

QUEENSLAND  
*COMMISSIONS OF INQUIRY ACT 1950*  
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

Statement of Dr Anatole Kotlovsky

1. I, Dr Anatole KOTLOVSKY, Principal House Officer (PHO)/Registrar Level 4 (Non-Accredited), of the Royal Brisbane and Women's Hospital Health Service District, acknowledge this written statement by me dated 14 October 2005 is true to the best of my knowledge and belief.
2. I graduated from the N.I. Pirogov Second Moscow State Medical School (now known as the Russian Medical University) in 1981 with a medical degree equivalent to a Bachelor of Medicine/Bachelor of Surgery.
3. I hold the qualifications of a paediatric surgeon after having undertaken five years of specialist training (1981 – 1986) at the Filatov's Children's Hospital under the auspices of the N.I. Pirogov Second Moscow State Medical School and the Health Ministry of the Russian Federation.
4. Subsequently, I worked as a paediatric surgeon in the Urology Unit at Filatov's Children's Hospital until December 1991. My duties also included the role of the Clinical Research Co-ordinator for the Unit.
5. I completed my thesis *Surgical Correction of Megaureter in Children with the Use of Anastomosing Magnet-Compression Device* in 1987 and was subsequently awarded a Degree in Paediatric Surgery equivalent to a doctorate. I also co-authored with my colleagues on various patents (innovations) relating to surgical techniques and instrumentation developed as a part of my thesis.

AK

6. I subsequently migrated to Australia in December 1991 having undergone the process of professional assessment by the Australian Government including the Australian Medical Council (AMC). I became an Australian citizen in May 1994.
7. Since 1994 I have been undergoing the process of professional integration into the Australian surgical workforce as an overseas-trained surgeon, through the AMC/Specialist College procedure.
8. In accordance with the determination of the Royal Australasian College of Surgeons (RACS), I completed the clinical examination (OSCA) component of Part 1 of the Fellowship examinations. I have also undertaken the Early Management of Severe Trauma Course and Laparoscopic Surgery Course conducted by the RACS.
9. Since 1995 I have been working mostly as a non-accredited surgical registrar in general surgery and surgical sub-specialities in the Northern Territory, Tasmania and Queensland.
10. I have been employed as a PHO/Registrar (Non-Accredited) at the Royal Brisbane Hospital (RBH) since July 2003 until now.
11. I have never been given the opportunity to work full-time in Australia in my speciality of paediatric surgery, even at the registrar level.
12. I have never been employed in any unsupervised position as a surgeon in any jurisdiction in Australia.
13. I worked as a temporary Senior Medical Officer (SMO) at the Bundaberg Hospital from 27 February 2002 to 11 April 2002, subject to supervision as per my conditional registration with the Medical Board of Queensland.

14. Information regarding my personal and professional situation in Australia and, in particular during my employment at the Bundaberg Hospital, has been brought into the Bundaberg Hospital Commission of Inquiry (the Commission) on three occasions:
  - firstly in the evidence of Dr Denis Lennox, Day 9, (No 1), transcripts,
  - secondly in the evidence of Dr Kees Nydam, Day 40, (No 1), transcripts,
  - thirdly in the evidence of Dr Lakshman Jayasekera, Day 12, (No 2) transcripts.
  
15. I approached the Commission with regard to Dr Lennox's statement. His statement identified me by means of stating my speciality and the country of origin in which my qualifications were obtained. It contained inaccuracies and ambiguities with respect to my professional status and positions within the Australian surgical workforce, including the period I worked at the Bundaberg Hospital. I detailed my concerns regarding those inaccuracies in a letter to the Commissioner, Mr Anthony Morris, on 22 June 2005. In the same letter, I requested confidentiality.
  
16. At that time, I also wrote to Dr Lennox (with a copy sent to Mr Morris). I have yet to receive a response from Dr Lennox.
  
17. In the Commission's response, Mr David Groth (Secretary) placed the onus on me to correct the information given by Dr Lennox by placing my letter to him on public record. Mr Groth, however, advised that this might be contrary to my desire to maintain confidentiality.
  
18. I have never received confirmation from the Commission that confidentiality in my circumstances could be given.
  
19. I was also referred to and publicly exposed by two other witnesses, Drs Nydam and Jayasekera on Day 40 (No 1) and Day 12 (No 2) respectively.

