

Dr Chandrika Barman MBBS, AMC holder

11 March 2017,

Dear Committee,

Thank you very much for letting me put in my report after the expiry of the time.

I am an overseas trained Indian doctor. I came 43rd in 10,000 applicants for medical school in India. I passed my medical course in minimal time. I passed my AMC exams on the first attempt. Prior to coming to Australia I had 11 years of experience as a doctor in both hospitals and private practice in India. I have never struck a problem.

Even in Australia, I have not had any patient complaints.

On arriving in Australia I had to start again with supervised work and I had to do a certain number of specific terms before I could get my full registration.

I passed my first term at expected level and the second term at the "above-expected" level. I completed two terms in child psychiatry and some of my supervisors were very happy with me and wanted me to continue to become a child psychiatrist. I would have liked that.

I was working in [REDACTED] New South Wales.

The investigating body was the New South Wales Health Care Complaints Commission. However being an overseas doctor I was under the jurisdiction of AHPRA.

I am reporting the Health Care Complaints Commission and AHPRA and the Medical Council of New South Wales, which delegated to AHPRA.

An Indian doctor, Fijian born, five and a half years younger than me, and (also married so this did not involve any personal relationship,) Dr M. was made my "supervisor" although at the time that this started he had only six months experience in psychiatry.

At first we got on well and he invited me and my husband to join his church. We shared a social life in that we met occasionally for social reasons. We shared an interest in Hindu mysticism and how it compared to Christianity. I will come back to that.

I did not understand why at the end of the term about 16 January 2013, Dr M told my director and I don't know who else that I suffered from schizophrenia, that I had delusions that there were significant concerns about my mental health and that I abused substances. He alleged that he saw me sniffing a whiteboard cleaner. The

whiteboard cleaner in question is a spray or soap or detergent not any kind of solvent that people sniff and I have no interest to any kind of sniffing or solvents.

This was ridiculous on the face of it. He obviously did not know what he was talking about.

At the hospital level, his reports were considered. My supervisors and registrars told me that AHPRA had me in sights because of his comment.

It was obvious that his complaints reached AHPRA. I am not sure what AHPRA was told at this time, 16 January 2013, but whatever it was seems to have followed me for the next few years and then exploded again in 2015. If a complaint was made about me to AHPRA in January 2013 it was not investigated and I was not told officially that it was in existence. Had it been investigated, AHPRA would have been told it was nonsense.

However the allegation that I was mentally ill followed me and I consulted two psychiatrists and had diagnostic interviews and neither of them found any evidence of mental illness or personality disorder.

However it would appear to me that, after that, my supervisors were told something by AHPRA. They did not share it with me. After that, every term I did I was told by supervisors (and others) that AHPRA was after me. This meant that Dr M's report was not kept confidential and that AHPRA or the Health Care Complaints Commission leak quite inappropriately. Whatever it was withheld from me. I was given no opportunity to refute it. I was aware that Apra had concerns about my mental health and as a result I consulted to psychiatrists who gave me a clean bill of health after a single interview.

Some supervisors were reluctant to give me good marks. I don't know if my work deteriorated with the stress because I started feeling like "what's the use?" I don't know if I was simply being maltreated and humiliated by a lot of the supervisors who appeared to believe that AHPRA was after me and they were scared to go against what AHPRA wanted.

In the background was all of this, it was reported in the press that Australian medical schools had graduated a very large number of doctors and intern and other hospital jobs were not available for them because they were held by overseas trained doctors. It was while widely noticed and the subject of an independent study that overseas trained, and I believe particularly Indian doctors were being harassed out of their jobs and reported to AHPRA because Australian trained doctors wanted their jobs. This was so obvious and apparently written down somewhere and that it was in the press and not denied. It seems to me that area health service participated in discrimination against Indian doctors and possibly enrolled AHPRA in their project. There have been studies showing that overseas trained doctors are disproportionately reported and prosecuted by AHPRA.

The Senate enquiry needs to know that I have never had a patient complaint. I am still learning and will continue to learn all of my life.

