once you are a UWI grad, you automatically get full registration. The problem is for persons who are not UWI grads and their degrees are evaluated.

I am trying to go through stuff that was said and clarify. The Minister spoke about people not being interested in public health and doctors not being interested in public health, and that doctors only spend two hours of the day at a health centre. Hon. Minister, in my humble opinion, you need to visit the health centres. I have friends who are reading for a DM in family medicine. They take pride in doing that. Not only that, they are at work for the time that they are supposed to be at work and they take pride in being there. They enjoy their job.

Minister, it is very—one of the things that I would like to clarify one time. As a medical doctor, if you want to specialize in Trinidad and Tobago you have to do what is called a DM, a doctor of medicine in surgery, family medicine, emergency medicine, and if you ask the juniors and the junior doctors, they will tell you that there is not enough space to specialize, not enough space. So it is not that there are 100 of them. Probably that is the capacity of the programme. So do not make it sound as though it is only 100 persons showing interest, hence a lot of persons are doing USMLEs and going abroad to specialize and then we are losing that pool of doctors, not necessarily because they want to go away, but because we have that limited resource.

Imagine you apply to specialize, you would have gone to an interview, you would have done well in your interview, but you know what, your programme is only taking in two people per region. You might not be one of the two. So you then have to look at other ways to beef up your resume so that when you apply next year—and that could become very tedious. So, some people decide to go the other route of seeking foreign training to become specialists. My concern is that

persons—based on this, "Trinis we smart". Someone is going to find a way to have a provisional certificate for the rest of their lifetime, and when you have this, you see, a few problems arise. One, our patients need to be confident in who is giving them care, and as a doctor, I need to be confident in the competency of my nurses. [*Desk thumping*] I take it for granted, that when I tell a nurse I need this medication at this strength, that they understand what that means, that they are capable of doing so.

Nurses are expected to do lots of calculations. I think there is a misunderstanding that nursing is about bathing patients and moving patients up and down. Nurses are responsible. For example, in the emergency department—and the Minister can tell you this—a patient may present with what we consider hypotension—big word. Just to mean that the patient has a low blood pressure—and that could be significant, or it could be nothing. So if the patient is really small, that could be their normal blood pressure. At the same time, patients could present with really high blood pressures and if the nurses do not have the capacity or the ability to understand what that means, you could have a patient sitting there, waiting to be seen who really should be seen as an emergency, and there is a baseline aptitude that you have to start at to understand this.

Mr. President, one has to be mindful of the fact that we are charged with advocating for our patients. We are the gatekeepers. As a doctor, I have to advocate for my patients, and nurses advocate for patients even when they think that I may have wronged a patient. Nurses look out. They read over the notes and they may come and they would point out to you an error may have been made, and it is important that the persons are appropriately trained to spot said errors. We are not talking about dollars and cents or acreage. We are talking about people's lives.

I shudder to think that my family would go to the hospital and meet someone who is not appropriately trained to take care of them. We are not even trying to raise the standard to ensure that in this country it does not matter whether you go private or public, you get great standard of care, we are not trying to do that. This is not speaking to that, and that is very worrisome.

Nurses and doctors, we work hand in hand. It is a team approach. And it is not just the nurses and the doctors; you have to add the pharmacists into it. It is a team approach, and you expect that each person is appropriately trained and that they are best of the best. One of the things that happens when you enter medical school is that they tell you, you are the créme de la créme. You are at the top 5 per cent, and I am sure they say the same thing when you enter law school. It is a way of,

you know, having you stroke your ego and feel good about yourself and take some pride in where you are at and work really hard to raise your profession to a higher standard, and I am sure they tell the nurses that too.

Nursing is not just about compassion. It is aptitude and compassion, compassion and aptitude. It is the same thing with medicine. If you have only aptitude you will make a horrible doctor. If you have only compassion you will make a horrible doctor. It is a nice mix of the two that makes a good physician, and an ability to communicate appropriately with your patients.

Mr. President, I wonder if the Ministry understands the implication for reneging on this Caricom agreement, where the basic entry requirement for nursing would be the bachelors in nursing—and that is a Caricom document. Because based on what I am understanding, it is stating—and this is based on some of the media coverage, so I am also taking that with a pinch of salt—that persons who would do the regional exam would be persons who want to go abroad to work. So it begs me to wonder, are we saying then that we are going to export the best, so that you can do the exam and pass you can go abroad, but you do the exam and fail you are good enough to stay here and work? To me, this is very, very disheartening; very, very, very, disheartening.

