

# CASE STUDY 2



*Resources are needed  
to support your ideas otherwise  
ideas will remain ideas,  
dreams will remain dreams.”*

*- Dr. Anil Pandey*

**DR. ANIL PANDEY** is a dynamic, extremely busy paediatrician and probably the only neonatologist in Meerut, Uttar Pradesh. He is currently working as an Associate Professor in the Department of Paediatrics in a College in Meerut. Dr. Pandey was born and raised in Meerut and lives there with his family. Through his work, he continues to contribute to this place which has nurtured him.

## PRE-MIGRATION

Born into a family of doctors, Dr Anil Pandey became a doctor as if it were a natural process. He completed his graduation from Meerut in 1995 and post-graduation in 2002, from a prestigious medical institute in Delhi. Though his higher degree was from the premier institute in India, he felt that his training lacked practical exposure to some of the issues taught there, for example, specialized ventilation, extracorporeal membrane oxygenation (ECMO), specialized nursing etc. He wanted to “take the extra step and learn whatever more there is to learn in Paediatrics.”

In 2003, Dr Anil Pandey attended a conference in Kochi and Delhi, where he presented a research paper. There he met a senior doctor from a prestigious institution in Australia. Impressed with his paper and after interacting with him, the senior doctor suggested that he come work with him in Australia. Dr Pandey went home and discussed the opportunity with his family. His parents were apprehensive at first because it was so far away, and they had no close friends or family in Australia who could help him. He evaluated the positives and negatives aspects of going to Australia and was able to reassure his parents. He considered the fact that no qualifying exam for his area of specialization were required to work in Australia and the degree from India was valid for working there. This was unlike the U.S. and some other countries. The U.S. was his second preference but working there would require clearing examinations to practice. Ultimately, the decision was made to go to Australia.

The senior doctor from Australia who recruited Dr Pandey was a Professor and the Unit in Charge at a famous Medical Centre in Melbourne, for the past 25 years. He personally guided Dr Pandey in the migration process. Paperwork was duly completed and submitted to the embassy by the institution and no extra running around was needed. Dr Pandey had to submit only his resume to the institution and the rest of the process was taken care of for him. He had to undergo some medical tests but no English test was required. A Medical Association qualification examination was required of migrant doctors before working in Australia, but Dr Pandey was exempted from it as paediatrics from India were in the exempt category. Dr Pandey left for Australia in 2003, with his wife and child.

## MIGRATION

Dr Pandey joined as a Senior Registrar in the Melbourne Hospital Neonatology unit. He received support from some acquaintances in settling down; and the arrangement of housing and other logistics. The Australian people were very helpful, as was the local Indian community. He had to arrange for health insurance for himself and his family, and enrol his child into a local school.

Working in Australia was an extremely good experience. "If I look back, it was probably the best time of my life," says Dr Pandey. The staff were from many other countries like Germany, Philippines, Japan, and China, in addition to Australians. Professional ethics were maintained and the social environment was good. Neither he, nor his family, faced any racial discrimination at any time. His co-workers were cooperative and the faculty was very helpful.

He learned that the place was a "zero harassment zone" and that any kind of harassment if reported would-be acted upon. There was an incident where a nurse had complained of sexual harassment against a senior faculty member. After investigation, the doctor was found guilty and debarred from practicing for a year. This, Dr Pandey feels, rarely happens in India.

Performance at the workplace was assessed through a written feedback system based on knowledge of the clinician, patient care provided by her/him, and direct feedback received from the nurses and parents of the newborns. The process of assessment was multi-disciplinary and comprehensive as it took into consideration the work, interaction with patients, research completed, and papers presented. Appreciation of work was shared easily with the employees and at times was informal. He recollected an incidence when a set of very small (pre-mature) triplets were born at the hospital. The senior faculty who was the consultant in-charge for treating them placed full confidence in Dr Pandey and let him handle the case. Such acts of appreciation of his abilities urged him to be cautious and excel in his work, and to justify the flexibility and responsibility entrusted on him.

