Submission No. 24
(Overseas Trained Doctors)
Date: 28/01/2011

[redacted]

DR P RATEESH
[redacted]

[redacted]

2 March 2011

[redacted]

I am one of the IMGs who is deregistered by AHPRA quoting that I am an unsafe doctor due to the fact that I failed AMC-clinical and Structured Clinical Interview (SCI). I learnt this news on [redacted] upon my return from India after visiting my parents aged 87 and 77 years. This gave me no time at all to prepare mentally or financially.

I have been working in Australia since June 2002. I started my Australian career in [redacted] (2002-2004); thereafter [redacted] (2004-2007) and then in [redacted] (2007-2008).

From April of 2008, I started my GP work in [redacted] in a [redacted] November 2010 in an area of need.

Prior to coming to Australia, I worked in South Africa from 1980 to 2002 and acquired extensive skills in all the departments, in particular, Emergency Medicine and Anaesthetics. In semi-rural South Africa one has to be proficient in all disciplines of medicine.

After our only daughter got admission to do [redacted] in Bond University, my wife and I relocated to Australia after simultaneously being offered positions in Gympie Hospital.

When the Queensland Medical Board was in existence, the condition imposed on my registration was that "the registrant must **apply** for general, specialist or Section 138 registration **within 4 continuous years** of special purpose registration". Date imposed: 3 March **2008**. This would mean that I had until 3 March **2012** in which to achieve that. Furthermore, during the transitioning from Queensland Medical Board to AHPRA, there was considerable "disarray" which you may have learnt from the media.

In AHPRA's letter dated 27 July 2010 they had stated in writing that my "**new** registration **expiry**" was 5 July **2011.** However, my name was removed from the register prior to that date and yet there are other doctors who have not even attempted AMC Clinical or **SCI** and still practising. Thus I feel that there is no uniformity in AHPRA's dealings, hence I feel being victimised.

There is no denying that I failed AMC-Clinical. Of particular mention is the fact that my name was pulled out from the **waiting list.** This was after they had refused regular listing. I still recall AMC contacting me from the waiting list while I was holidaying in Rotorua, New Zealand! I have known scores of incidences of **unsafe** Vocationally Trained (VR) practitioners and AHPRA ignoring the patients' complaints. I do not wish them to be taken action against but am merely highlighting AHPRA's lack of uniformity regarding safe and unsafe doctors.

I have at least 500 patients who would be willing to vouch for my clinical integrity. I have got a couple of wonderful references from my ex-patients. I am not allowed in the practice to obtain addresses or telephone numbers of more of my ex-patients for more references, in line with confidentiality which I respect.

I have also a couple of specialists who have commented my referrals to be of high quality.

My article on a 45 year old Australian gentleman who presented to me with a feeling of wax in his ears but which eventually turned out to be a **congenital** bicuspid Aortic valve with Aortic stenosis and regurgitation was published in the Medical Observer on 10 July 2009. My diagnosis was made purely on clinical acumen. The patient was placed on a **Category 1 list** for Aortic Valve replacement and is now happily walking with a metallic aortic valve from the Prince Charles Hospital, Chermside. No one was able to detect this major birth abnormality in 45 years. **I could not have been unsafe.**

Another article of mine was published in the Medical Observer of 11 Feb 2011 under the caption, **"Opportunity knocks".** This medical journal accepts only good quality articles.

There was yet another 52 year old lady who collapsed at work and was taken to the [redacted] Hospital and was discharged to me for arranging a Holter monitor. But my priority was in the diagnosis of a brain problem rather than a heart problem and I arranged for a contrast enhanced CT angiogram of the brain which revealed a 7 mm aneurysm of the vertebral artery (from memory) and was coiled on a **category 1 list**. The Holter was normal. Again, I could not have been unsafe. The list of services that I have rendered to the community will be beyond the scope of this letter. The feedback from AMC was absolutely inadequate and there was no way one could improve where one has faltered.

I have been a hospital doctor rather than a GP during the predominant career of my medical practice. When I applied to sit the RACGP exam, their requirement was that I have a minimum of 4 years' Australian GP experience even to qualify to sit their exam. Unfortunately, my more than 30 years' hospital experience was only recognized to be equivalent to one year and a nine months' Australian

experience. RACGP also stipulated that my registration should be current before I could be accepted for sitting their exam. Due to the "disarray" with AHPRA as mentioned previously, their website was showing my registration expiry as 20/08/2010 whereas I was practising till 17 November 2010 till I left for India on the strength of their written assurance that my **"new expiry"** was 5/7/**2011**. My numerous calls to AHPRA to update their register with the above date rather than 20 August 2010 was met with failure as the call centre personnel conceded that they were merely hired temporarily to tide over the disarray and that they could do nothing about it.

Essentially, what the above means is that I am not able to progress on my alternative registration pathway as The Royal College will only accept my application for sitting their exam if my registration is current.

I feel helpless in spite of a clean record with the Board for so many years.

I hold a FULL and UNRESTRICTED registration with the **General Medical Council** (GMC), London since 1978.

The process for obtaining GMC registration at that time was just as rigorous as it is now. However, there was no PLAB at that time. The fact that PLAB was not there was beyond my control. As far as I am aware, all the doctors who are registered with GMC are given automatic reciprocal registration by the previous Queensland Medical Board. Due to the "fixation" around PLAB, I was denied registration, quoting, I have not passed PLAB! I still pay my annual registration fee to retain my registration with GMC and my registration with them is current. I know a young University of London Medical graduate who failed AMC-Part 1(let alone Part-2) but who was subsequently exempted from writing Part-2 on the basis of his degree originating from London. Thus, I feel discriminated.