The Minister spoke about—and it also speaks in the document about continuous education for nursing. Now there is a difference between registration and licensing and re-licensing. You do the—[*Interruption*]

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

Motion made: That the hon. Senator's speaking time be extended by 15 minutes. [*Sen. H. Drayton*]

Question put and agreed to.

Sen. Dr. A. Edwards: Thank you very much. Registration is the regional exam that we are asking nurses to do. In order to be licensed or re-licensed, all the nurse has to do is to go in to the Trinidad and Tobago Nursing Council and pay $100.

So, yes, continuous education is a great step. Ironically, this Minister of Health was asked by the honourable Sen. Dr. Wheeler about continuous education for medical doctors, and anyone could look at the *Hansard* to see what the response was. There was not one. So I would like to know what then is he proposing as continuous education for the nurses? Because as a medical doctor, it

should be very easy to say what would be continuous education for medics and to say, off the bat, yes, continuous medical education is important, it is in keeping with best practices, it is in keeping with global standards and that is where we are trying to go, that is where we are trying to take the profession, and that was not said.

So, I welcome the Minister's response on that, and I welcome hearing what he has to say in terms of continuous education for nurses. I look forward to the fact that nurses who work, for example, in the emergency department can get credit for doing all the emergency courses, the advanced, paediatric life support course, the basic life support course, the advance trauma courses and those can be worked as continuous education. Not online courses. It must be practical courses within the area that they are working. So that they are not only strengthening their department, they are also strengthening their resume and their resolve. Because you feel worthwhile when you know you can contribute within your department as opposed to a generic course online or attending a generic conference.

Mr. President, clause 51B states:

> "The Minister may, by Order, permit nursing personnel who are registered to practise nursing or midwifery under the laws of their governing country..."—

and we all can read.

So we can read the rest of that clause.

The Nursing Council is a professional body and, as such, I do not understand why it should be the Minister to decide who should be registered to practise nursing. Now, I completely understand where it says:

> "...as part of visiting planned education or teaching programme or medical visiting treatment team,..."—et cetera, et cetera.

The reason I am having problem with that is Trinidad and Tobago Medical Board vets external qualification for medics, and I think it was under the then hon. Minister of Health John Rahael, that a parallel medical board was set up to bring in medical specialists in fields that we did not have specialists in the country, and I would like to think that that was supposed to be an interim solution.

But we all know that there is still that board going on and the Ministry still hires professionals or specialists. And if you ask local specialists or specialists who are on the Trinidad and Tobago Medical Board, they will tell you that because these specialists do not fall under the privy of the Trinidad and Tobago Medical Board, one wonders who monitors them and who disciplines them

because the role of the Trinidad and Tobago Medical Board is to do that, is to discipline its officers. So now within our fraternity we have a group of doctors that we are not sure of their qualification or competence because they do not fall under the privy of the medical board.

There was one issue that I was not going to touch on, but I had hoped that the Minister would provide clarity and explain to me what he meant, because during the crosstalk, the Minister stated he is suppressing the position of the Chief Nursing Officer, and this was when the honourable Senator stated that the CNO should be hired ASAP. He said he is suppressing that post and I would really like to know what was meant by that. Is it that the Ministry is creating a parallel post, so hence he is suppressing that post? That person is the person who will be responsible for piloting these amendments, because the Chief Nursing Officer is the strategic planning officer for nursing in the Ministry of Health. So I am concerned.

Now, Mr. President, I am not being difficult for being difficult. This is my profession. I love my profession. [*Desk thumping*] Medicine for me is a vocation. I chose to be a doctor. No one forced me into health care. I go to work with pride every day, with the resolve to do the best that I can do for the people of Trinidad and Tobago, and I do not think anyone in health care gets up in the morning and decides today I am going to kill someone, or today I am going to be incompetent, or today I am going to cause grievous harm, because our oath is to do no harm.

10.10 p.m.

We are increasing the liability for doctors and nurses with these kinds of laws and it is important that that is said. It is important that we understand that while there may be a shortage or a small number of nurses, or a small volume, sometimes it is not just about having hands, it has to be quality hands [*Desk thumping*] because too many hands could be a burden too, and it is important that we understand that. Health is not a political football. There is no need for "politricking" and—there is no need for that! If we are serious about the people of Trinidad and Tobago and we are serious about health care, we really need to take stock and make better decisions.

I remember at that same TTMA meeting, I asked—the media quickly publishes incidents that happen in terms of health care and you never see the recourse. So, if it ended up where the doctors and nurses were cleared, you really do not see that in the media, you see the sensational headline and I asked: what was the recourse? Is there recourse for libel—not because I think that doctors and nurses do not

make errors but also because we need to understand that when the public sees this kind of headline, they come in and they respond that way. As an emergency doctor, you are greeted with hostility a lot of times because the public is so afraid, and they are so up in arms that they think something may happen, that they think sometimes in order to get care, they need to be aggressive and combative, because no one has sat down to explain to them the importance of triaging and what that means.