Dr Pandey feels he gained a lot from his experience working abroad. He says he was able to re-learn that honesty and integrity are the basis of all interactions, and it pays. "If you call in sick, people would believe you and offer help." In India, people would think one is faking if she/he calls in sick and does not report to work. Appraisals in the hospital in Melbourne were based on recommendations on the staff's work performance, in contrast to India, where everything is based on examinations. According to Dr Pandey, "If you are a good clinician, a good doctor and a good human being, you can keep on rising in Australia."

The salary was better in Australia than in India and was based on one's location in the country. Different states of the country had different salary structures- the states that are deprived and not well performing, pay better salaries to retain their doctors. For example, Brisbane offers better salaries as compared to Melbourne, which is better in terms of health performance.

Asked if there were any downsides, Dr Pandey stated that "there was no scope for mistakes." If anyone committed a serious mistake and the consultant in-charge felt it could have affected the life of the patient, the errant doctor could be shunted out of the ICU for a considerable time (1 year or more). This rule was also valid for staff from other countries, like UK. He recalled an incident involving a doctor from England who was debarred from practice for 3 years due to some error in judgement committed by him, twice in 6 months. This system, he feels, was challenging and tough.

Every Resident Doctor had the chance to discuss the management of his patients with senior nurses and other doctors. The treatment of patients was based on pre-defined protocols. Deviating from protocols could give rise to problems and follow with disciplinary action. Dr Pandey feels it is reasonable to follow standard protocols of medical care; otherwise any doctor could use his own methodology while treating patients and justify his actions saying "as per my experience, I would do it this way". This practice is commonly observed in India. The clinical protocols were created after thorough discussions with many specialists of different experiences, and once the protocols were prepared, they were mandatory for everyone to follow.

The overall experience of going to Australia was excellent. His family was very comfortable and that was an added advantage. Given a chance, he would like to go there again for work. Dr Pandey worked in Australia from 2003-2006.

## PRE-RETURN

While working in Australia, his father died suddenly and his mother was alone, in India. Being the eldest son of his family, he was prompted to consider returning back to India. At that point, he was the senior most Registrar in the department. His contribution to the department were significant. There had been no presentations at international forums in the 2 years prior to his joining the department in Australia. He had taken the initiative and was active in research and presented papers. The mentor professor was satisfied with his work and asked him to stay back and continue working there. But once he shared his decision to return home, the faculty supported him, saying that it was the need of the hour for a specialist to return to work in India. If Dr Pandey had stayed back, he would have been promoted as a consultant<sup>1</sup> within the next 6-8 months. Before coming back, he had received a job offer in a reputed Medical College, in Delhi. He did not face any issues with documentation or paperwork before returning to India.

## RETURNING BACK

Dr Pandey joined a college in Delhi but was not satisfied with it and did not continue there for long. He left the college to join a corporate hospital in Delhi. It was a large hospital equipped with all modern facilities. He had been working there for 3 months when he was offered a post as lecturer in a Medical College in Meerut -his home town. With a wish to go back to his roots, Dr Pandey returned to Meerut.

After being exposed to Australia, working in India was different. There is a huge difference in the work atmosphere. While Australia was a tertiary or quaternary health facility, the hospital in Meerut was much lower in standard. Merging back into the system was difficult for him, as the government system is fraught with deficiencies and gaps. Many drugs are not available, essential equipment are not there, and even the way of dealing with patients was different. To compound these issues, there were vacancies in nursing positions. There were not as many nurses trained in neonatology as the nurses in AIIMS and abroad, and there was also a disparity in their proficiencies. Research activities in India and Australia were not comparable. In India, research was limited to the basics, while in Australia different research modalities were available, such as animal research. Also, the funding available for research was greater in Australia.

