

QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR JEANNETTE ROSITA YOUNG

- 1. I, Dr. Jeannette Rosita Young, Executive Director, Medical Services, Princess Alexandra Hospital, Ipswich Road, Woolloongabba, Queensland 4102, acknowledge that this written statement by me dated 20 MAY 2005 is true to the best of my knowledge and belief. It is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.
- 2. A copy of my current curriculum vitae is ATTACHMENT 1 to this Statement.

My Roles

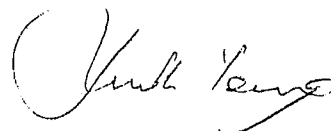
- 3. In my role as Executive Director, Medical Services at the Princess Alexandra Hospital, I am the senior professional medical officer on the staff of the Hospital and am responsible for ensuring all medical staff observe the highest professional and ethical standards. I am involved in setting the strategic direction of patient care and medical matters and coordinate cross-divisional medical issues. I am responsible to the District Manager for overseeing the professional issues and legislative requirements for medical services provided by Princess Alexandra Hospital. I am also responsible for the recruitment and retention of Medical staff and I manage the credentialing and privileging of all medical staff.
- 4. Amongst my other responsibilities I hold the position of Chair of AMWAC, the Australian Medical Workforce Advisory Committee. This Committee was established by the Australian Health Ministers' Advisory Council (AHMAC) to assist with the development of a more strategic focus to medical workforce planning in Australia and advise on national medical workforce matters, including workforce supply, distribution and future requirements.

## Medical Workforce Issues for Queensland

5. I substantially wrote and contributed to the content of paragraphs 1.4.7 and 1.4.10 of the Submission by Queensland Health to the Bundaberg Hospital Commission of Inquiry dated 16 May 2005 ("the Submission"). The components I wrote include:

"1.4.7 The following presents an overview of the Australian medical workforce:

- There were an estimated 59,023 registered medical practitioners in Australia in 2002. 53,991 were working in Medicine, a rise of 12.0% from 1997.
- Of the clinicians, 43.7% were primary care practitioners (mainly general practitioners), 35.6% were specialists, 11.0% were specialists-in-training and 9.7% were hospital non-specialists.
- The average age of the medical workforce was 46.6 years, continuing an ageing trend (average age in 1997 was 44.7 years)
- The proportion of female practitioners continues to rise, with 31.6% in 2002 compared with 27.2% in 1995.
- Medical practitioners worked an average week of 44.4 hours, a decline since 1997 when they worked an average of 47.6 hours. Clinical hours worked per week by clinicians have fallen from an average of 46.4 hours in 1997 to an average of 40.8 hours in 2002.
- The decline in average hours worked has been across all age groups, both male and female, and all major occupation categories that are specialist, primary care practitioner, specialist-in-training and hospital non-specialist.
- In 2001, 44.3% of practitioners worked more than 50 hours per week, a decline since 1997 (51.1%).
- The practitioner rate rose from 260 to 275 per 100,000 population between 1997 and 2002, but was unchanged between 2001 and 2002. Taking into account the hours worked, the outcome in 2002 was a decrease in the supply of full time equivalent practitioners, which was 271 per 100,000 population (based on a 45 hour week). In 1996 it was 278 per 100,000 population (based on a 45 hour week).
- Across regions generally, the medical practitioner rate decreased and their hours increased as regional population



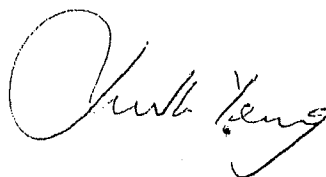
lessened: the rate (per 100,000 population) ranged from 315 in 'major cities' to 140 in 'remote areas'

...