The Minister speaks to the advanced nurse practitioners and he quotes the David Benton report which was done in 2012/2013. I would like to point the Minister to this document from his Ministry, 2011. It is called "The Scope of Practice for the Generalist and Specialist Nurse", and on pages 31 to 35, the advanced practice nurse, not only the definition but the role—all 34 aspects of what the advanced practice nurse can do.

In other Caricom countries, we have advanced practice nurses, we are just behind, we are catching up, and I applaud him with his attempt to catch up. I really applaud him, but I suggest that he takes a look at this document because this is a Ministry of Health document; this is not a Trinidad and Tobago Nursing Council document or a Trinidad and Tobago Medical Board document. It is a Government of the Republic of Trinidad and Tobago Ministry of Health document: "Ministry of Health, Nursing Division and the Nursing Council of Trinidad and Tobago, 2011".

Mr. President, in closing, I would hope that the Minister would take into consideration what I have said. I would hope that the Minister, in future presentations of health issues, will take into consideration what I have said, that we do not come in and try to create sensationalism, that we come in and we give crude, honest, truthful facts; that we can deal with the issues to make better law, to improve the health of our population and to improve the environment in which I work every single day. With that, I thank you. [*Desk thumping*]

The Minister of Health (Hon. Dr. Fuad Khan): Thank you very much, Mr. President. First, I would like to thank all Members for a very stimulating, wonderful debate. We touched on almost every aspect of it; every aspect of what we could possibly touch on. Some good points were raised: some points that deserved merit; some that did not deserve any other thought or merit.

But, I want to start off by congratulating, first, Mrs. Drayton, for indicating the parts of the legislation that you thought needed clarification, and I was very glad to respond to that earlier on but I will do so once more—fit and proper

person. Then, Dr. Wheeler gave a good insight to a lot of the needs and directions that we are going to take. Dr. Mahabir also developed a point and Sen. Vieira, and also Sen. Small. One salient point was the Minister versus Ministry and I thank you for that, I think I overlooked that; that will be changed. Sen. Prescott, as usual, a lot of the amendments that you proposed and the direction that you decided on, I take it on board and I will certainly look at it, and see how best we could deal with it, and Dr. Edwards was very emotional in her delivery and what she said was taken on.

But, I was a bit taken aback by the contributions of the Opposition—well, the Opposition which is the PNM. They came and unfortunately rehashed everything that was said in the Lower House. I realize that it really and truly was not much of a debate listening to that group. However, I am very glad that we have Independent Senators in this House because it is refreshing to hear intellectual discussions.

However, what really struck me was—and on the newness of the front Bench—I felt like a ping-pong ball when Sen. Faris Al-Rawi was speaking. I tried to figure out: was it the nurses Bill he was speaking about or was it his love affair with the Attorney General? [*Crosstalk and desk thumping*] I really could not figure it out. When he started to deal with it, I tried to take notes, Mr. President, but I tried to figure out which notes to take. Sen. Al-Rawi was talking about whether Sen. Al-Rawi or the Attorney General had the bigger mailbox. Mail box? You know what I mean? [*Desk thumping*] Being a urologist, having never examined both of them, I could not give my opinion, however, that started me thinking on a trend: was it the legislation that we were dealing with? Was it the mailboxes on a trend? And when he said at the end of his contribution, "he giving the Attorney General an F", I got worried. [*Laughter and desk thumping*] I really, really got worried.

You see, Mr. President, the calamity I was in—you noticed that at one point, I had to leave to compose myself because I was trying to figure out what it is that Sen. Al-Rawi has for the Attorney General. The Attorney General is doing his job as Attorney General, and then I was wondering why was Sen. Al-Rawi climbing on his back like that? [*Laughter*] I could not figure it out and, you know, it made me start to wonder, I mean, what was happening here, and then he started to say that "he gonna give me ah F" and that is why I left. I said I was not into that. [*Laughter*]

You see, Mr. President, sometimes one has to take the exit—and he said I was one of his sensei—"senpai yuh called me in karate"—and we also taught them—there is something called Go no sen and he might understand what I am saying. The person is sometimes called Sen no sen. Sen no sen is when you are going to the

attack and "yuh geh cuff down" [*Laughter*] but Go no sen is when you leave when somebody's wants to cuff you down, or F you or anything else, but the thing about it, I had to make sure that I left the Chamber and came back composed. So, Sen. Al-Rawi, I am very thankful for your points but they got lost in your love affair with the Attorney General.