ADDIT: On 2 February 2010 I received a letter from the lawyers representing AHPRA indicating that they are likely to lift the "embargo" contingent on fresh application to them with stringent and restrictive conditions imposed. (Level 2 supervision). On the basis of this offer by AHPRA, my ex-employer offered to reinstate me but all the potential supervisors bailed out especially on clause (c) below**.

Whereas I should be counting on my blessings on AHPRA's change of mind I am perplexed as to why AHPRA would reinstate an unsafe doctor in me. Furthermore, the fresh application for limited registration is 16 paged and asking for the same information that AHPRA and the extinct Qld Medical Board has been holding since June 2002 which was re-submitted in March 2010 during my registration renewal! To me this is **re-inventing** an existing wheel!

They also need a 100 points identification but they have already identified me and have been communicating with me freely through their lawyers. AHPRA also needs a fresh set of Certificate of Good Standing (COGS) from my previous medical boards (in my instance, Health Professions Council of South Africa, {formerly South African Medical Council} as well as GMC, London). This is quoted to give you an idea of the level of harassment by AHPRA; I can easily provide them with 100 points ID. I have more than 100 points to satisfy this criterion but this is duplication of work and wastage of paper.

By habit, I do not see more than 30 patients per day thus allowing me to allocate more time for patients. My ex-supervisor routinely sees 60 patients at the rate of minimum 60 patients between 9 am and 6 pm. (How this is possible, I have no clue). Therefore, it is almost impractical for any supervisor to peruse and discuss the entry of each and every patient of mine entailed in level 2 supervision as per AHPRA stipulation after my supervisor's own tiring day.

With greatest difficulty I found another doctor and an employer willing to provide me with level 2 supervision. However, AHPRA kept moving their "goal posts" in their letter dated 9 Feb 2011 by asking me to re-pass English Test which was **not** a condition in their letter dated 2 February 2011. At the news of my having to re-pass the English test, my prospective employer backed out saying he does not have trust in AHPRA and that he will have wasted his time and effort if AHPRA were to impose yet another condition on me with the passage of time. **I find this quite intimidating**. Thus I am back to square one with no scope to my future. I would have thought, one's English can only get better in an English speaking Australia.

I shall most appreciate your assistance.

Sincerely,
Rateesh

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2 February 2011

This letter is to inform you that the Board is in the process of reviewing the utility of the present SCI assessment process as one measure among other potential criteria as used to refuse applications for renewal of limited registration, rather than for its continued usage as a pre-employment (and pre-registration) assessment of initial applicants.
As such the Board will over the next period of approximately 6 months, work toward adopting a more generic nationally focussed performance assessment so as to assess limited registration holders who seek renewal of their limited registration. In adopting a specific performance assessment process our client intends that candidates will be provided with at least 3 months notice of impending assessment. This will in our client's opinion allow candidates sufficient opportunity to plan for and prepare themselves to undertake the assessment.
The new performance assessment process will be structured to allow all candidates on an Australia wide basis to be afforded equality when being performance assessed.
Notwithstanding the above developments our client is most concerned about the background of public safety concerns leading to the decision to refuse renewal of

registration in your case which in addition to failure in the SCI assessment was your failure to pass the AMC clinical examination. While our client is of the view that its decision to refuse your client renewal of registration would be vindicated upon hearing and determination in QCAT, our client is prepared to afford you an opportunity to be assessed in accordance with the proposed new nationally devised assessment scheme once it is in place. Our client is prepared to make this concession on the basis that sufficient public protections are implemented pending the ultimate assessment of your client being determined.

Our client recognises that it could potentially lead to unfairness and inconsistency of policy application if you were not afforded the opportunity to be treated equally with other holders of limited registration as a consequence of any change in policy. However application for review proceeding to hearing.

To facilitate this, and instead of simply adjourning this proceeding and any other similar review as currently before QCAT, our client proposes the following steps:

1. You are invited to make a fresh application for limited registration;

2. Such application is to be made on the understanding and acceptance by you that the Board will in any approval of same impose the following conditions upon you:

(a) The registrant must undertake a performance assessment for limited registrants within 4 months of the performance assessment being ratified by the Board in consultation with the AMC;

(b) Until such time as the performance assessment referred to in 2(a) above is successfully completed, the registrant will be subject to level 2 supervision[1]

(c) The supervision requires that upon the conclusion of each day, the registrant must discuss with the nominated supervisor each and every individual patient as seen by the registrant that day;

(d) The registrant shall keep a log of these patients and the result of the discussions with his supervisor, which the Board may request to review at any time;

(e) The registrant's supervisor must immediately report to the Board if there are any issues about the registrant's treatment and/or advice to his patients.

3. Upon written confirmation on behalf of the Board confirming steps 1 and 2 above you will withdraw your application for review in QCAT by consent (including a consequential order setting aside the any stay application) with each party to bear their own costs;

4. The Board will forthwith admit you to limited registration in accordance with the above conditions upon registration with such conditions to be removed upon successful completion of the performance assessment.

In the meantime, in order to save costs of preparations, we suggest that the parties consent to an order vacating all present directions orders in QCAT in this matter. We suggest that the matter may be re-listed for any further directions within 3 months if the application is not sooner withdrawn. We would propose drafting correspondence on

[1] The Medical Board of Australia defines Level 2 supervision as –

The supervisor shares with the international medical graduate (IMG) responsibility for individual patients. The supervisor is responsible for ensuring that the level of responsibility that the IMG is allowed to take for patient management is based on the supervisor's assessment of the IMG's knowledge and competence.

(a) The IMG must inform their supervisor at agreed intervals about the management of individual patients.

(b) If the approved supervisor is absent from the medical practice, a medical practitioner with general registration and /or specialist registration must provide oversight.