1.4.10 The compounding effect of these demographic factors and the issues facing medical workforces globally result in even more critical workforce statistics for Queensland:

- There were an estimated 8,159 registered medical practitioners in Queensland in 2002 compared to 8,024 in 1997, an increase of 1.7% over the five years. In comparison there was an increase of 12.0% across Australia over the five years.
- Of these, 3,341 were primary care practitioners (mainly general practitioners), an increase of 0.5% from the 1997 figure of 3,324.
- In 2002 Queensland had the lowest number of registered doctors per head of population of any state or territory. The number of Queensland doctors per 100,000 population decreased from 236 in 1997 to 220 in 2002. This is in contrast to the Australian average where numbers increased from 260 to 275.
- In 2002 Queensland had the lowest number of FTE practitioners (working medical practitioners) per head of population of any state or territory. The Queensland FTE practitioner rate fell from 247 per 100,000 population based on a 45 hour week in 1997 to 217 in 2002. This was a fall of 30 FTE practitioners per 100,000 population based on a 45-hour week and is 54 FTE practitioners less than the national average. It was the biggest fall of all the states and territories. Across Australia the FTE practitioner rate fell from 275 per 100,000 population based on a 45-hour week to 271.
- ...
- Queensland is not meeting the AMWAC recommendations for training numbers in a significant number of disciplines. If this were to continue Queensland will not be able to meet its future requirements for specialist staff from the specialist doctors able to be trained in this State."

6. The information upon which paragraphs 1.4.7 and 1.4.10 of the Submission were based is contained in the Medical Labour Force 2002 Report by the Australian Institute of Health and Welfare (AIHW) and also in the Australian



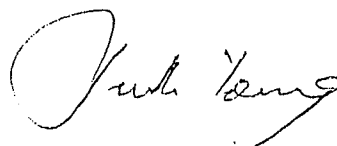
Medical Workforce Advisory Committee Annual Report 2003-2004 (referred to in paragraph 1.4.7 of the Submission).

#### **Term of Reference No. 1**

7. I contributed to the content of paragraph 2.1 of the Submission in relation to the role and conduct of the Medical Board of Queensland, being paragraphs 2.1.1 to 2.1.14 inclusive, and can make general comments in relation thereto.
8. In relation to paragraph 2.1.12, the statement is made that "once registered under the area of need provisions, the Medical Board of Queensland has no ongoing statutory 'interest' in an Overseas Trained Doctor" unless two situations arise. While the Medical Board of Queensland ("MBQ") may not have an ongoing "statutory interest" in Overseas Trained Doctors once they are registered in an area of need, as stated in paragraph 2.1.13, the Overseas Trained Doctor must renew their registration, at a minimum, every year which is dependent on the MBQ receiving a favourable report as to the Overseas Trained Doctor's clinical and professional standards. To make it clear, a report is written and provided to the MBQ whenever a hospital wants to extend an Overseas Trained Doctor's registration or appoint an Overseas Trained Doctor who has previously worked in another Queensland Health facility to practice in an area of need.
9. These reports are written by the Overseas Trained Doctor's clinical supervisor. In terms of process, there is a standard form that is used to the MBQ entitled, "*Assessment Form Special Purpose Registrants*". The performance of an Overseas Trained Doctor is based on the assessment procedures which are in place at each Queensland Health facility. Such procedures vary between hospitals, levels of seniority and speciality. A copy of the Assessment Form is **ATTACHMENT 2** to this Statement.
10. In addition to providing reports to the MBQ, it is also the responsibility of the Medical Superintendent to monitor the Overseas Trained Doctor's on-going performance, as they would for any other doctor employed within the organisation. Formal assessment for junior house officers and interns occurs every half term (5 weeks) and also at full term (10 weeks). Registrars are assessed once a term, which varies from two to four times a year. For senior medical officers, credentialing is in place to monitor clinical standards.

#### **Term of Reference No. 5**

11. I contributed to the content of paragraph 2.5 of the Submission in relation to the arrangements between the Federal and State Governments for the provision of overseas trained doctors to provide clinical services, being paragraphs 2.5.1 to 2.5.20 inclusive, and can make general comments in relation thereto.
12. In relation to paragraph 2.5.1 of the Submission, it is important to appreciate that Temporary Resident Doctors can work in multiple areas, not just the two



areas of work stated in paragraph 2.5.1. In addition to working in positions designated as being an 'area of need', the other large body of work that Temporary Resident Doctors do is to fill Districts of Workforce Shortage in rural and remote areas and to a lesser extent regional and urban areas of the State as designated by the Federal Government.