When Sen. Prescott started to speak—well, I understood now why he is a senior counsel and a very good one apparently, because he was able, in a very smooth calm fashion to say the same thing that Sen. Al-Rawi was doing but I was able to write it down. I took notes of it. I looked at it and I said, "This is quality". I was very thankful to Sen. Prescott and I said to him that seeing that he underlined it so well, I asked the Leader of the Senate to let me look at it and I will discuss it with the CPC, the drafters, et cetera, and see how best we could deal with whatever drafting improvements that we could go ahead with, we could deal with.

You see, I am a policymaker, I am not a drafter. So when I look at the policy, there are certain things I may overlook and I make no apologies because I am not a drafter. At the end of the day, the policy, what we determine to start off with, came about from the Independent Bench—well, not the whole Independent Bench, sorry—as being sound, innovative and moving the health sector forward. You see, sometimes, Mr. President, people are not fortunate in life. I have come across people—and Minister Karim has said that—who are late bloomers; people who never got a chance to become something, but when given a chance become better than those who did. [*Desk thumping*]

I am going to draw example to something right now. That is why I got up and I asked the Senator, Dr. Edwards, had she ever worked in a private institution and she said she did. She said she worked in it, and, Mr. President, I asked a question: were all those nurses there registered nurses? And the answer is no. They have one or two main registered nurses and the rest of the people, who are seeing after you, in that private institution, are people who are not even nurse interns, they have not reached there. They have not gone through a formal COSTAATT or USC or University of the West Indies programme—they have not gone there. These are people who were there learning—well, the course by some Red Cross or TTRNA, and they worked themselves in the system.

There are some of them in the operating theatre—and I have worked with the best in London, I have worked with the best in Canada, in Jamaica—I have worked with the best and I will not go into an operating theatre with a difficult case without one of those people with me. And that started me thinking that these

are people who never got formal training to any great extent, learnt on their own, worked the system. There are many people, if they are honest with each other, will say that they have gone to these private nursing homes and got excellent care. These young people, if given a chance, sometimes blossom better than the ones who are. [*Desk thumping*]

Sen. Prescott asked me one question about why did I use January 01, 2008. [*Crosstalk*] If I had a family, it is not so. [*Crosstalk*] No, I said it is not so. The reason I used that—and I will clear it—date, I wanted to go back to the time when there were a lot of students who were, at that time, writing those exams, who they felt were subjected to victimization by the council and other people, and it is a whole set of them, it is many of them. [*Crosstalk*] I have the letters but I do not want to read it in the record.

10.25 p.m.

They came to me, after going to different Ministers, hon. Rahael and she said honourable this one, honourable that one but they came to me and I said to them, knowing exactly—I have worked in the private sector. I have worked with nurses at a lower level, and they said all they wanted was a chance and because they were people who went after the system, wrote letters, went on the papers, asked for their own justice, they were maligned and pushed aside and thrown aside and washed their hands completely of. That was the group I wanted to make sure of. They lobbied for this, so the people of Trinidad and Tobago could go into a different category, a different idea.

Sen. Prescott SC: Will you excuse me a minute? The only recommendation I will make in that case is that, Mr. President, perhaps you could try to reduce the period over which they may practise without being certified, from 13 years to maybe—[*Interruption*]

Hon. Dr. F. Khan: Well yes, I will look at that. I will look at that time, but that is the reason why I used that date. In fact, I discussed with the Nursing Council—the Nursing Council wants to go back to 2007, five years before. They were happy with 2007. I said just go the one extra mile for me because these are the people I want to capture because I think they feel dispossessed and, at least, I want to bring closure to their lives, at least give them a chance. So that is why I went to that level.

So, Mr. President, that was the reason for that. However, I take it on board that there are some drafting errors and we have to look at it—section 38, as you said, section 7 and section 12 onwards, right—drafting errors, drafting. As I said,

I am not a lawyer. So I will look at it, I have taken it on board because although it went through the Lower House, it was not picked up at that level, plus a lot of the amendments that you see here were done in the committee stage where they are placed and sent here so I feel that I might have to do it again.

Just one little word to Dr. Edwards, the Senator. The nursing courses, every single training centre, COSTAATT has an exit exam, University of the Southern Caribbean has an exit exam, University of the West Indies has an exit exam, in the same manner that the doctors have an exit MBBS exam. However, they are not called MBBS; they are given an exit exam based on the couple years.

Sen. Dr. Edwards: Mr. Khan.

Hon. Member: Dr. Khan.

Sen. Dr. Edwards: Dr. Khan. Sorry. Dr. Khan, Dr. Khan.