20. My employment at the Bundaberg Hospital from 27 February 2002 to 11 April 2002 was arranged on a temporary basis to provide help to the only remaining staff surgeon, Dr Lakshman Jayasekera, while Dr Sam Baker (Director of Surgery) was on leave.
21. I understand that the Bundaberg Hospital administration was notified by the Medical Board of Queensland regarding the condition of my temporary registration under supervision for this position.
22. For this position (under supervision) I had recommendations from Drs Ian Martin and Daryl Wall (both respected surgeons) of the Princess Alexandra Hospital and with whom I had worked at that hospital as a PHO/non-accredited registrar from July 2000 to January 2002.
23. Dr Jayasekera became Acting Director of Surgery during Dr Baker's leave and was supervising me as per my pre-employment arrangements with Dr Kees Nydam (Acting Director, Medical Services) and Dr Baker.
24. I worked in close association with Dr Jayasekera according to the principles of a team approach having daily meetings to discuss patient management and operation lists. He was available for supervision and consultation when required, apart from the Easter holiday period in 2002. I gave him my professional and personal respect as my supervisor.
25. I also cooperated with visiting surgeons, in particular Dr Peter Andersen, who kindly offered and provided me with help and advice in many instances during my time in Bundaberg.
26. Whilst at the Bundaberg Hospital, I attended almost all of the weekly (sometimes fortnightly) surgical meetings conducted by Dr Jayasekera or visiting consultants.



27. During my work at the Bundaberg Hospital I also maintained connections with my mentors from the Princess Alexandra Hospital, namely Drs Wall and Martin who kindly provided their advice when required.
28. As I have indicated in my previous correspondence to the Commission, Drs Nydam and Jayasekera, as senior acting administrators at the Bundaberg Hospital, failed to provide the supervision required by the Medical Board of Queensland for my registration as a SMO in Bundaberg. This occurred, in particular, over the Easter holiday period from 29 March to 1 April 2002. Dr Nydam incorrectly refers to this as an ordinary weekend and it was completely omitted in Dr Jayasekera's statement.
29. The situation regarding supervision and back-up over the Easter holiday (four days) was a determining factor in deciding to terminate my term at the Bundaberg Hospital.
30. Dr Jayasekera, at the time the Acting Director of Surgery, left for Brisbane for the whole Easter weekend, despite the fact there was no other surgeon remaining in Bundaberg available to supervise or provide assistance to me when required.
31. Dr Nydam, the Acting Director of Medical Services, made temporary arrangements just before the Easter period so that I was to be the surgeon on-call without direct supervision, but to work in coordination with a surgical team at the Royal Brisbane Hospital (RBH) with any patient requiring surgery in the operation theatre to be transferred to the RBH in Brisbane.
32. I accepted these arrangements after I had a telephone conversation with the RBH Director of Surgery, Dr Barry O'Loughlin, who kindly offered me support and cooperation with the on-call surgical team at the RBH.
33. Before leaving for Brisbane, Dr Jayasekera verbally stated to me that he was not supposed to supervise me, as he was not paid for this, but he did not express any hesitation in leaving me at the hospital as surgeon on-call without supervision.

34. Given that Dr Jayasekera had left me without supervision and had expressed resentment at having to supervise me without remuneration, I decided (in compliance with the condition of my registration) to resign from the Bundaberg Hospital on the morning after the Easter holiday.
35. However, on the morning after the Easter holiday (2 April 2002), Drs Nydam and Jayasekera asked me to stay at the hospital for at least another week to continue to work with Dr Jayasekera (until closer to the time of return from leave of Dr Baker). Dr Jayasekera assured me of his intention to provide supervision and full support for the remainder of my time.
36. Following this assurance from Drs Jayasekera and Nydam I continued at the hospital until 11 April 2002 performing daily ward duties, outpatient clinics, on-call rosters and operations, with the last, in fact, being performed on the morning of my departure from Bundaberg.
37. I recall two operative cases performed by me which were mentioned by Dr Jayasekera in his statement. His allegations about me in relation to these cases besmirch my professional competence and reputation.
38. I note these cases were presented by Dr Jayasekera without a clinical history or formal operation details. I dispute and reject his allegations.
39. My independent recollection of the first case is as follows:
- 39.1 This was a male patient in his mid-fifties with recurrent small bowel obstruction (blockage) managed conservatively during his previous recent admissions.
- 39.2 The cause of his bowel obstruction was thought to be adhesions after previous abdominal surgery in the past.
- 39.3 This patient already was on the elective list for laparoscopic adhesiolysis in the semi-urgent category.