I joined Dr M's church, but this turned out to be a bizarre cult, one that practised exorcism on Hindu children in order to convert them to Christianity. He used my catering skills to impress people in the church. The cult was exploitative. I declined to be converted. Over the next two and a half years I became very uncomfortable and eventually left the organisation. This made him very angry. I reported the

organisation to the local council who then passed it on to Member of Parliament because it was operating as a racist cult and denigrating the Hindu religion from which Dr M had been converted.

This enraged Dr M and I believe it was the trigger that caused him to write to AHPRA.

After I left the cult, I continued to send him vigorous correspondence about Hindu mysticism by email and after certain events with his mother, which I will describe below, he stopped answering my emails. The doctor that I consulted to counteract Dr [REDACTED] report told me that I was like all escapees from cults, very angry.

In about Feb 2015, while I was still attending some activities put on by the cult/church I had become very concerned about Dr M's mental health. He spoke of having suicidal thoughts while he was self-medicating with antidepressants and anti anxiety medication. I did not know then, but I know now, that the suicide thoughts are reported side effects of these medications.

I was so worried that I told his mother about my concerns about her son's mental health. I thought that I had a friendly relationship with his mother before and we had visited her. His mother became enraged she sent me emails in which she threatened to destroy me to put me in a mental hospital and she said she would involve police.

I had moved to Queensland August 2014 where my husband got a job and I had a job at the local hospital.

My husband is a general practitioner who was halfway through his physician's training. This has also disrupted his career.

This was the text of Dr M's complaint made on 19 October 2015

The complaint-

Chandrika has emailed me over 1000 times between March 2015 and today predominantly feature is **bizarre, potentially delusional content, which appears psychotic in nature. Strong concerns for thought form disorder.**

I have also been contacted over 75 times with via text message with similar thought form and content. Chandrika has searched to contact my parents, wife, brother for people in my church with similar emails.

The content has become more **aggressive in nature partly coercive and racist the frequency of abuse has also increased.**

Chandrika previously engaged with this activity in late 2012 – 2013. On discussing this with her and her husband the contacts ceased until this year.

The content at this time was mildly bizarre.

In 2012, Chandrika was an intern on my ward I found her spraying whiteboard cleaner onto a cloth and sniffing it and this was reported to her supervisor Dr [REDACTED] and medical Director of psychiatry Dr [REDACTED] who identified Dr [REDACTED] would assess and contact AHPRA if needed Chandrika was made aware of my concerns.

I have become more concerned as Chandrika's behaviour has escalated in the past week, seeing more of my relatives and church peers.

I am concerned that the in this behaviour and mental state would directly impact on her ability to work in her current role of patient care. Chandrika continued to show concerning **mental state of potentially psychotic nature**

I deny all these allegations. Most of them simply did not happen. Others were misconstrued some misinterpretation. We did have an email correspondence and were having a fight. There is no evidence of emails being sent in late 2012 or 2013. This report is a mixture of misinterpretation and frank lies. I was never aggressive.

Without investigating the validity or otherwise of any of these aspects of his complaint and on the basis of this patently nonsensical and bizarre allegations, AHPRA, without contacting me for comment, immediately suspended my registration and I had to leave my job in Gladstone.

I did become very angry and I did send a lot of emails to AHPRA They didn't answer any of them. That's what I do when I'm angry. I write and express my anger. And I was very angry by then.

I am still a few terms short of being registered in Australia. I was not being given jobs that would have gone towards my registration anyway. I seem to be being sidelined into positions that were of no use to me in my goal to be registered.

They then AHPRA sent me to see their psychiatrist Dr [REDACTED]. I had to fly an hour to meets Dr [REDACTED] and she interviewed me for an hour and a half.

Although I am not a trained psychiatrist I do know how one comes to a psychiatric diagnosis. One does a certain kind of interview and asks questions. Dr [REDACTED] did not do anything like this. She seemed to pick up on my language and claimed I had some kind of thought disorder. She picked on bits out of the emails and came to the conclusion that I needed psychiatric care. She didn't not make any diagnosis nor could she have done.

She assumed the complaint was true whereas it was not. She saw her role as supporting the complaint not diagnosing whatever condition I was supposed to have.