Hon. Dr. F. Khan: That is all right.

Sen. Dr. Edwards: Dr. Khan. Yes, hon. Minister of Health. Let me just put something further out there and that would probably hammer home the point that I wanted to make with that because you mentioned about going abroad to study nursing and doing, NCLEX right, for example. If you are a nurse in New York, you are an American citizen, you are an American-trained nurse and you are a practising nurse in New York and you decide that you want to relocate to Florida, you have to do an exam in Florida. It is not a smooth transition. So stating that someone who is foreign-trained and came from an accredited country, coming into our country, should be registered automatically—we cannot go to their country and be registered automatically. It is never heard of because it is not that simple.

Hon. Dr. F. Khan: Once you do the NCLEX exam, you have your licensing certificate but you have to do what they call the State's licence—the State—but you still are a nurse, NCLEX, you still have your licence, but they want a State licence exam. Now I am not saying—but you could go and practise in a hospital—[*Interruption*]

Sen. Dr. Edwards: Without a State exam?

Hon. Dr. F. Khan: But you are not going to practise as a nurse. You could practise as something similar to a nurse intern. Johns Hopkins does it. So what I am saying, you will not be able to perform the duties of a nurse or the money as a nurse or that type of thing but you can practise in a hospital but you are not going to be given the title "nurse". You will be working under supervision, in the same manner.

So what I am saying here now, when these students leave these faculties—COSTAATT, USC, et cetera, they are given an exit exam. What you have at the Nursing Council are licensing exams, which are called registration exams, to license them to practise as full-fledged nurses. The reason I decided on the "nurse intern" is because there were numerous complaints, over the last 10 years, of subjective victimization of people and you say—what you actually—you speak about the entrance, the interview, all these things came into being. So once you have one sector, you have to balance it.

We come from a small country, with laws that were enacted, by the United National Congress, at the time when I was there, 1995—2000, of the Equal Opportunity legislation, Freedom of Information Act, 1999. These are the things and the tools that people can use—[*Interruption*]

Sen. Howai: Judicial review.

Hon. Dr. F. Khan:—and judicial review—to develop their need and their action against victimization. I will look at the legislation and come back with the amendments. Thanks. [*Desk thumping*]

Mr. President: Leader of Government Business.

EASTER GREETINGS

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Mr. President, thank you very much. The Member has not completed his winding up and, as he has indicated, he will look at the amendments proffered. Before I move the adjournment of the House, Mr. President, I know that Members will want to make the necessary greetings for the Easter Holy weekend that is coming forward. Subject to your agreement, I will like to call upon Minister Emmanuel George to move that on behalf of the Government's side.

Mr. President: Minister Emmanuel George. [*Desk thumping*]

The Minister of Justice (Sen. The Hon. Emmanuel George): Thank you very much, Mr. President.

Mr. President, I rise to congratulate the Christian community, on the celebration of Easter and to speak to the significance of that Easter celebration to the Christian calendar. Easter celebrates the resurrection of Christ consequent upon His crucifixion on the cross on Calvary. But Jesus Christ did not just appear on earth, die on the cross and rise from the dead on the third day. He was born, as the Christ child, to the Virgin Mary and His birth is celebrated, with the festivities, at Christmas time.

Christmas is celebrated so widely and popularly that one is led to believe that it is the most important event on the Christian calendar but it is not. Easter and the Resurrection of Christ is the most important event in the Christian calendar. But the story of Christ's death and resurrection really started with His birth. And for those of us who are familiar with the story of Christmas and Christ's birth, we know that he was born in a manger and that His beginnings were very, very humble and we know the story of the three wise men who—on the basis of centuries of Christ's birth being foretold—came to bring frankincense and myrrh and so on, to pay tribute to this child who was supposed to be a king.

So we know about Christ's birth and the next thing we hear, after Christ's birth, is the issue of Herod's pursuing Him, in order to kill Him, because of the historical indications, over many centuries, that He was a king and in order to get rid of any potential challenge to the ruling of Herod and the Romans, they wanted to get rid of the King. So, we know the Bible story about the search by Herod for all children born around the time that Christ was born and the killing of those children, which is remembered on the Sunday following the celebration of Christmas, in the Feast of the Holy Innocents. That is celebrated, as I said, on the Sunday after the celebration of Christmas Day.

We do not hear anything about the Christ child after that attempt by Herod to kill Him until he is around 12 years old and the mention of Him in the Bible, at that age, speaks to Him showing a maturity beyond His years because He is reported as discussing philosophy with wise men much older than himself. We are told also that His foster father, Joseph, was a carpenter and one would assume that Christ might have followed in his footsteps. But we learned too that He was friendly with a lot of fishermen and it appears that he was also a fisherman because they were His close friends and allies. So that, we are unsure as to whether He took up carpentry or whether He was a fisherman.