- 39.4 Dr Jayasekera was aware of this patient and instructed me not to operate on this patient electively until Dr Baker came back from his holidays.
- 39.5 In about one month after my commencement at the Hospital, the patient was readmitted as an emergency case with a further episode of small bowel obstruction, initially responding to conservative measures, but relapsed during this admission.
- 39.6 Dr Jayasekera and I therefore made a common decision to operate on this patient as an emergency case.
- 39.7 As I was on-call, I had to perform the operation. Dr Jayasekera instructed me to perform the surgery and I mentioned that he could be called in if a bowel resection (removal) was required.
- 39.8 During the operation I found dense adhesions. I completed this difficult dissection of these adhesions. I then identified the actual cause of the obstruction as a potentially malignant tumour constricting the small bowel lumen which required a bowel resection.
- 39.9 I asked the staff in the operating theatre to call Dr Jayasekera as my supervisor as it had already been discussed with him.
- 39.10 When Dr Jayasekera arrived in the operating theatre, he took over from me and carried out the bowel resection with anastomosis using a stapler. I assisted him, and then completed the closure of the abdomen.
- 39.11 The histological examination confirmed the tumour to be a twin carcinoid in nature, which may produce fibrous and sclerotic changes into the surrounding tissue and which could have contributed to the dense adhesions in this case.
- 39.12 The patient made an uneventful recovery and went home well to be followed up at the outpatient clinic.
- 39.13 In summary, this was a rare case of a small bowel obstruction due to a potentially malignant lesion. The difficult dissection of dense adhesions was undertaken and the cause of obstruction was identified and subsequently corrected with a successful outcome. I do not recall any surgical problem intra-operatively which could have threatened the life of the patient.

40. My independent recollection of the second case, which is also supported by the medical patient record, (which has briefly reviewed by me recently) as follows:

- 40.1 This was a male patient 75 years of age with small bowel obstruction after previous incisional hernia mesh repair undertaken by Dr Jayasekera approximately two months prior to this admission.
- 40.2 The patient was admitted about a week before my departure from the hospital, after the Easter holiday.
- 40.3 The patient's complicated medical history included long standing respiratory, heart and vascular diseases (COAD, IHD, PVD) and diabetes.
- 40.4 As initial conservative management of this patient failed, Dr Jayasekera and I therefore made a common decision to proceed with operative treatment.
- 40.5 I carried out the operation on this patient at the request of Dr Jayasekera who from time to time was present in the operation theatre whilst observing and giving his advice.
- 40.6 I performed the dissection of adhesions and identified the point of obstruction where a loop of small bowel was fixed to the mesh and suture material from the previous operation. As a result, the bowel wall was intimately adhered to the mesh with fibrous scar tissue causing kinking deformation and narrowing of the bowel lumen.
- 40.7 I initially proposed the resection of this narrowed and deformed part of the bowel. Dr Jayasekera, however, advised against the bowel resection, but agreed to release the narrowing to the bowel by the means of stricturoplasty.
- 40.8 Having had this discussion with Dr Jayasekera, I performed stricturoplasty by a longitudinal incision of the bowel and partial excision of fibrous scar tissue followed by a closure of the bowel lumen in transverse fashion with double layer sutures.
- 40.9 To the best of my recollection, the patient suffered cardio-respiratory arrest soon after the operation whilst in ICU, sometime in the first 24 hours postoperatively, and was transferred to the Gold Coast Hospital for his further management.

