

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON REGISTRATION OF OVERSEAS-TRAINED MEDICAL PRACTITIONERS MET IN THE BURNIE COUNCIL CHAMBERS, 80 WILSON ST, BURNIE ON WEDNESDAY 15 APRIL 1998.

Dr RAJAGOPAL KISHORE KUMAR, CONSULTANT PAEDIATRICIAN AND LECTURER, UNIVERSITY OF TASMANIA WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIRMAN (Mr Wilkinson) - Doctor, thank you for coming along. What I have to ask you to do is, for the sake of the record, if you can state your full name and address and in what capacity you are addressing us.

Dr KUMAR - My full name is Dr Rajagopal Kishore Kumar and I live at 14 Uplands Place, Burnie and I am working as a staff paediatrician at North West Regional Hospital in Burnie.

I am an overseas-qualified graduate. I graduated in India in 1986 and then I did my paediatrics sub-specialty training in India, which involves three years intensive training. At the end of the training we have a written examination and a clinical examination and we also have to submit a dissertation to the satisfaction of the committee of examiners to qualify as becoming a paediatrician. I did that and I also secured the highest or the first place to the University of ...for that particular degree.

Subsequently I worked as a paediatrician in another missionary hospital run by the missionaries in India where the missionaries come from Germany and the United Kingdom. I worked there for a year but subsequently I realised that there was a lot of potential and I wanted to work in various sub-specialities and I left for the United Kingdom.

When I went to the United Kingdom I was told that I cannot work because I am an overseas-qualified paediatrician. I went to an examine called the Professional Linguistic Assessment Board exam - or the PLAB test in short terms - and it is equal exam of I may call - a lot of people who have done the exam say that its PLAB is much more tougher than the ... exam.

The PLAB test basically ... six subdivisions and these subdivisions are three subdivisions totally English to see if we can talk proper English or write English. So one portion of the test is we have to write an essay on the topic which they give and the second portion is comprehension. They run the tape and we are to listen to the tape and answer some questions to see whether we can understand English and the tape portion is they will ask all the questions, the committee of people. Those other three portions of the language test, the professional testing was multiple-choice questions and the slides of the different diseases of children and various other specialities which are projected and we are given 60 seconds to answer each slide. The third part of the medical component is essay-type questions, so we are given four questions and we are to answer the scenario assuming that we ... The fourth component of the medical part is a clinical case scenario where we are given a clinical sort of scenario patient and the examiners will ask questions depending upon what the situation is.

These seven bits we had to pass at one go. If anybody fails in one component of the exam they are considered as failed and they would not be eligible for the exam. The pass rate of that exam when I took the exam was only 6 per cent. I am happy to say that I passed in the first attempt at that test. Then I qualified to work in England.

I worked in different sub-specialities of paediatrics and different teaching hospitals and the smaller teaching hospitals for the next four years. I also passed my British component of the paediatrics exam

which is Diploma in Child Health and also I passed the Irish and I am RCP. The main reason is I was planning to go back to India, for some political reasons the RCP in England is not recognised in India because the Indian degrees are not recognised in England. But the Irish degrees are recognised and that is why attempted to do Irish exams. And at the end of that four years and England had a rule that nobody from overseas can work for more than four and a half years with a limited registration. I was the first of the ... paediatrician to get a consultant job to work in England. I even worked for nine months as a consultant paediatrician in Liverpool before my registration was told is not continued.

But before that happened I actually was interested in travelling. I always liked Australia. So I came to Australia to work as a fellow and I worked in Melbourne for a year and when I went for a holiday in Sydney I liked Sydney so much and I liked the Sydney Children's Hospital, the most modern children's hospital, so I wanted to work there and I worked there for a year. I had done the US medical exam because I was interested in going to USA to work as a paediatrician before I intended to go back to India.

When this opportunity to work in Burnie came - and the coincidence of life even that I ended up coming to Burnie because one of the paediatricians who was working in Sydney recommended that Burnie is a nice place and they have not had a paediatrician for the last few months and they are struggling hard and there is a lot of potential. I was always interested in academics so they said that you can have a ... hospital job, which is a fantastic offer I felt, and I came here on a trial basis to work to see whether it suits. I really enjoyed the job and I have kept up with academics and the students from the University of Tasmania which never used to have paediatric students now they have started because of the hard work we have put in.