Sen. Robinson-Regis: The Bible says that He was a carpenter.

Sen. The Hon. E. George: He was also a fisherman. I am saying that we are not sure—[*Crosstalk*]

Sen. Robinson-Regis: He was a fisher of men.

Sen. The Hon. E. George:—that He was—but He was a fisherman. He was a fisherman and a carpenter but then we hear about Him when He turns around 30 and He goes about preaching His Gospel, which, if you want we can say that the focus of His teaching was to overturn the teachings of the Old Testament, which suggested an eye for an eye. His new teaching was: love The Lord with all your heart, with all your spirit and all your mind, and love your neighbour as yourself.

So he changed the focus from the teachings of the Old Testament, to the new teachings, based on a love of God and a love of your neighbour. We are told that, because of this, He fell out with the status quo, the existing religious leaders who went and complained to the Roman leader, Pontius Pilate, that here you had this guy who was pretending to be a leader and bringing all of these people as His followers. Pontius Pilate ordered that Jesus be brought before him and after questioning Him, he could find no fault with Him because Jesus also showed respect for Pontius Pilate—and remember the phrase in the Bible where Jesus said: render onto Caesar the things that are Caesar's and onto God, the things that are God's. And we could go to Mark 12:17 and Matthew 22:21 to find that quotation.

Mr. President, although the religious hierarchy and the high priests, and so on, were against Him, there was considerable support on the ground, by the ordinary people, for Jesus and His teachings.

Sen. Ramlogan SC: Just like the partnership.

Sen. The Hon. E. George: This is also evidenced by the triumphant entry into Jerusalem, that He made on the back of a donkey with tributes being paid to Him, by the masses, and the throwing or the laying of palms in His path, as He advanced. We recall, only two days ago, on Sunday, the Christian community celebrated Palm Sunday, which was in commemoration of Christ's triumphant entry into Jerusalem and the support of the masses. While the masses supported Him and He too supported the masses and, of course, He worked a lot of miracles and so on in the time that He preached His Gospel.

10.40 p.m.

A couple of the miracles that he worked was to raise Lazarus from the dead telling Lazarus take up your bed and walk. He also—at one point when the masses had gathered around Him to hear His teachings but had become hungry—took five loaves and two fish and fed the multitudes and He also turned water into wine at the famous wedding in Cana.

This is one of my favourite Bible stories. I have been brought up by my parents to be a very God-fearing boy and I have never lost the teachings that both my mother and father taught me in the time that I was growing up as a young man. I still continue to hold to the principles and I remember the stories very well. [*Desk thumping*]

But I have a particular take on the story of the wedding in Galilee, when Christ turned water into wine. I am saying Christ was—when people say that following Christ's life is difficult I say, in my reading of the story, He was a very ordinary and normal person living life, "liming" with his friends, and so on, but at the time you called them disciples but they were really his friends and the people that he "limed" with and they went to this wedding and really "dey drink out de people wine". Now, the embarrassment of the wine having been drunk and there being no more left, his mother called him and, like a good young man to his mother, he was always very obedient to her and when she said to him: "Listen, we are facing an embarrassing situation here. We would have to make some more wine. He did obey his mother he asked for the pitchers of water and turned the water into wine. The host tasted the wine and the wine was the best wine, even better than the wine that had been drunk earlier.

Jesus was a normal person. He had his friends and He was not a spoilt sport. In other words He did not say: "I not making any more wine for people to drink." He continued. He said: "Yes, I will have the thing done" and the made the wine. He was a normal person and the following and patterning, using his life as a pattern, should not be very difficult for us to follow.

Of course, by his teachings he continued to threaten the status quo and the existing religious hierarchy who went and complained to Pontius Pilate that here is a gentleman that we have to get rid of and Pontius Pilate sent his cohorts to look for Jesus in order to crucify Him. We know at that point Jesus knowing that the end was near He called his disciples to have the last supper at which He broke bread and wine and said to them: "Do this in future in memory of me." His apostles who were gathered around him said: "We would not abandon you." But he said to Peter: "Before the night is done you would deny me trice." In fact, when the Pontius Pilate soldiers came and enquired of Peter where was Jesus he did deny that he knew him.

Likewise, worse was to happen because Judas, when they came to Judas and asked him where Jesus was, he said that Jesus was in the garden of Gethsemane and they went there and they found Jesus, and the 30 pieces of silver that Judas was paid is now, of course, a story of legend. Judas, of course, killed himself because he was very sorry and remorseful of having betrayed Jesus Christ.