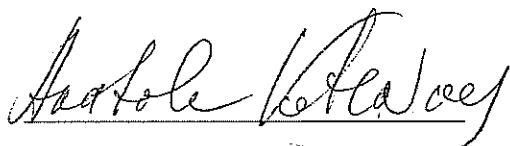



- 40.10 I contacted the Gold Coast Hospital about 5-6 days after the operation (before I left Bundaberg) and was informed by the ICU registrar that the surgical team providing care for this patient had no concerns. The CT scan of the abdomen performed at that stage showed no evidence of intraabdominal complications.
- 40.11 I have recently found from the brief review of the medical record that the patient died on the 9<sup>th</sup> postoperative day and the cause of the death was multi-organ failure and peritonitis with anastomotic leak. I had never been informed about any surgical issues having arisen at that time or thereafter.
- 40.12 In summary, the cause of small bowel obstruction in this patient was related to the mesh placement at the previous operation. The cause of obstruction was intraoperatively identified and corrected. The cardio-respiratory arrest on the background of patient's compromised heart and lung conditions and diabetes, in my opinion, could almost certainly lead to poor peripheral blood flow resulting in impaired healing of the bowel and a delayed anastomotic leak.
41. Dr Jayasekera or Dr Nydam never raised any issue regarding my patients' management or technical details of the surgical procedures and, in particular, these two cases, or any other patient's case at the Bundaberg Hospital at any time.
42. Neither Dr Jayasekera nor Dr Nydam, nor any of the anaesthetists or nursing staff had ever expressed to me any concerns, either verbally or in writing, regarding my qualifications, professional knowledge, surgical skills or performance during my time in Bundaberg.
43. I am therefore completely astonished and overwhelmed by Dr Nydam's statements and Dr Jayasekera's allegations to the Inquiry relating to me and my work in Bundaberg.



44. On the day of Dr Jayasekera's testimony at the Inquiry I was performing my duties as an on-call Surgical Registrar at the RBH, and I was totally unaware of his allegations until the next day.
45. I was therefore completely unprepared for the media attention, which demonstrated a biased attitude towards me as an overseas doctor in their coverage. This, actually, began even before the Commission's lifting of the suppression order on my name on late Tuesday, 27 September 2005 (according to The Courier-Mail of 28 September 2005).
46. Incalculable and real damage has resulted both to my professional reputation and to the personal wellbeing of both my wife and myself through inaccurate and incorrect information regarding my credentials and working career within the Australian surgical workforce, the misrepresentation of my time in Bundaberg and allegations regarding my professional competence and reputation.
47. The purpose of this statement is to attempt to rectify the inaccurate and incorrect information that has been given to the Commission and now made public at great expense to me professionally and personally. There a number specialist surgeons at the Royal Brisbane Hospital who can attest to my surgical experience and ability which is contrary to the evidence of Drs Jayasekera and Nydam. I am including copies of twelve (12) of my professional references. (**Attachment 1 - 12**).

Dated at Brisbane this 11<sup>th</sup> day of October 2005.

  
Anatole Kotlovsky

  
A. McNeill  
Witness



Queensland  
Government

Royal Brisbane and Women's Hospital  
Health Service District  
Department of Surgery

Queensland Health

10 October 2005

Enquiries to: SURGERY  
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Our Ref: c:\bol\reference\lak  
Your Ref:

Ms P Eden  
Legal Services  
Queensland Health  
BRISBANE Q 4000

Fax: 3234 0582

Dear Ms Eden

Re Dr Anatole Kotlovsky

I have known Dr Kotlovsky for a number of years. He trained as a paediatric surgeon in Russia before migrating to Australia. Initially he came to my Outpatient Clinic at the Royal Brisbane Hospital to observe and further his clinical knowledge. He has kept in regular contact with me since then and I have tried to assist him over the years in his desire to continue a career in surgery in this country.

To this end he has been in regular communication with the Royal Australasian College of Surgeons and has worked towards obtaining an accredited training post in General Surgery. He has been employed in a range of hospital posts, mostly as a non-accredited registrar in Queensland, Tasmania and the Northern Territory. As a consequence he has good experience in general surgery but he has not been exposed to formal structured training.

For approximately the last two years he has worked mainly at the Royal Brisbane and Women's Hospital as a non-accredited registrar.

His duties have included relieving training registrars in surgical units and night duty in general surgery. He works under the supervision of training registrars and consultant surgeons at all times. His clinical judgment is sound and his technical skills are very good, not surprising given his background. Communication skills are adequate and have improved over time with sustained contact with patients and colleagues. He has proven to be diligent and reliable in the workplace. He attends all educational meetings and activities and has been actively involved in several clinical research projects. Consistently he has been willing to do extra shifts at short notice and assist in whatever way he can.

Dr Kotlovsky has shown remarkable determination to continue his career in Surgery, others would have given up in the face of so many challenges long ago.

There has been no cause to doubt his honesty and integrity during his period of employment here.