It costs me many thousands of dollars to pay lawyers and another, a third psychiatrist examined me, and examined scores of documents investigated the context of this complaint. She read scores of emails and wrote a report expressing the opinion that that I had no disorder no mental illness no personality disorder and that there was no history or behaviour suggestive of substance abuse.

Eventually after I paid a lot more money to lawyers AHPRA wrote to say they had restored my registration.

They did not put my name back on the medical register and my friends told me that I was still not listed on the medical register. I then discovered that was because they had not sent me a renewal notice because I was not registered and as a result of that I had not paid my registration fee. I paid and I am back on the register. However so many people know about this because AHPRA leaks and tells people and I don't know what people have been told. Since that time I have not been able to get a single interview for any kind of job and I have applied for many.

AHPRA behaved in a completely irresponsible manner. It did not reveal the first complaint to me. It did not give me a chance to answer it either in 2013 or 2016. It did not investigate the complaint before it suspended my registration. Even after

suspending my registration it did not investigate the complainant. Rather they put me before a doctor, who I am told, is known as their “attack dog” and she tried to support their position by picking up on words and I my Indian dialect and deciding that I needed psychiatric treatment although she failed to come to any diagnostic conclusion. It was not an independent assessment.

Back to the complainant Dr M.

A senior psychiatrist looked at a videotaped interview that he gave to his cult concerning his religious conversion, his beliefs, his relationship with his parents and his grandiose relationship with God. Members of the cult believed he was a psychiatrist, as did AHPRA. I don't know how he created that impression because he certainly is not a psychiatrist.

This very experienced psychiatrist recommended that the complainant should be examined for cluster B personality disorder and that he has the signs and symptoms and behaviours associated with all of histrionic, narcissistic and antisocial personality disorder. The antisocial personality disorder is characterised by lying. That is exactly what he did and still does.

I am advised that it is not uncommon for disturbed people, particularly those with narcissistic personality disorder, to see their own disturbance and others. He was certainly accusing me and seeing his own problems in me.

I was told that AHPRA believes that there is nothing wrong with him. This does not reflect well on the psychiatrists whom they engage.

I think a competent psychiatrist should examine him. I suspect other vexatious complainants might have mental illnesses or conditions particularly antisocial traits.

He does not practice Western medicine all the time. He was practising alternative medicine in general practice recently. I had to go to the police to get restitution against all the full scope is that Dr M made both to Apra and to police. The police are investigating. I don't believe I should have been the one to have to refer him. I think the reference should have been done by AHPRA

The police can no longer find him because he has disappeared.

He believes in exorcism. I think he is a problematic person and some enquiry needs to be undertaken into his mental health and stability and his unusual belief systems some of which might not be consistent with the practice of Western medicine.

I also believe that he and AHPRA should pay me damages. If there is no provision for AHPRA to pay damages for this degree of malfeasance then there should be. As AHPRA is well aware that it was duped, it is AHPRA that should be reporting him to the police, and dealing with him accordance to the law as someone who has provided false and misleading information.

The HCCC has send a threatening letter telling me not to tell anyone about this. I think they were trying to put me off and frighten me so that I would not report to the Senate. I was quite frightened for a while and this is why this letter is delayed.

