

Sent: Wednesday, December 07, 2011 04:40 PM
To: Georganas, Steve (MP)
Cc: Frank, Hannah (S. Georganas, MP)
Subject: ATT:The Hon Steve Georganas MP



Dear Mr Georganas

Having spoken to your secretary recently following The Age article- "Foreign doctors' obstacle course 'a disgrace' ", (20 Nov. 2011) I am following up your invitation to describe what I have experienced and hope it will be noted in your enquiries.

My wife, Dr S (she prefers her name to be withheld), an anaesthetist from Germany who was/is a consultant to high profile Berlin hospitals came to Australia to join me , also an AHPRA registered health professional.

I draw your attention to the following:

1-She was encouraged to join a study group to prepare for the Australian exams which are of a different format to that of Germany. Despite considerable effort, she had enormous difficulties getting into a study group because "foreign doctors hold us back" according some local candidates. There is no problem with her English as she is as fluent as a native English speaker. This inability to join her local colleagues put her at a serious disadvantage. She is also very easy going and likeable according to colleagues here and in Germany. The dismissive reply by a Medical Council official recently to queries by the journalist Tom Hyland that these doctors who complain have "personality problems" surely cannot apply to her.

2-Dr S worked at a major hospital in Melbourne but was shunned by colleagues. This took the form of eating meals on her own, often not being greeted and other behaviours that went beyond discourtesies and lack of civility to what is tantamount to workplace bullying. She was also spoken to in a patronizing manner. I often saw her in tears after work and had no doubt about what she was experiencing, as I had the same experiences when I worked at that hospital after arriving from South Africa in the late 1980's. When she moved to a smaller hospital that only catered for a small range of cases, she experienced no such problems. Unfortunately she was more isolated in this hospital from her mainstream colleagues which further disadvantaged her.

3-She spent considerable money going to official courses-sometimes the presenter did not turn up, or the presentation was obviously ill prepared. On one occasion she flew to Brisbane in 2008. The presenter came dressed in an Australian rugby Guernsey (the attendees were dressed smart casual/formal) and told them "Forget about what you learned in your countries of origin.. this is Australia" or words to that effect. Later on she discussed anaesthetic procedures for small children as performed in Germany with the presenter who told her " but that is for a German child not an Australian child" She then asked what the difference was between a German and an Australian child in terms of anaesthetics. The presenter replied that if she did not know the difference she would not pass the exams.

4-Dr S worked mostly alone without supervision without difficulties. As in any hospital in the western world, colleagues sometimes consult each other. When she asked a colleague at the hospital where she worked for an opinion, he told her he could not do so as he was one of the examiners. This was many months before exams. It appeared that there was no willingness to assist foreign doctors in any way. Indeed it seemed that obstacles were put in their way. After the Patel case, some colleagues jokingly called her Dr Patel, simply because she was an overseas trained doctor. These responses reinforced her feelings of not being wanted here.

5-Dr S was often told that there was no doubt that she knew her profession well and was experienced, but that she had to learn to pass the Australian style exams which were a "game". "You have to learn how to play the game" she was told. When asked what the "game" was, the reply was "if you don't know, then you won't pass" This catch -22 response was also reported to me by other foreign trained doctors I spoke to.

6-I became aware of the stress that foreign trained doctors-mostly from Germany, Holland and South Africa that I met-were experiencing. There was no work-life balance, and families were put under unacceptable pressure. I knew of one highly specialized anaesthetist formerly working at one of Europe's most prestigious hospitals. She became suicidal and left Australia, but later returned. Like others, her relationship with her partner broke up under the strain. I knew of doctors taking psychotropic medications as they were not coping. Their families were under tremendous strain and their children also suffered. I have observed and continue to observe medical families who are not able to persevere with the pressure and consequent relationship difficulties. They consider returning to Europe although they do not wish to.

7-I have asked how it was possible that German doctors were saving Australian lives flown in from active service in Afghanistan but were all but prevented from practising their skills in Australia. The response with a chuckle: " we don't want you here."

Perhaps therein lies the truth.