Yours sincerely

  
Barry O'Loughlin  
MB BS (Qld) FRACS FRCS MHA(UNSW)

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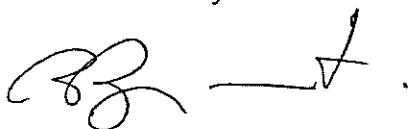
12 October 2005

The Commissioner  
Bundaberg Hospital Commission of Inquiry

Dear Sir

I have had the opportunity to work with Dr. Anatole Kotlovsky at Royal Brisbane Hospital on many occasions from July 2003 up until the present. On most of these occasions Dr. Kotlovsky has been the junior registrar on call and I have been supervising him as the senior registrar or fellow, and therefore have been able to closely observe his clinical abilities and operative technique as well as witness the clinical outcome of the patients that he has treated. At all times I have known Dr. Kotlovsky to act competently and properly. He has very good clinical abilities and judgment, and his careful and accurate assessment of difficult and complicated surgical cases demonstrates a true depth of surgical experience. He has sound surgical skills, far above what would normally be expected of someone in a Principle House Officer position, and successfully undertakes many difficult procedures under the appropriate supervision. He works well within a team and within a hierarchical surgical structure and whenever I have been his supervisor I have known him to keep me appropriately and reliably informed. Dr. Kotlovsky is hard-working and reliable and demonstrates a real commitment to his patients. I have always enjoyed working with him as a trustworthy colleague.

Yours Sincerely



Richard Bryant MBBS, FRACS  
Hepatobiliary Fellow  
Royal Brisbane Hospital

61 7 37209059

DR. IAN MARTIN  
MB BS (Qld) FRACS

The Wesley Hospital,  
Suite 81, Level 4,  
Sandford Jackson Building,  
30 Chasely Street,  
AUCHENFLOWER QLD 4066

**SURGEON:**

Specialist in: Hepatobiliary, Gastro-intestinal, and Laparoscopic Surgery.

Provider No: 0812985W

Tuesday 4<sup>th</sup> October 2005.

TO WHOM IT MAY CONCERN

Dear Sir,

Re: Dr. Anatoli Kotlovsky

I am a specialist Hepato-biliary and Upper G.I. surgeon working as a visiting specialist at Princess Alexandra Hospital for three sessions per week, and dividing my other time at The Wesley and Greenslopes Private Hospitals.

I graduated in surgery in 1995 and have trained many junior staff over the past ten years.

I first met Dr. Kotlovsky as a qualified Moscow trained paediatric surgeon whilst I was performing a short stint of training as a junior paediatric surgical registrar. Dr. Kotlovsky worked unpaid at the Mater Hospital, assisting me in surgical procedures. He had an excellent knowledge of paediatric surgery and was an excellent teacher. Over the last twelve or thirteen years he has directed his attention towards general surgery and applied the same due diligence in this field. Dr. Kotlovsky has had a strong desire to continue general surgery in Australia and has followed instructions by the Royal College of Surgeons and his mentors to the letter to ensure this can happen. He has also conducted extensive research as shown on his CV which documents close to 1000 major cases performed under supervision and a similar number of minor cases such as hernia repairs performed under College guidelines. On top of his public hospital commitments, he has over the past five years acted as a second assistant, without pay, on hundreds of major operations that I have performed in private hospitals simply to improve his experience and exposure to complicated abdominal challenges.

Throughout that time I have found Dr. Kotlovsky's clinical skills to be extremely sound with appropriate clinical judgement. He has a mature attitude coupled with a compassionate nature affording a good bedside manner. When Kr. Kotlovsky worked directly under my supervision as a principal house officer at Princess Alexandra Hospital I found his abilities to ask for advice and assistance to be appropriate for the clinical situation.

Whilst I have no knowledge of his surgical stint in Bundaberg, I am happy to attest to his clinical acumen and solid surgical skills.