Regards,

Yours truly,

Dr Chandrika Barman

Dr Chandrika Barman MBBS, AMC holder

- - 11 March 2017,
 - a. the implementation of the current complaints system under the National Law, including the role of the Australian Health Practitioner Regulation Authority (AHPRA) and the National Boards;
 - The complaints procedure is unsatisfactory.
 - If no patient has been harmed, then any complaint by colleagues should be investigated in great detail before any action is taken.
 - Complaints by colleagues need to be taken with a great deal of caution.
 - AHPRA accepts vexatious complaints and does not investigate either the complaint or the complainant.
 - AHPRA and the Health Care Complaints Commission appear incapable of recognising a completely fraudulent complaint.
 - AHPRA or the Health Care Complaints Commission were incapable of recognising the difference between the term medical officer-psychiatry and psychiatrist.
 - AHPRA or the Health Care Complaints Commission did not investigate a (completely false) complaint by a former colleague before it suspended a doctor's registration. No patient had been harmed and there were no patient complaints
 - AHPRA or the Health Care Complaints Commission did not investigate the truth or otherwise the report before passing a hearsay information to supervisors and peer reviewers.
 - AHPRA or the Health Care Complaints Commission did not investigate a complaint before sending a falsely accused doctor, along with prejudicial and untrue information to a psychiatrist for examination.
 - That is the regulator provided false and misleading information to a psychiatrist whose role was to investigate the accused doctors. They then engaged an incompetent psychiatrist who did not understand the meaning of the words she used and like the complainant, also conflated religious beliefs with delusions
 - AHPRA takes no responsibility for its mistakes.
 - It does not apologise.
 - It does not publish an apology.
 - It has no responsibility, there is no accountability

- AHPRA or the Health Care Complaints Commission do not or cannot be bothered to investigate the complainant. There needs to be another organisation to do this see below

- b. whether the existing regulatory framework, established by the National Law, contains adequate provision for addressing medical complaints;
- c. the roles of AHPRA, the National Boards and professional organisations, such as the various Colleges, in addressing concerns within the medical profession with the complaints process;
- d. the adequacy of the relationships between those bodies responsible for handling complaints;

- If you are referring to the ombudsman, then reporting to the ombudsman has not been able to correct errors made by AHPRA. They are completely safe from criticism or correction.

- e. whether amendments to the National Law, in relation to the complaints handling process, are required; and

- The amendment I would suggest is an amendment to the effect that regulators are made to take personal responsibility for their activities, that they are told that malfeasance is a personal tort, and they should be prepared to give evidence in court themselves as to why they persisted with a complaint. Currently they have a lot of responsibility they are unaccountable for their actions and they do a lot of damage.
- The other amendment would be to set up an independent body to investigate complaints about persons associated with AHPRA whom AHPRA cannot deal with.. See below

- a. Other improvements that could assist in a fairer, quicker and more effective medical complaints process.

The role of AHPRA: to protect the public

- AHPRA should know it is its primary role to protect the public. It is not there to prosecute doctors because some other doctors don't like them or don't like what they stand for or or disagree with their religious beliefs.
- When a complaint comes in, the first assessment to make is whether there is a demonstrable risk to any single patient or to the public.

Need for an independent body to investigate concerns about AHPRA staff AHPRA consultants.

- The government should consider setting up of a body to deal with complaints about AHPRA staff, about the consultants that AHPRA engages and about people who have made false, misleading or vexatious complaints. The Joint Parliamentary committee is not useful. It is snowed by the regulator.
- There needs to be somewhere to report such incompetent advisers, as they are more dangerous sometimes than the doctors that are being complained about
- AHPRA and the Medical Council of New South Wales are either incompetent or powerless to deal with them. organisations cannot investigate themselves.

- The ombudsman has been unable to correct a glaring error made by Apra, the fact that Apra suspended a doctor's registration on the basis of totally false and malicious complaint and that this cost the doctor tens of thousands of dollars in legal fees and her reputation. The ombudsman was not even able to recommend an apology.
- The ombudsman appears to believe that the regulators are entitled to do make mistakes and as a result there is no accountability..
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Who might need to be investigated by an independent organisation

- the list is large and includes these and more:
 - AHPRA appointed supervisors who humiliate the subject of a complaint should be investigated.
 - AHPRA staff and Health Care Complaints Commission staff if they commit acts of misfeasance or plain stupidity.
 - False and misleading complaints, AHPRA should have interview the complainant in depth and investigated the relationship between the complainant and the complained of doctor. If AHPRA fails to do that, it too should be investigated for nonfeasance.
 - Incompetent peer reviewers engaged by AHPRA should be investigated independently.
 - Vexatious notifiers should be investigated before disciplinary tribunals which would have to be set up apart from those set up by the regulators who have already taken sides with them.