13. In relation to paragraph 2.5.9 of the Submission, it should be noted that a person cannot be a Temporary Resident Doctor and a permanent resident at the same time. This is simply an error in the Submission.

#### **Recommendation No. 2**

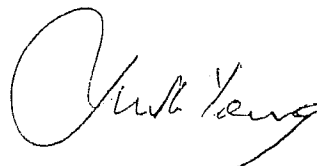
14. I contributed to the contents of paragraph 3.2 of the Submission in relation to changes to the Queensland Health practices and procedures, being paragraphs 3.2.1 to 3.2.4 inclusive, and can make general comments in relation thereto.

#### **Recommendation No. 5**

15. I also contributed to the contents of paragraph 3.5 of the Submission in relation to measures which could assist in ensuring the availability of medical practitioners to provide clinical services across the State, being paragraphs 3.5.1 to 3.5.17 inclusive, and can make general comments in relation thereto.

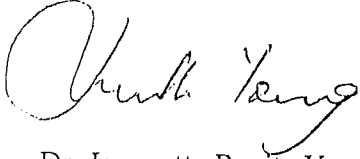
16. In addition to the factors currently influencing the supply of medical practitioners in Queensland as outlined in paragraphs 3.5.3 and 3.5.4 of the Submission, the significant factors which, in my view, explain the reason for the current shortage are as follows:

- Queensland has fewer doctors due to the fewer number of graduates to date from Queensland medical schools;
- It is known that the majority of doctors will practise in the State where the majority of their education and training experiences occurred. This was documented in the study carried out by AMWAC in 2002 "Career Decision Making by Doctors in Vocational Training". It can therefore be difficult to recruit doctors from interstate.
- Income is potentially significantly higher in the private sector and with current shortages also occurring in the private sector, those vacancies are more attractive and therefore usually filled first before vacancies in the public sector;
- Doctors who have graduated more recently may have higher debts due to HECS debts and mortgages and may as a result be looking for higher paid positions. This could be another reason why the private sector is more attractive;



- There is at least a perception that there is a difference between the salaries and conditions offered in the public sector by Queensland Health and salaries offered by other state public health services. This may mean that Queensland doctors are moving interstate to take advantage of higher wages or, it is hard to recruit doctors from interstate.

Statement signed on 20 MAY 2005

A handwritten signature in cursive script, appearing to read "Jeannette Young".

Dr. Jeannette Rosita Young

**PERSONAL INFORMATION**

**Name:** Jeannette Rosita Young

**Date of Birth:**

**Citizenship:** Australian

**Telephone Numbers:**

**Facsimile Number:**

**E-mail Address:**

**Qualifications:** MB BS University of Sydney 1986  
MBA Macquarie University 1995  
FRACMA 2004

**Registration:** The Medical Board of Queensland  
Medical Practitioner General Registration  
Number 943566

**Memberships:** Fellow of The Royal Australasian College of  
Medical Administrators  
Associate Fellow of The Australian College of  
Health Service Executives  
Member of Medical Superintendent's  
Association of Queensland  
Member of PAH Society

**Current Positions:** Executive Director of Medical Services  
Princess Alexandra Hospital  
Ipswich Road  
Woolloongabba, Queensland, 4102

Chair of AMWAC – Australian Medical  
Workforce Advisory Committee

Director of Australians Donate

Member of the Australian Medical Council

**Current Queensland Health Appointments outside Princess Alexandra Hospital:**

- Chair of the Transplant Clinical Advisory Committee
- Chair of the Clinical Publishing Reference Group
- Member of the Queensland Influenza Pandemic Action Committee
- Member of the SARS Action Group
- Member of the Medical Superintendents Advisory Committee
- Member of the Emergency Department Skill Mix and Work Analysis Steering Committee
- Member of the Clinical Coordination and Patient Retrieval Services Oversight Committee
- Member of the Southern Zone Queensland Emergency Management Committee
- Member of the Queensland Health Taskforce on Cancer Coordination
- Member of the University of Queensland Board of the Faculty of Health Sciences

**Current National Appointments:**

Member of the Australian Medical Workforce Advisory Committee (AMWAC). Appointed to the position in June 2000 by AHMAC, the Australian Health Ministers Advisory Committee.