Also, I must say I got about six publications in the *International Paediatrics Journal* in the last one year of my stay here, which shows that I will continue in my academics here. Given an opportunity I would like to continue as a staff paediatrician. I enjoy my academics and I am very interested in enjoying my job, which I am. It is very hard to find a job which you can enjoy to your heart's content. I feel this is a job which suits me and the community are really pleased with my progress.

We run clinics in Smithton, Ulverstone and Queenstown, which they never had before. All the community are getting such a superb service and we go to these areas once in a fortnight or once in a month and we offer quite a lot of speciality service to the rural area. It is unfortunate if we are asked to leave just because we cannot stay for more than two years.

CHAIRMAN - Did you know when you came that you could only stay for two years unless you passed your specialist examine? Let us say your Australian specialist exam, because you have already passed the specialist exam in the -

Dr KUMAR - I knew in the mind but I never intended to stay for a longer period because I was not sure whether I was going to enjoy the job and I always had this concept that Burnie is a very small place and Tasmania was a small place. I did not know at that time whether my family would like the place or whether I would like the place or whether I would like the job. If I like I always felt that I can do that at a later stage but now that I have been here for the last eighteen months I feel the job is the perfect job that I have been looking and that is why I have been travelling around. I feel the professional satisfaction is extremely good and I have enjoyed the job and I intend to stay if I can.

CHAIRMAN - So you passed all the exams in India, you then passed your specialist paediatrics exams in the UK -

Dr KUMAR - And I passed the entrance exam to UK as well.

CHAIRMAN - Yes and then you passed them in Ireland?

Dr KUMAR - That is right, yes.

CHAIRMAN - Because India and Ireland had mutual recognition.

Dr KUMAR - That is right.

CHAIRMAN - And then you also did the paediatric exam to get into the United States, do I understand that?

Dr KUMAR - It is not a paediatric exam, it is a general exam for anybody to go to the USA and work so I have done the exam. So if I want to I can go and work in the United States without any objections because I passed -

CHAIRMAN - In paediatrics?

Dr KUMAR - In paediatrics.

CHAIRMAN - Right, yes. And is that for a registered period or an unlimited period?

Dr KUMAR - If I want to go to USA, it depends on again I think lots of circumstances if I get a job and if the hospital is happy to recruit me I can stay there but the immigration is much more difficult for the doctors.

CHAIRMAN - And have you sat the exam here?

Dr KUMAR - I sat the exam here.

CHAIRMAN - And you are one of the number of people - nobody passed that exam did they?

Dr KUMAR - No. It is a very tough exam so a lot of people do fail and the passing percentage of that exam is very little.

CHAIRMAN - Yes. And as I understand, the exam that you sat there was a nil per cent pass rate?

Dr KUMAR - Yes, that is right.

CHAIRMAN - Do you know how many people sat it?

Dr KUMAR - No. There was a 6 per cent pass rate for the PLAB and every month there are at least about 300 students who sit the exams.

CHAIRMAN - Right.

Dr KUMAR - To summarise, I am the ... paediatrician from India and I am the first overseas paediatrician who could get a consultant job in England and I was the ... non-Australian graduate who could get a consultant job here as well, but in spite of all that if I have to leave the place just because I qualified overseas it looks like a shame.

Mr LOONE - Would you, if you were granted registration for Tasmania only, not for Australia for the Commonwealth, would you be happy to accept that type of registration?

Dr KUMAR - I think that is the most appropriate for me because it is what I am interested in and I am enjoying the job here and I am enjoying my academics. I really would like to stay here and with registration limited to Tasmania perfectly suits my needs.

Mr SQUIBB - Does the registration or lack of full registration have any effect on your academic ... career?

Dr KUMAR - It does - say, for example, now I have written six articles in the international paediatrics journals about diseases I have seen. I am not sure whether people know but to get an article published in international paediatric journals is quite a long process and it is very tough; not many people have lots of publications. And because the registration runs every year it does put me under strain because a lot of things which we would like to do sometimes takes a few months or years. For example, now I would like to do so many studies which people do in the bigger cities and larger centres which we apparently can do here because there is a lot of clinical material and it is just being unrecognised and we can do these provided we are guaranteed prolonged registration.

Mr SQUIBB - I was thinking mainly of your position with the University of Tasmania. Do you have to be registered to be able to lecture at the University of Tasmania?

Dr KUMAR - That is right.

