

JOHN M DWYER  
AO PhD MB BS FRACP  
PROFESSOR AND CHAIRMAN  
Division of Medicine  
Prince Henry  
Prince of Wales Hospitals

30 June, 1999

TO WHOM IT MAY CONCERN

Dr. Wilfred Saw worked as a Registrar at Prince of Wales Hospital in 1997 and 1998. As Director for the Clinical Program of Medicine for the hospital, I watched with pleasure and appreciation as Dr. Saw worked hard and effectively, passed his examinations for the Royal Australasian College of Physicians and developed into a mature physician, whose opinions were respected by his peers and senior colleagues. Wilfred is talented, dedicated and interested in pursuing a career in cardiology.

Towards the end of 1998, Wilfred became heavily involved with me in the administration of our program of medicine and was of inestimable value to myself and the registrars whom he assisted at that time. He's a team player, has a delightful personality with excellent sense of humor; anyone fortunate enough to have him for a colleague would soon appreciate his talent and personality.

I have no doubt that Wilfred is more than capable of becoming a superb cardiologist as contributing to the maintenance of the highest standards of medicine in our country. I recommend him to you without reservation.

Yours sincerely

JOHN M DWYER AO

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CARDIOVASCULAR DEPARTMENT  
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JOHN HUNTER HOSPITAL  
Locked Bag 1,  
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AUSTRALIA

23 June, 2001

TO WHOM IT MAY CONCERN

re: Dr Wilfred Saw, Cardiology Registrar, John Hunter Hospital

It gives me great pleasure to write this reference for Wilfred.

Wilfred came to Australia from Burma in 1991. He was successful in the Australian Medical Council Examination for foreign medical graduates, widely accepted to be a very difficult barrier for foreign graduates. He then entered residency and registrar training, working in a variety of hospitals in a variety of places, gaining a sound and broadly based training in internal medicine. During this period he worked with a number of senior physicians, many of whom have given him very impressive references. I know most of these people personally and I am impressed by their uniformly positive opinions of Wilfred.

In 1998 he was successful in the basic physician training examination of the Royal Australasian College of Physicians. This exam is also widely acknowledged to be one of the most difficult exams for trainees, requiring both a very extensive knowledge of medical theory and satisfactory performance in a comprehensive clinical examination. The pass rate is rarely more than 50%. Following this success he entered advanced training in Cardiology, spending his first year in Townsville. He had previously had considerable cardiology experience prior to passing this exam. Thus, he came to the John Hunter Hospital with a sound groundwork in cardiology.

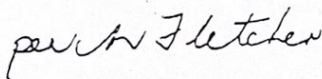
Our 2 year program involves four 3 month rotations each year through the cardiac catheterisation laboratory, the electrophysiology and pacing service, the noninvasive service and the clinical service. Wilfred is now 18 months into this program and has acquitted himself very well. It has been a pleasure to watch him grow in confidence, ability and familiarity in relation to the broad range of cardiological activities practiced in a major tertiary institution.

During this program we encourage our registrars to participate in clinical research. Wilfred has been involved in a number of projects and will be presenting 2 abstracts relating to the projects he has been primarily responsible for at the forthcoming meeting of the Cardiac Society of Australia and New Zealand in Auckland. He previously presented several abstracts at the 2000 meeting of the Society. Thus he has been active in clinical research and has gained considerable knowledge and understanding of various research methodologies.

I have encouraged him to seek further cardiology experience overseas. I firmly believe that he will benefit greatly from this. In return, any host institution for whom he works will be fortunate, in that they will be gaining a reliable, well trained and hard working young cardiologist who already has extensive knowledge and training in this field.

I wish him well in his future career. We have been fortunate to have had him working for us at the John Hunter Hospital. Please let me know if I can provide any further information.

Yours sincerely



PETER J FLETCHER  
PROFESSOR OF CARDIOVASCULAR MEDICINE  
DIRECTOR, CARDIOVASCULAR DEPARTMENT



HUNTER HEALTH  
Improving Health in the Hunter

DR. GREGORY R. BELLAMY  
M.B.B.S., F.R.A.C.P.  
CARDIOLOGIST  
Provider No: 0480217A

63 Denison Street  
HAMILTON NSW 2303  
Phone: (02) 49615493  
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21st July, 2001