Member of the Working Party that reviewed the Specialist Medical and Haematological Oncology Workforce in Australia, 2001

Chair of the Working Party that reviewed the Specialist Obstetric and Gynaecology Workforces in Australia, 2004

Chair of the Australian Medical Workforce Advisory Committee (AMWAC). Appointed to the position in November 2003 following the resignation of Professor John Horvath.

Member of

Medical Training Review Panel

Australian Health Workforce Officials Committee

Australian Health Workforce Advisory Committee

Review of Pathology Training Working Party

Attend the Committee of the Presidents of Medical Colleges

AHMAC nominee on the Australian Medical Council. Appointed June 2000

Member of Accreditation team that reviewed the College of Obstetrics and Gynaecology, 2003

Member of the Accreditation Committee that reviewed the proposed School of Medicine at Notre Dame, WA, 2004

Director of the Management Board of Australians Donate. Appointed December 2000. This is the national body with responsibility for increasing organ and tissue donation in Australia.



**Past Professional Appointments**

- 2000/01 President of the Medical Superintendents' Association of Queensland

**Past Queensland Health Appointments**

- Chair of the Southern Zone Review of Oncology Services
- Member of the Oncology Skill Mix and Work Analysis Advisory Committee
- Member of the Radiation Oncology Steering Committee
- Member of the PACS/RIS Steering Committee
- Member of the Intensive Care Steering Committee
- Member of the Clinical Information Systems Advisory Committee
- Member of the Patient Transit Assistance Information System Development Committee
- Member of the Aeromedical Advisory Committee
- Member of the Aeroretrieval and Clinical Coordination Working Group
- Member of the Critical Incidents in Retrievals Committee

**Past National Appointments**

- Member of the Reference Group established by the Australian Parliament to review the Operation of the Medicare Provider Number Legislation, 2003
- Member of the Medical Specialist Training Taskforce, 2004

**Nominations**

- Recently asked to be the ACHSE Nominee to the Australian Health Review Editorial Board

**ACADEMIC RECORD**

- Secondary Schooling:** St. Ives High School, Sydney, N.S.W.  
N.S.W. Higher School Certificate, 1980
- Tertiary Education:** 1981-1985 University of Sydney  
Clinical School: Royal North Shore Hospital  
Bachelor of Medicine, Bachelor of Surgery  
Awarded February 1986
- Postgraduate Studies:** 1993-1994 Master of Business Administration  
Degree by coursework at Macquarie University,  
Sydney.  
MBA awarded April 1995
- FRACMA – elected to Fellowship of The Royal  
Australasian College of Medical Administrators  
November 2004
- Scholarships:** Medical Defence Union Elective Bursary  
awarded August 1985
- Western Sydney Area PostGraduate  
Management Scholarship awarded 1993.

## POSITIONS HELD

**WESTMEAD HOSPITAL, SYDNEY** Jan 1986-Dec 1994

**1986-1987 Intern & Resident Medical Officer  
Westmead Hospital, Sydney, N.S.W.**

Included rotations to other hospitals in Western and Central Sydney

**1988-1992 Advanced Trainee in Emergency Medicine  
Westmead Hospital, Sydney, N.S.W.**

Included rotations to other hospitals in Sydney.