Mr SQUIBB - You do?

Dr KUMAR - Yes.

Mr SQUIBB - So if your provisional registration is not renewed at the end of this year, not only are you not able to continue to practice at the Burnie Hospital -

Dr KUMAR - That is right.

Mr SQUIBB - but you are not able to continue as a lecturer at the University?

Dr KUMAR - That is correct, yes.

CHAIRMAN - What ways do you think Tasmania and the Commonwealth can improve their present situation? Because it seems to a lay person unfair. I say unfair because you getting your specialist degree in the United Kingdom, you could have come to Australia prior to 1992 and immediately been registered as a specialist -

Dr KUMAR - That is correct.

CHAIRMAN - but because of the change in the laws since 1992 that is not the case any more. What ways do you think we should be looking at to improve the situation?

Dr KUMAR - To answer your question. The first point is being an overseas graduate we could not have got this job if they had not advertised the job three times in the national journals and national media and if they had got any Australia or New Zealand graduate we could not have the job at all. So that was the first criteria of the employers. So we passed that criteria and we got the job only because there was no Australia and no New Zealand graduate and the hospital had spent quite a few thousand dollars looking for graduates.

I came here because one of the consultants in Sydney came and said they are suffering and there is a lot of academics and there is a lot of good stuff and unfortunately nobody wants to work here and I thought this was a good opportunity.

So point number one is they could not take you in to the job unless they had an Australian, which they did not find and that is why they gave you the job. So if we leave and the chance of finding a local graduate is very, very minimal. The second thing is the continuity of care and the services which we are providing will definitely suffer. A lot of rural doctors or the general practitioners in Smithton and Ulverstone have all agreed and they are willing to say in writing or verbally that in the last ten years or fifteen years this is the best service in paediatrics they have got and they are unhappy that they are going to lose if we are asked to leave. The chances that they will find two people or three people - in fact since we started there was only one paediatrician before and now there are two of us. The service has improved so much and now there is enough work for even a third paediatrician. So, suffice to say, that if we are asked to leave the service and the community will suffer to a large extent.

Mr LOONE - When does your term expire?

Dr KUMAR - I started on 8 November 1996, so my term expires on 8 November this year, two years.

Mr LOONE - Can you get an extensions? Will they grant an extension?

Dr KUMAR - At the hospital I have a contract for three years but there is a limited registration of two years. The first three months I actually worked alone because there was nobody. Dr Edwards joined me after three months of me being alone. Currently my second year runs out on 8 November 1998.

Mr LOONE - Are you seeking an extension to that term?

Dr KUMAR - I am seeking an extension but we are caught in a catch-22 position because the Medical Council of Tasmania cannot give a registration beyond two years and they have implemented this new rule. No overseas graduate can get an extension of registration for more two years beyond the date of 31 December 1998.

CHAIRMAN - Have you seen that in writing?

Dr KUMAR - I have.

CHAIRMAN - And it is in writing from the Council or in the act?

Dr KUMAR - It is from the Council.

CHAIRMAN - So that is just a rule of the Council, rather than any statute?

Dr KUMAR - I am not really sure. I am not a legal person so I have not understood that one.

CHAIRMAN - What about in New South Wales or Victoria, do you know there whether they can grant an extension in paediatrics from two years to three years? Or four years?

Dr KUMAR - I really cannot answer that question because I do not know the nitty-gritty of those legislations.

CHAIRMAN - Have you spoken with the Medical Council?

Dr KUMAR - I have not. The hospital director, Dr Katekar, suggested that it should not be a major problem to get registration for the next year, but beyond three years it may be difficult. That is what she said, so I have sort of verbal assurance from the director that she may be able to get a registration but she cannot guarantee that. That is what I was told but I am not 100 per cent sure. Because there is another eight months to go I am sort of in that situation where I do not know what to do.

CHAIRMAN - You often hear of people no doubt in your travels or conferences where you talk about Burnie and say, 'Look, it's a terrific place to work' and somebody might say, 'Yes, I wouldn't mind coming down and working in Burnie'. In your travels at conferences and the like have you seen anybody express interest in coming to your rural areas to work?