Yours sincerely,

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Princess Alexandra Hospital  
Health Service District

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Enquiries to:	Surgical Specialties
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Our Ref:	DRW/ttl
Date:	03/02/03

**Daryl R Wall**  
MBBS (Hon), FRACS  
Deputy Director of Surgery  
PRINCESS ALEXANDRA HOSPITAL

Professor J West  
Censor-In-Chief, RACS  
College of Surgeons' Gardens  
Spring Street  
MELBOURNE VIC 3000

Dear Professor West

This is a reference for Dr Anatole Kotlovsky. Dr Kotlovsky has worked at the Princess Alexandra Hospital in various capacities over a seven-year period intermittently. His initial activity at the Princess Alexandra Hospital was as an observer of the surgical services. At that time he was in the company of a number of people, all of whom were hoping for lateral entry into the College following recognition by the College of some previous surgical training. While other observers have gone on to Fellowship training and completed their Fellowship, Dr Kotlovsky has not had the good fortune of gaining a surgical training post. As a consequence he has worked in various relieving posts including night registrar at the Princess Alexandra Hospital and relieving surgical registrar at Bundaberg. He has also carried out regional scientific research on small pigs under my supervision. He has managed successfully to reconstruct bile ducts using segments of stomach wall successfully. Almost all the pigs survived for many months.

Throughout Anatole's work he has been respectful, conscientious, organised and determined to continue his surgical career. He has a good knowledge of general surgery. He is capable in the emergency circumstance and he asks for help at the right time. He has a broad range of surgical skills. He has good English and presents well publicly. He has worked in a variety of positions and has coped with a range of expectations. He is a skilled operator and he is determined to continue to pursue his surgery. Recently, he has developed a newer insight into essential requirements for surgical training. In particular, he is now more willing to care for the whole patient rather than just focussing on just the surgical issues. He has developed better negotiating skills with patients and staff. Undoubtedly, as evidenced by his undemonstrative determination to start surgical training in Australia, Anatole is persevering and diplomatic. As his current level of practice is equal to that of a current surgical registrar he would be able to step in to an advanced training position and serve his consultant well in clinical practice and in administration and in research. Should you require any further information please do not hesitate to contact me.

Yours sincerely

Dr Daryl Wall

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Health Service District

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West Moreton District Health Service

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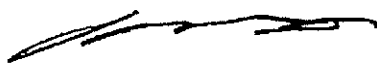
10 January 2000

TO WHOM IT MAY CONCERN:

**RE: DR ANATOLY KOTLOVSKY**

Dr Kotlovsky was employed as a Principal House Officer in surgery from 1.1.1999 to 9.1.2000. Dr Kotlovsky was very conscientious and diligent in the performance of his duties. He was punctual and reliable and, in my dealings with him, I found him to be both very honest and forthright.

Yours sincerely



Dr L LeRay  
Deputy Director of Clinical Services

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IPSWICH. Q. 4305.  
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Your Ref:

10<sup>th</sup> February, 2000

**TO WHOM IT MAY CONCERN**  
**RE: Dr. Anatoly Kotlovsky**

Dr. Kotlovsky worked as a surgical PHO in the Department of Surgery at Ipswich Hospital for 12 months from January 1999.

The Department of Surgery provides general surgical, urological, ophthalmological and plastic & reconstructive specialist services with over 3000 admissions and 500 major surgical cases annually.

Anatoly worked as the Registrar for two of the surgical units (6 months in each unit) and shared a 1-in-3 after-hours roster. He was involved in about 200 major operations, performing over one-third himself. He performed over 300 minor operations alone. He has had some experience with upper GI endoscopy and flexible cystoscopy.

He enjoyed working in the operating theatres, particularly on paediatric cases, and competently performed over 20 operations involving infant pathology.

Anatoly presented regularly at Surgical Grand Rounds and participated actively in teaching tutorials. He energetically prepared his presentations which were delivered with enthusiasm.

Anatoly aspires to practice surgery in Australia, particularly paediatric surgery in which he was trained in Russia and is consequently very keen to obtain positions advantageous to this endeavours.



Dr. Michael Muscio, FRACS  
Director of Surgery





**Royal Hobart Hospital**

Incorporating Repatriation General Hospital  
as the Acute Care Program  
Teaching Hospital of the University of Tasmania

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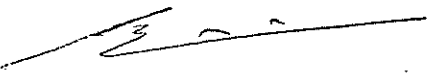
**Southern Region — Acute Care Program**

8 December 1997

**TO WHOM IT MAY CONCERN**

This is to confirm that Dr Anatoly Kotlovsky worked in this hospital as a non-accredited registrar in different specialties, from early 1996 until mid 1997.

His performance was more than satisfactory and I would be happy to employ him at a future time.