There were major differences in the work culture, too. In Australia, the staff were punctual, honest, and had a collective responsibility towards things. Dr Pandey felt that the staff were better educated and trained there. The most important positive factor was the excellent salary offered in Australia. In contrast, India has a paucity of funds, including that allocated for research and for infrastructural support or equipment. In India, promotions do not happen at the right time and there is corruption at all levels. Dr. Pandey feels that low salaries, lack of good research, and lack of essential investigations and infrastructure, lead to unsatisfactory performance. He feels that there is no role model to emulate and this is an important lacuna in the Indian system. There is no system of feedback except the Annual Confidential Report for performance review (ACR), which are filled out by the staff themselves and is more subjective than objective. The system does not offer a scope for sharing feedback with higher authorities because it is deemed disrespectful.

Since Meerut is his home town, he and his family did not face any issues in settling down. It was not the same for other doctors who had returned to India from Australia, along with him. They were not able to adjust to the systemic and socio-cultural environment even though they were located in large cities as Mumbai, Nagpur, and Chennai and eventually returned to Australia.

In Australia, the quality of life had been good. "There is no one pushing and everyone was ready to help if you wanted to do something extra," he says. In India, dishonesty and corruption are rampant. "Flexibility is looked down upon, and your motives tend to be questioned if you want to do something different or more." There are few avenues to stimulate professionals intellectually; though there might be some opportunities available in reputed institutions.

"Challenges lie in sailing through the rough waters," the doctor says. It was a struggle to fit into the old system though a familiar one than it was to fit into an already well functioning but new system in Australia. For all these reasons, sometimes Dr Pandey regrets coming back. But since the medical college at Meerut, was his alma mater, Dr Pandey wanted to give something back to it. He is now happy to teach courses there, but would like to do more research work.

## LOOKING BACK...

Every health professional should attain the learning experience that comes with working abroad. It would facilitate bringing back to India the knowledge that can be added into its system. Dr Pandey feels that there is a lot to be learned from systems in foreign countries regarding clinical knowledge, handling of patients, speaking to their relatives, and dealing with circumstances collectively as a team.

His decision to come back to India was personal. Anyone considering the return to India should understand their own personal motives for the move. Dr Pandey would ask “why you want to come back and what your priorities are. If it is for a good job and the intention is to replicate what you were doing abroad, it may not be entirely possible in India. But if you want to translate that knowledge and tailor your work as per the situation, be ready for the grind.”

“Give it time and then the results will come in,” he advises patiently.

## CONCLUDING

Dr Pandey suggests professionals to look for jobs before they return or else they may face some delays and difficulties, though for specialists seeking employment it is generally not a problem. Everyone needs to plan well before coming back to India. He feels more professionals would return to India if there is a better work environment. Government doctors, he feels, are an unappreciated group of staff, with no proper salaries or work environment. Public hospital doctors feel themselves to be 50 years behind with dated equipment and gaps in availabilities of drugs and systems. He believes that the situation is the same even in big cities like Delhi. “Facilities in the health system have to be beefed up, otherwise professionals will feel out of place if infrastructure does not support their work and they are bogged down by staff vacancies and lack of diagnostics.” Dr Pandey feels that a bigger portion of funds should be marked for the health sector.

But in spite of these challenges, several professionals return to India and are working in big cities as Mumbai and Delhi. This may be explained by what the doctor said to analyse the situation, “After all you are a second citizen in any country except your own country.” So, one should be happy working with the challenges in one’s own country.

Dr Pandey shared his philosophy about life. “When things are observed in isolation, everything seems good; but individuals should be taught in schools how to deal with situations when everything is not doing well.” Learning to work as a team is essential, and is a practice prevalent in other countries and promoted from school days. This learning gets reflected in your personality, social interactions, and workplace dealings when you grow up.

Dr Pandey’s message to thinkers and decision makers in the country is that “Resources are needed to support your ideas otherwise ideas will remain ideas, dreams will remain dreams.”

---

<sup>1</sup> ‘Consultant’ is the title of a senior hospital-based doctor who has completed all specialist training and been placed on the specialist register. Consultants accept ultimate responsibility for the care of all the patients referred to them so the job carries significant personal responsibility.