Dr KUMAR - No, not really. I recently presented a paper in the Hong Kong paediatric conference and I was the first person from Burnie to go there and present a paper. I met so many people, and I showed slides of Burnie, saying, 'This is where I did the work' and I showed people, and the majority of people said, 'With so much experience and knowledge, why are you stuck in that small place?' That is their initial reaction. I guess everybody thinks it is a small place and why are we wasting our time. That is the attitude. But unfortunately, on the contrary, there is a lot of clinical material and a lot of things. Burnie is an isolated place, it is only half an hour to Melbourne and things can be done.

Mr SQUIBB - Are you a member of the Australian Medical Association?

Dr KUMAR - No, I am not. Should I become a member?

Mr SQUIBB - I was just wondering whether you were a member or not and, if you were, whether they were assisting you in your efforts to get an extension of your registration?

Dr KUMAR - I never thought along those lines so I never joined the membership.

CHAIRMAN - You probably heard me ask the question of Dr Edwards when I said, 'Do you believe that Parliament should be able to register as a specialist people like yourself or do you think it should be people with medical training who should be able to register you?'

Dr KUMAR - I think it is a difficult question to answer, but I think as parliamentary members have got ... for the State and certainly looking at the way things were before and the way things are now and the way things will be if we leave, the absence of the ... taking the opinion of different general practitioners on the north-west coast plus taking the different opinions of the other specialists and the general public, there should be a place for us to stay if we are doing the right job.

CHAIRMAN - Do you think, if there was to be an extended conditional registration, there should be a board set up, whether it be the medical council or whether it be another independent board, to review the work you have done and be able, as a result of that work, to come back and say, 'Yes, the work you have done has been excellent, there is no doubt it has, and therefore your conditional registration should be extended'? Do you believe there should be this review situation that is continuous?

Dr KUMAR - I think your point is very good, but I am not sure how much this is logistic. But under conditional registration people should say, if you have five years' registration and you have done a wonderful job then you can go on to get full registration. Or on the other hand, if you have conditional registration and you are not up to the mark there should be a provision to de-recognise people as well, otherwise people may use that as a tool. But it should be both ways, and I think conditional registration should be allowed to either be extended or to be converted to full registration or to be de-recognised. All sorts of possibilities should be there. But instead of yearly registration at least if they gave a bulk registration of say three or five years to be limited to the north-west coast - I mean, we are not even asking for registration in Hobart - we will be happy even if they give a limited registration for the next five years to work only on the north-west coast. That should be enough for us because that is what we are looking for.

CHAIRMAN - A doctor on the west coast received, through parliamentary intervention but with the handshake of the AMA, full registration. Very soon after he received that full registration he then left the west coast and, I think, moved to Sydney or some other place in Australia. That is one of the areas that I suppose one has to look out for, that they do not use Tasmania as a back doorway for moving to another State, because of the mutual recognition laws.

Mr SQUIBB - With respect, that would only apply with full registration, and Dr Kumar is not suggesting full registration.

CHAIRMAN - I realise that.

Dr KUMAR - Yes, that is a disadvantage with the mutual recognition which people have, so even if people get mutual registration they should put in a clause saying - I am not asking for full registration, but if there is no other option - we are happy with the local limited registration for the next five years, but if they cannot do that and there is only either this or that, they can always give full registration with the condition that you stay here for at least the next ten years or something. Because they are giving another route than the normal route, they can always put in an extra clause saying that if you leave Tasmania before the next ten years it is going to be invalid. What we are looking for is basically to work in the north-west region and whatever conditions they apply are perfectly suitable.

CHAIRMAN - Do you believe the examination system should be changed in any way?

Dr KUMAR - The examination system is a good system. It is a difficult question to answer mainly because if there is no examination system there can be flooding of people into the country and everybody wants to recognise themselves and everybody wants to work as specialists. So there should be a way of looking at whether people are qualified or not qualified, so there is an examination system which should be in place. But at the same time, people have to look at the various needs of the country, and the rural area is a totally different ... because normally if we have to do the exam we are working on a 1 in 2 basis, and there is no way we can sit and study. The exam is suited for the graduates fresh from college, and that knowledge is totally different from the working knowledge, and to do that we have to sit and work really like a junior doctor. We have all done that in the past, so in a place like Burnie where we are on call every other day and looking at

the children who were born in the private hospital in the night and looking at sick children coming in during the night, and up every other night with the sick children, it is virtually impossible to do the

exam preparations, because that is very disruptive of our system.

CHAIRMAN - Thank you very much. That was most helpful.

THE WITNESS WITHDREW.