**STEPHEN WILKINSON**  
**Director**  
**Division of Surgery and Anaesthesia**





**Royal Hobart Hospital**  
Incorporating Repatriation General Hospital  
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**Southern Region — Acute Care Program**

27th February 1996

**Department of Neurosurgery**

**TO WHOM IT MAY CONCERN**

**Re: ANATOLY KOTLOVSKY**

It is a pleasure to comment on the professional qualities of Anatoly Kotlovsky. This physician is known to me from the last 3 months during which time he rotated as our Neurosurgical Registrar. He is a fully trained Moscow Paediatric Surgeon. During his time with us he rapidly adapted to our form of work showing well above average diligence and well above average adaptability. In addition to which he presented us with some strikingly innovative research that he has done on magnetic ring urological and gastrointestinal anastomoses.

At all times he has held the greatest respect of his patients, peers, nursing staff and those he has worked with.

Particularly onerous during his time with us was his dedication to our paperwork which included a very considerable backlog of discharge summaries from the previous year. His attention to this problem has been highly appreciated.

If I can provide you with further details of his professional performance I would be pleased to do so. He would be an asset to any medical department obtaining his services.

Yours sincerely,

Guy Corkill  
**Director - Department of Neurosurgery**

COMMUNITY  
AGC:abm  
AND HEALTH  
Services



**DIVISION OF SURGERY**  
Telephone (089) 228269  
Facsimile: (089) 228601  
Facsimile International 6189 228601

4 December 1995

**TO WHOM IT MAY CONCERN**

**RE: DR ANATOLY KOTLOVSKY**

Dr Anatoly Kotlovsky worked as a Registrar at the Royal Darwin Hospital for 3 months commencing in May 1995. He came with a background of medical training primarily in paediatric surgery in Russia and has also completed a higher degree in Russia with a thesis on the use of magnets in anastomosis. He has been in Australia for 3 years but had not previously undertaken a clinical post.

Dr Kotlovsky worked hard in his Registrar position at Royal Darwin Hospital, however had problem with his English, both in expressing himself and being understood by his patients. There were misunderstandings as a result of this problem. This however was improving towards the end of his attachment.

Dr Kotlovsky's knowledge of general surgery was incomplete as he himself acknowledged. He was an eager learner, however he asked for and required close supervision in his Registrar role. His knowledge of paediatric surgery was consistent with his previous specialised training.

Dr Kotlovsky's basic operative technique was consistent with that of an experienced surgeon, however his judgement and execution, in a general surgical sphere, needs further refining.

In summary, Dr Kotlovsky is a doctor who is keen to succeed in a surgical career. He currently lacks the maturity required in an unsupervised Surgical Registrar post but would learn quickly in an academic attachment at Senior RMO level before taking full clinical responsibilities.

*Peter Riddell*

Peter Riddell  
SENIOR STAFF SURGEON

*Phillip Carson*

Phillip Carson  
SENIOR STAFF SURGEON

GEN/0005/lp

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After hours 391 2061

10  
Morris Cowers  
149 Wickham Terrace,  
Brisbane, 4000

31-3-95

TO WHOM IT MAY CONCERN

RE: DR ANATOLI KOTLOVSKY

Dr Kotlovsky migrated to Australia from Russia in December 1991, and I have known him since February 1992 when I was introduced to him at the Royal Children's Hospital, Brisbane. Since that time, I have come to know him very well, seeing him and talking to him frequently - both socially and at medical meetings. He attends regularly the Seminars and Symposia held regularly by our Paediatric Surgical group at both Royal Children's Hospital and Mater Children's Hospital in Brisbane. I have taken him on clinical Ward Rounds and he has attended some of my Out-patient and Operating sessions.

Dr. Kotlovsky is a medical graduate from Moscow where he subsequently trained as a Paediatric Surgeon, acquiring his post-graduate qualification in that field - being a Fellow of Paediatric Surgery of the Moscow Society of Paediatric Surgeons. He has also been awarded the equivalent of a Ph.D. for research that he has done in Paediatric Urology.

Since his arrival, Dr. Kotlovsky has attended regular English classes at both T.A.F.E. and the Queensland University of Technology. His ability to converse in English has improved markedly over the years. He is able to discuss the intricate details that are brought up at our meetings, and he can contribute to the relevant discussions quite well.