TO WHOM IT MAY CONCERN

RE: WILFRED SAW

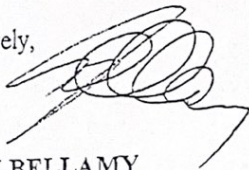
Dr Wilfred Saw has worked in the Department of Cardiology at John Hunter Hospital for the last eighteen months. Approximately fifty percent of his time was spent in the cardiac catheterisation laboratory. He came to us from Townsville Hospital where he had been trained by Dr Adam Cannon. It was clear from my initial experience with Dr Saw that he had had significant training and experience in coronary angiography. He has performed a thousand coronary angiograms and five hundred of those have been performed at John Hunter Hospital. I have no concern in allowing Dr Saw to act independently during coronary angiograms in our cardiac cath labs. During his time with us he has also had significant experience in coronary angioplasty. He would have participated in approximately two hundred and fifty angioplasties during his time at John Hunter Hospital and approximately one hundred of those cases he would have been the primary operator. By primary operator I mean he would have manipulated the wire, passed the balloon and stent into the coronary artery. During his time he has also had significant exposure to clinical decision making processes both in the clinic where patients are reviewed prior to angioplasty and in our morbidity and mortality cath meeting where difficult cases have been discussed. He has shown a keenness and willingness to learn and be guided in the performance of coronary angiography and angioplasty and it is clear that he wishes to continue in further training in interventional cardiology.

Dr Saw already has a significant and strong grounding in coronary angiography and angioplasty and would be ideal for an interventional fellowship. He has also demonstrated willingness to participate in clinical trials and certainly has the ability to organise and participate in clinical trials.

I have always found him to be easy to work with and his relationships and communication with other staff members is effective and cordial. I have found him to be dedicated to his work and he has an excellent rapport with patients.

I think Dr Saw is ideally suited for further training in interventional cardiology and I think he would be an asset to any interventional program.

Yours sincerely,



GREGORY BELLAMY  
M.B.B.S., F.R.A.C.P.  
CARDIOLOGIST & DIRECTOR OF CARDIAC  
CATHETERISATION LABORATORIES -  
JOHN HUNTER HOSPITAL

Re: Application of Dr Wilfred Saw for the Australia/New Zealand  
Interventional Cardiology Fellowship.

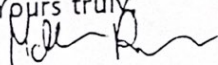
I have known Dr Saw for one year, while he has been working at the John Hunter Hospital as an advanced trainee in Cardiology. The training received is comprehensive and Dr Saw has rotated through non-invasive, interventional, electrophysiology/pacing and clinical terms. I have worked with him during his electrophysiology rotations and during this time he has been involved in 50-75 EP procedures and has implanted  $\approx$  50 pacemakers.

During his time at this institution, Wilfred has been involved in a number of research projects, both 'home grown' and multicentre. He continues to show an interest in research. He is an active and thoughtful contributor at our various meetings.

Wilfred is a keen, happy and enthusiastic registrar. He gets on well with patients and staff. He has above average manual dexterity and has learnt quickly the skills required for catheter positioning and pacemaker implants. I have no doubt that this will continue into the interventional arena. His enthusiasm for procedural work in general is obvious.

I have no doubt that Wilfred will make an excellent interventional fellow.

Yours truly



Malcolm Barlow, MBBS, FRACP  
Staff Cardiologist, John Hunter Hospital.  
Monday, 18<sup>th</sup> June, 2001



Cardiac Services Unit  
Townsville General Hospital  
PO Box 670 Townsville Qld 4810  
Phone 61 7 47819751  
Fax 61 7 47819215

9 June, 1999

To Whom It May Concern.

Reference for Dr Wilfred Saw

Wilfred Saw joined us as our Advanced Trainee in Cardiology at the Townsville General Hospital in January 1999. Wilfred completed his undergraduate medical degree in Rangoon, Myanmar and has done extremely well to be part of our medical system in Australia. This is indeed a great illustration of one of his great attributes of perseverance. He completed his basic physician training in Prince of Wales Hospital in Sydney.

The Townsville General Hospital is the only tertiary referral hospital for North Queensland. It is a teaching hospital for the North Queensland Clinical School, University of Queensland. It will also serve as the principal teaching hospital for the new James Cook University medical school. The Cardiology service performs 1100 diagnostic coronary angiography procedures and 200 coronary angioplasties annually. We have a busy echocardiography laboratory and nuclear cardiology service. Approximately 100 cardiac pacemakers are implanted annually by cardiology with the majority being dual chamber pacemakers. We have a busy 8 bed coronary care unit and accept referrals from the whole of North Queensland. The Cardiothoracic service performs 400 open heart procedures annually.