Jesus was eventually captured and crucified on the cross and his body was put into a tomb and a stone rolled and the tomb closed. That was the Friday, and the Sunday when his mother and disciples came to look for him, the stone was rolled back and there was no body there and the rumours spread, of course, that Christ is risen.

We are told in the Bible that Christ did appear to His disciples. He appeared to one Thomas who did not believe that He had risen and he said to Thomas—we know the story about doubting Thomas—that he had to put his fingers—do you want to put your fingers in my wounds to see that it is me? Doubting Thomas said to Him: "No, I see you and I believe." In respect of Peter, He told Peter that you are the rock on which I will build my church, so that He forgave Peter too, for disowning him.

I say all of this to say that if He had not risen, then there will be no Christianity and there will be no church. All of the story ends, really with the death but the Resurrection of Jesus Christ, which is the foundation and the cornerstone of Christianity and it is what the Christians celebrate during this time, as I said earlier on. It is not the Christmas time, which is a much bigger celebration in the world but it is His rising and His Resurrection from the dead that really is the foundation of Christianity.

So I am taking the opportunity to say to the Christian community, on behalf of the Government of Trinidad and Tobago and my colleagues on this side, to congratulate the Christian community on the celebration of Easter, on the Resurrection of Christ and on which our faith is based, and urge the continued teaching of His life and example of His gospel of love for one another and the opportunity of salvation and everlasting life with Him in heaven. As he said: In my father's house there are many mansions and I go to prepare a place for you that where I am there you may be also. Mr. President, colleagues, I thank you. [*Desk thumping*]

Sen. Stuart Young: Mr. President, on behalf of this side of the Bench, the Opposition Bench, I would like to take this opportunity to recognize and acknowledge that last night the Hindu community celebrated Hanuman Jayanti, which is the birth anniversary of Lord Hanuman. So we would like to start by recognizing that.

Then, following in Sen. George's footsteps, I think he has recited the whole birth and life of the Lord Jesus Christ. On behalf of the People's National Movement, we just like to wish the Christian community and the people of Trinidad and Tobago a happy and holy Easter, which, as has been told to us in great detail, is the celebration of the rising of the Lord Jesus Christ who we believed was crucified on our behalf and we would like to wish everybody a happy, safe, holy Easter and during this long weekend period that everybody exercise extra precaution on the roads and be particularly safe and careful in whatever activities they do to celebrate and to enjoy it. Thank you very much, Mr. President. [*Desk thumping*]

Sen. David Small: Mr. President, on behalf of the Independent Bench, I speak on my own behalf and also on behalf of my colleagues. Easter is a time of renewal. I will not cover most of the ground that my very good friend Sen. The Hon. Emmanuel George has covered, but I believe we understand how important this is to those members of the Christian faith and that for those of us who have any measure of understanding that there is an Almighty being who guides everything that we do.

Every day I wake up I give thanks for being able to get up in the morning and everything "kind of" works. I do not take it for granted because a lot of people do not have the opportunity. They are not blessed with that. I am humbled by the opportunity to be able to be here and to be able to make contributions. I also do not take that for granted. It is a privilege.

I think that, when we step back from all the things that absorb us during the day and we recognize that life and everything we do is ordained by a higher being, by a higher force, and that at some point in time we will all have to account in various ways, for the things that we have said, we have done or we claim to not have done and I believe that. I take no ownership in these words but they would be familiar to someone.

Pride goes before the fall.

Pretenders to the throne will always be beheaded.

Abuse of power will be rectified.

Sinners shall be brought to judgment.

The evil and wicked among us who take that, which is the sweat of others will be humiliated.

The day of judgment is near.

Repent you evil and wicked sinners for the Lord is mighty just and easily provoked.

Those who continue to provoke the Lord by pretending to assume His power will be smitten with force and fury.

When we think about those words and we think about the fact that Easter is a time of renewal, we get the opportunity. We understand what is going to come and we have an opportunity to rejoice with the Christian community in the celebration of understanding that things can go particular ways, and when you have the opportunity, as we have here, to celebrate the rebirth of Christ, Christ being resurrected from the dead, we understand what is possible.

So, on behalf of the Independent Bench, I want to first extend Easter greetings to all of our colleagues here, all the members of staff, all of the unseen people who are here keeping this building safe for us. [*Desk thumping*] I think that is important, because I am a regular guy and I talk to everybody from the guy in the car park. I say good morning. I think it is important. I want to extend my deepest and most heartfelt and warmest greetings to every Member here, your families, your loved ones and to the national community, I wish you a holy, a happy and a safe Easter. [*Desk thumping*]

Mr. President: Hon. Senators, I would like to join with Senators who preceded me in bringing Easter Greetings to the Christian community.