I find Dr. Kotlovsky to be a man of genuine integrity, with a very competent knowledge of Paediatric Surgery. He has displayed a competent technical skill when assisting me at operations, but I have not had the opportunity to see him performing operations on his own. He certainly has displayed his technical ability well in his research operating on animals.

I am very happy to recommend Dr. Kotlovsky for any position for which he may apply, hoping that he may be able to do this with provisional medical registration. He is very keen to eventually achieve full registration as a Paediatric Surgeon with the Royal Australian College of Surgeons, and I feel he should be given the opportunity to do this.



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RE DR. ANATOLE KOTLOVSKY

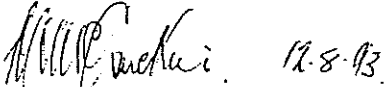
Dr. Kotlovsky migrated to Australia in December 1991, and I have known him since February 1992 when I was introduced to him at Royal Childrens Hospital, Brisbane. I have become increasingly associated with him since that time, and am very happy to provide a reference for him.

Dr. Kotlovsky is a medical graduate from Moscow, and he has been trained as a paediatric surgeon in Moscow, achieving his post-graduate qualification in that field. He also has a degree equivalent to our Ph.D..

Since early 1992, Dr. Kotlovsky has regularly attended seminars and symposia that are regularly held by our paediatric surgical group at both Royal Childrens Hospital and Mater Childrens Hospital. He has quickly improved his use of the English language, having previously studied English in Russia. He is able to enter in to discussions about varying aspects of surgery in general, as well as about individual cases.

Dr. Kotlovsky has also regularly attended my sessions at the Outpatients Departments at each Childrens Hospital, entering in to discussion of cases with parents, the attending under-graduate students, and myself. He has also attended my operating sessions at both hospitals, and has assisted me quite capably at operations.

I find Dr. Kotlovsky to be a man of genuine integrity, with a very competent knowledge of paediatric surgery. He is very keen to continue his practice of medicine within Australia, and I would be very happy to recommend him for any position that he may apply for, hoping that he may be able to do this with provisional medical registration

  
D.D. McGUCKIN - Senior Paediatric Surgeon,  
Royal Childrens Hospital, Brisbane,  
Mater Childrens Hospital, Brisbane.

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ СССР

2-й Московский ордена Ленина государственный медицинский институт  
им. Н. И. Пирогова

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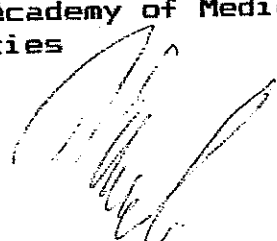
«22» декабря 1981 г.

Kotlovskii Anatolii Mikhailovich was qualified as a pediatric surgeon in the department of pediatric surgery and orthopedy of the 2nd Moscow state medical institute named after N.I.Pirogov in the N.I.Filatov city pediatric hospital.

Since January 1987 he has worked as a surgeon in the department of urology in our clinic having a researcher status in the academic group under academicians of the Academy of medical sciences Yu.F.Isakov. During this period dr Kotlovskii A.M. combined scientific research with practical activity and achieved perfection in the field of pediatric surgery and urology. He has fulfilled more than 700 surgical corrections of disorders of urinary system, and abdomen as well as inguinal region. In the recent 7 years he has also worked as a major hospital surgeon on duty.

Dr Kotlovsky A.M. has carried on scientific research since he was a student of medical school. He took part in the research and elaboration of method of compression junction of tubular organs of the gastrointestinal tract and urinary tract with the use of constant magnets. He has experimented much with animals. As a research postgraduate he worked on and defended the thesis "Creation of junction between the ureter and urinary bladder with the help of magnet in children". In 1987 he got the scientific degree of candidate of medical science (corresponds to doctor of medicine). He has 16 research papers including medical inventions, research articles. He has 3 inventor's certificates. During last two years he has been busy improving and putting into practice surgical correction of lower urinary tract by creation of urinary reservoir (similar to Kock pouch and S-pouch) and augmentation cystoplasty. These operations were first fulfilled experimentally on animals. After achieving perfection in experimental work Dr Kotlovskii A.M. was among those who were the first to fulfill these operations in clinic. We hope that Dr Kotlovskii A.M. will be useful for medical science and pediatric surgery in Australia.

Academician Isakov Yu.F.  
Vice-president of the  
USSR Academy of Medical  
Sciences



Professor Stepanov A.A.  
Chief pediatric surgeon