I have personally supervise the training of Wilfred in his new position at this hospital. He has a very sound knowledge of the fundamentals in cardiology and his management of difficult patients in the coronary care unit was well above our expectations for his level. Our advanced trainees are also heavily involve in the provision of consultative cardiology service to other departments of the hospital and to the postoperative management of cardiothoracic patients. He has perform this task very adequately. I am impressed with his procedural skills in diagnostic cardiac catheterisations and his ability to interpret coronary anatomy and participate in the decision making process. He has assisted with permanent pacemaker implants and intra aortic balloon pumps insertions. His skills in echocardiography and transoesophageal echocardiography are improving rapidly. He is in charge of the cardiac catheterisation laboratory audit and coronary care audit for the unit and presents the data as part of our quality assurance program in the cardiac services unit meeting on a regular basis. He is also responsible for the collection of data for our endocarditis database in collaboration with the Infectious Diseases Unit.

Wilfred has demonstrated his natural ability to work well and communicate effectively with other members of the team in Cardiac Services. He has great rapport with all his patients and his supervision and teaching of residents and junior registrars have been excellent. I have personally found him very dedicated to his work.

I am confident that Wilfred will do well in his chosen field in Cardiology. I would highly recommend him to your institution as your Advanced Trainee in Cardiology for the year 2000.

Yours sincerely,

Ren P Tan  
Acting Director of Cardiology  
Townsville General Hospital

The Prince Henry & Prince of Wales Hospitals  
Department of Geriatric Medicine

3 November 1998

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The Committee for Post Graduate Training  
Royal Australasian College of Physicians  
145 Macquarie Street  
SYDNEY NSW 2000

Dear Fellow Colleagues,

RE: WILFRED SAW

Dr. Wilfred Saw has worked in the Geriatric Department at Prince of Wales Hospital from July to October this year with myself and Dr. Tuly Rosenfeld.

We both feel that his performance is good and we are keen to recommend that this year be retrospectively accredited toward his advance training. I understand that he had some personal reasons at the beginning of the year that stops him from prospectively asking for accreditation. I hope this delay will not prejudice against him in getting recognition. He has also passed his exam this year and this lends further support him to have this year credited as a general year.

Should you have further queries please do not hesitate to contact me.

Yours sincerely,



Dr. Daniel Chan  
Director  
Department of Geriatric Medicine

# RANDWICK CARDIOLOGY

Dr Anthony P Freeman  
MBBS FRACP MD DDU  
Provider no: 318434W

Dr Daniel J Friedman  
MBBCh FRACP  
Provider no: 633106K

Dr John Lambros  
MBBS (Hons) FRACP DDU  
Provider no: 800926F

AF/akt

12<sup>th</sup> August 1998

TO WHOM IT MAY CONCERN

re: Dr Wilfred SAW

I am delighted to act as a referee for Wilfred who has worked as our Coronary Care Unit Registrar for two 3 month terms over the last 18 months. During this period I was able to observe with great satisfaction his development as a young physician as he prepared for his FRACP Part I which he has just successfully completed.

Wilfred is clearly an extremely astute individual who combines a quick and intelligent mind with a caring and understanding personality which allowed him to assist in the management of at times quite complex medical and social problems of patients admitted to our Coronary Care Unit. At all times he showed initiative and enthusiasm and a desire to work as part of a team.

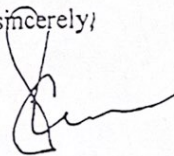
He appeared organised, well prepared with a constructive plan of management which allowed him to relate well to the nursing and junior medical staff which was of utmost importance in a busy ward with a high turnover of patients with constant pressure for monitored beds.

He seemed to cope with the pressures of a high work load and emergencies, thinking clearly and calmly in difficult situations due in large part to his sound medical knowledge.

I understand he is interested in a career in cardiology and would recommend him highly for an advanced trainee position in this field. His interest in cardiology does appear to have dated back some time as it is clear his terms in his basic training programme had a large cardiological component giving him a sound platform for his choice.

In conclusion, Wilfred has worked extremely hard since coming to this country in 1992 and has made great achievements and should be heartily congratulated on his recent success and I would strongly support him for any position to which he applies.

Yours sincerely,



ANTHONY FREEMAN



# THE PRINCE OF WALES HOSPITAL

Department of  
ENDOCRINOLOGY,  
DIABETES and METABOLISM

A/Professor Stephen Colagiuri

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28 October 1998

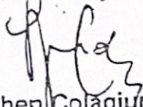
TO WHOM IT MAY CONCERN  
Re: Wilfred Saw

Dr Wilfred Saw worked in the Department of Endocrinology Diabetes and Metabolism at the Prince of Wales Hospital from January to July 1998. His duties included outpatient and in-patient clinical activities, participation in departmental clinical meetings and he was also involved in basic diagnostic laboratory work.