How complaints should be made

- The complainant should be asked to provide detail of what he has seen not of what he has heard and to swear an oath before a complaint can be taken can be investigated.
- The complainant should have the agreement of the patient at issue if there is a patient involved
- The complainant has to understand that it is a crime to swear a false oath and should be prepared to take full responsibility for of the truth of the complaint.
- If the complainant is lodging a complaint concerning something he does not personally know, has not had access to the records, or about something he has heard about or something he has not personally observed then that should be clearly stated in the text of the complaint. Fact, supported by documents, should be differentiated from opinion and hearsay.
- Complaints by proxy complainants should not be accepted.
- Should the complaint concern an adverse outcome then the status of the information provided should be clearly stated in the oath. For example if there has been a bad patient outcome, and the complainant does not have access to that patients medical file, that complainant should make it clear that he has not seen the file, that he has reported it to the relevant authorities at hospital level or in private practice and that he has discussed it with the doctor before he lodges a complaint that might be materially false or mistaken. There should be a penalty for wasting public servants time

Investigation of complaints

- AHPRA should investigate the truth or otherwise of a complaint before coming to any conclusion, before acting, before passing it on to either a peer reviewer or an examining psychiatrist.
- AHPRA should **not** have the right to create an own notification if the original complaint has been found to be false then the complainant should be dealt with according to the letter of the law.
- AHPRA should not deregister a doctor simply because that doctor has been reported to have mental health issues. Some doctors have mental health issues and manage them very well. It is doctors with personality disorders that cause problems. Other doctors have no idea what a mental health issue is. Being angry and having a private fight is not a mental health issue, nor is it an issue for investigation.

Standard of proof:

- The standard for deregistering a doctor should be “beyond reasonable doubt.” Otherwise doctors do not have human rights that are given to people who might be murderers or other sorts of criminals.

Need to be accountable apologise and pay damages:

- AHPRA should apologise and pay damages when it has done something terrible such as suspending a doctor's registration on the basis of a false and misleading complaint that they did not investigate.
- Having done so, they should lay blame on the person who made the report or if they themselves were at fault but not investigating the report or by jumping to the wrong conclusion, they should be prepared to pay damages. This person will need to be reported to the Director of Public Prosecutions or to the police. The used to be a penalty of one year in jail and that should be reinstated.

Educate staff about misfeasance, malfeasance and nonfeasance.

- Misfeasance in public office is a personal tort. Public servants should know that they are responsible personally if they commit misfeasance. They will not and should not be covered by the health department or any other department unless they have been given specific instructions to act improperly outside their legislation or code of practice.
- Public servants are responsible for personal torts. The health department doesn't have to pay unless they are under orders from the minister to do something that is wrong.

Hearsay information

- Hearsay information should not be transmitted under any circumstances to anybody.

Breaches of confidentiality

- Staff of the regulators and investigating bodies should be punished for any breaches of confidentiality.
- All breaches of confidentiality to be investigated

- All communication with outside parties, such as doctors' supervisors, should be copied to the doctor in question.
- Apra should answer all correspondence and answer questions on all correspondence.

Sending a doctor for psychiatric examination

- “Please evaluate this doctor for mental illness personality disorder or substance abuse.”
- They should use the best and most independent doctors available.
- They should not have a stable of doctors who will support their what they want to prove and thereby get more work.
- Once a doctor working for AHPRA has made a serious error and cost AHPRA money, fine dining you just read that doctor should not be used again.

Correcting errors

- If the complaint was false or misleading than AHPRA should document that fact on its website. It should not use the terms “not proved’ or anything else to suggest anything other than the presumption of innocence of the accused doctor.
- False should be dismissed and the complainant should be taken to task according to the law.
- Complaints should be presented in affidavit form. That is the complainant should swear to the truth of them. If the complainant has committed perjury the matter should be referred to the Director of Public Prosecutions or to the police.
- In the event of AHPRA having made a mistake all found to be in error later, it should make restitution and at a minimum it should post a large prominent and permanent public apology to the doctor in question on the website of AHPRA and of the Medical Council of New South Wales.

Threatening behaviour

- The Health Care Complaints Commission should not be permitted to threaten a doctor to force silence. This behaviour should be investigated and punished.