Today in fact marks the middle of that most holy week in the Christian calendar, that culminates in Easter and the Resurrection. I think some of the lessons that we learn from Easter relate to forgiveness. It relates to healing and it relates to joy. It also tells us, as we go through this holy week, as we come to the end of Lent, that we cannot experience true joy unless we also enter into the pain and sacrifice leading up to that event.

And so the lesson I think for the larger community, is that we too have to sacrifice if we hope to enter into the joy of Easter and if we hope to welcome in the good times, it means that we also have to be people of self-sacrifice. And to those of us who sit in this Senate, one of the lessons we learned from these events is servant leadership. I would endorse that and, perhaps, all of us could take good examples from the Lord Jesus who lived, died and was buried. And, of course, in that Resurrection, it also meant that he brought new life and a new spirit, as it were, into the world, and I hope that that new spirit will imbibe each of you Senators here today; imbibe, of course, the hearts and minds of all our staff and the wider Christian community and all persons of goodwill throughout the length and breadth of Trinidad and Tobago. Thank you. [*Desk thumping*]

ADJOURNMENT

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Mr. President. Mr. President, I beg to move that this Senate do now adjourn to a date to be fixed. Having regard to events post-Easter and the week subsequent to that in which the body of the former President will lie in State within the precincts of the Parliament, I am adjourning to a date to be fixed.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 10.56 p.m.

WRITTEN ANSWERS TO QUESTIONS

The following questions were asked by Sen. David Small:

Methanol and Urea Industry
(Government Revenues)

20. Could the hon. Minister of Finance and the Economy provide this Senate with the government revenues from the methanol and urea industry broken out into its component parts such as upstream royalties, taxes from gas sales and corporation taxes for the period 2010 to 2013?

The following reply was circulated to Members of the Senate:

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Government revenues from the methanol and urea industry for the period 2010—2013 are as follows:

Tax type	Fiscal 2010-2011	Fiscal 2011-2012	Fiscal 2012-2013
Corporation Tax	$556,941,576	1,024,775,612	$960,059,646
Business Levy	17,058,470	19,383,193	19,336,424
Green Fund Levy	16,667,104	12,343,970	15,613,169
Tax type	Fiscal 2010-2011	Fiscal 2011-2012	Fiscal 2012-2013
PAYE/Health Surcharge	38,330,944	40,152,430	28,401,468
TOTAL	$628,998,094	$1,096,655,205	$1,023,410,706

Data on government revenues from royalties from the methanol and urea industry cannot be easily presented. Natural gas is sold by upstream producers to the National Gas Company (NGC), which then sells gas to downstream entities according to the respective contractual sales agreements. Gas produced and sold to NGC is commingled and subsequently sold downstream.

It is therefore difficult to ascertain royalties paid by each company based on their respective sales contract which can be collated to determine revenue from royalties paid to the Government.

Production of Oil in the Country
(Fiscal Gains/Losses)

43. Could the hon. Minister of Finance and the Economy provide this Senate with:

(a) the fiscal gains/losses (if any) realized/incurred as a direct result of the application of the fiscal incentives intended to stimulate the production of oil in the country; and

(b) the cost-benefit analysis that quantifies how the country will earn value for money as a direct result of these incentives that are intended to stimulate exploration and development investments?

(c) the revenues foregone as a result of the application of the fiscal incentives intended to stimulate the production of oil in the country were as follows:

	Revenue foregone
2011	$720,686,809
2012	$668,901,631

The table below shows the supplemental Petroleum Tax liability before the fiscal incentives and the adjusted supplemental petroleum tax liability after the incentives are taken into account. The difference between these figures is the revenue foregone:

	Supplemental Petroleum Tax Liability Before Tax Credits	Investment Tax Credit: Development Activity	Investment Tax Credit: EOR	Mature marine	Small marine	Adjusted supplemental petroleum Tax Liability
2011	$6,338,587,619	$54,713,893		$654,744,513	$11,228,403	5,617,900,810
2012	5,203,653,098	38,392,061	$11,658,526	606,597,299	12,253,746	4,534,751,467

(b) the application of fiscal incentives is designed to stimulate investment in the exploration and development of the country's hydrocarbon resources. The benefits that typically accrue may be tangible or intangible, and include increased foreign direct investment, taxes, employment, transfer or technology and expertise, and growth and development of the sector.

Moreover, these fiscal incentives play a role in making exploration and development activity economically feasible and attractive for upstream operators. Without these incentives, there can be a curtailment of activity in the upstream energy sector, and the potential benefits to the economy.