Dr Saw performed all of these duties well and I would support his application to have the time spent in our Department accredited towards an elective year.

With kind regards,

Yours sincerely,

  
Stephen Colagiuri





# St. Vincent's Hospital Sydney Limited

A.C.N. 054 038 872

UNDER THE CARE OF THE SISTERS OF CHARITY

28th June, 1993

## TO WHOM IT MAY CONCERN

RE: DR. WILFRED SAW

Wilfred Saw worked with me as a resident on the haematology/bone marrow transplant programme at this hospital from 11th January to 22nd March 1993. This service performs approximately 50 allogeneic and autologous transplants per year as well as giving conventional therapy to a wide range of malignant and non malignant haematological disorders. Marrow transplant patients and those undergoing remission induction chemotherapy for acute leukemia have many medical problems including bacterial, viral and fungal infections, and renal and hepatic, pulmonary, cardiac and neurological complications including interstitial pneumonitis, acute renal failure, hepatic veno occlusive disease, haemorrhagic cystitis and septic shock. The treatment are severely disruptive of the patient's and his or her family's life and these patients need careful attention to both their physical and emotional wellbeing. In addition to cytotoxic chemotherapy and total body irradiation, there is wide spread use of immune suppressive agents such as cyclosporin, methotrexate, high dose corticosteroids, anti thymocyte globulin and thalidomide for preventing and treating graft-versus-host disease and wide use is made of antibacterial, antifungal and antiviral agents, and haemopoietic growth factors.

Wilfred came into the job with a wide knowledge of medicine and quickly picked up the principles of transplantation medicine. He proved extremely adept at quickly countering or foreseeing clinical problems on the ward and it is not an exaggeration to say that several marrow transplant recipients likely are alive now because of his timely interventions. He got on extremely well with patients, their families and senior and junior medical staff, nursing staff and paramedical staff on the ward.

I can most strongly recommend him for consideration for specialised physician training and would be glad to give further written or verbal references for him should this be required.

Yours sincerely,

Kerry Atkinson,  
MD, MRCP, FRCACP,  
Associate Professor, School of Medicine,  
Senior Staff Specialist, Dept. of Haematology.

KA:hs



# St. Vincent's Hospital Sydney Limited

A.C.N. 054 038 872

UNDER THE CARE OF THE SISTERS OF CHARITY

6th August 1993

To Whom It May Concern,

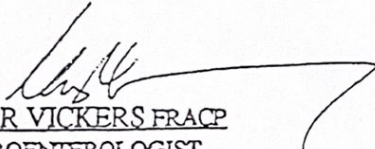
RE: Dr Wilfred Saw

I am very pleased to provide this report on Dr Wilfred Saw who has been a Senior Resident in Gastroenterology at St. Vincent's Hospital for the ten week period May to August 1993.

During the time that I have known Dr Saw, I have found him to be an intelligent and hard working Senior Medical Resident. He displays a keenness to learn and attends to his duties punctually and diligently. He has a very good knowledge of medicine and is developing the skills of decision making. He is well liked by the staff and patients.

I believe Dr Saw would be suitable for physician training as he has a good positive attitude to clinical practice and is capable of maintaining good communication.

Yours faithfully,

  
DR C R VICKERS FRACP  
GASTROENTEROLOGIST  
AND CONSULTANT PHYSICIAN  
HEAD OF DEPARTMENT



# St. Vincent's Hospital Sydney Limited

A.C.N. 054 038 872

UNDER THE CARE OF THE SISTERS OF CHARITY

27th July, 1993.

TO WHOM IT MAY CONCERN

Dr. Wilfred Saw has worked as the Gastroenterology Resident at St. Vincent's Hospital since the beginning of June this year. I have found him a very pleasant colleague to work with and he has a knowledge of general medicine and gastroenterology well up to that one would hope for in a person of his experience. He has shown consistent willingness to do all the work, and more, that has been required of him. He has also shown an interest in learning a variety of practical techniques, which he has managed to do with success. He has an enquiring mind and I would be happy to have him back again working with us at any time in the future.

I wish him luck in his future career.

DR. D.J. FROMMER,  
B.Sc., F.R.C.P., M.D., F.R.A.C.P.