**July 1992-January 1993  
Medico-legal Officer in Medical Administration  
Westmead Hospital, Sydney, N.S.W.**

**January 1993-May 1994  
Clinical Superintendent in Medical Services  
Westmead Hospital, Sydney, N.S.W.**

**May 1994-December 1994  
Assistant Director of Medical Services  
Westmead Hospital, Sydney, N.S.W.**

**ROCKHAMPTON HOSPITAL, QUEENSLAND** Dec 1994-Jan 1999

**December 1994-January 1999  
Director of Medical Services  
Rockhampton Hospital, Queensland**

**PRINCESS ALEXANDRA HOSPITAL, BRISBANE** Jan 1999 till now

**January 1999 –February 2003  
Executive Director of Medical Services  
Princess Alexandra Hospital, Brisbane, Queensland**

**February 2003 – February 2004  
Seconded to the position of Chair, Division of Medicine  
Princess Alexandra Hospital, Brisbane, Queensland**

**February 2004 till now  
Returned to the position of Executive Director of Medical  
Services  
Princess Alexandra Hospital, Brisbane, Queensland**

**RECENT PRESENTATIONS AT CONFERENCES AND MEETINGS****Presentations at International Meetings**

Presenter – Oxford International Medical Workforce Collaboration, 11-14 September, 2003. A meeting involving representation from U.K., USA, Canada and Australia.

Presentation "International Medical Graduate Immigration Issues for Australia"

Head of Australian Delegation to the Washington International Medical Workforce Collaboration, 6-9 October 2004.

Presentation "Physician Workforce: Using Data for Better Planning".  
Chair of Plenary Session "Education and Training"

Currently I am Chair of the Organising Committee for the International Medical Workforce Conference to be held in Melbourne in November 2005 and will be responsible for Chairing the Overall Conference. Attendees will be from UK, USA, Canada and Australia.

**Presentations at National Meetings**

Invited Speaker – 10<sup>th</sup> National Women's Professional Development Conference "Challenges and Opportunities" One day conference hosted by Queensland University of Technology, Brisbane, 7 May, 2003.

Presentation "Developing a Flexible Workforce. Discovering and Deploying Talent"

Australians Donate National Forum, Gold Coast, 26-27 June, 2003  
Chair of the session looking at the Utility of the Organ Donor Register

Invited Speaker - The 6<sup>th</sup> Annual Hospital & Health Facilities Planning & Development Summit - Steering healthcare delivery into the future, Sydney, 28 July, 2003

Presentation "Planning the staffing needs of your facility"

Invited Speaker - The Australian Financial Review 6<sup>th</sup> Annual Health Congress, Sydney, 24-27 February, 2004.

Presentation "Strategies to Overcome Health Staff Shortages for Now and the Future"

Invited Speaker – Combined GPET Board/ Regional Training Providers – Chairs and Chief Executive Officer's Meeting, Brisbane, 11 August 2004  
Presentation "Likely demand for GP training over the next five years – presentation of relevant data from the Australian Medical Workforce Advisory Committee"

Invited Speaker – Medical Education Towards 2010: Shared Visions and Common Goals, Canberra, 7-9 March 2005.

Presentation "Where Should Medical Education be in 2010?"

# Medical Board of Queensland

## ASSESSMENT FORM SPECIAL PURPOSE REGISTRANTS

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

### Instructions

- Assessment form MUST NOT be completed by a person related to the registrant
- Assessor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the assessor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the assessor must complete the Improving Performance Action Plan at the end of this form.
- The assessment form must be completed by the clinical supervisor or mentor nominated on the Area of Need Certificate or training program approved by the Board.
- The clinical supervisor or mentor must currently hold General, Specialist or Special Purpose Section 138 registration with the Board.
- The assessor is to attach a brief explanation as to how the supervision or monitoring was undertaken.

Name of Registrant..... Registration Number.....

Position .....

Period of Assessment .....

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
<b>CLINICAL</b>						
<i>Knowledge base</i> Demonstrates adequate knowledge of basic and clinical sciences.						
<i>Clinical skills</i> Elicits and records accurate, complete history and clinical examination findings.						
<i>Clinical judgement/decision making skills</i> Organises, synthesises and acts on information and applies knowledge base.						
<i>Emergency skills</i> Acts effectively and when appropriate acknowledges own limitations and seeks help						
<i>Procedural skills</i> Performs procedures competently						
<b>COMMUNICATION</b>						
<i>Patient and Family</i> Interacts effectively and sensitively with patients and families/care givers.						
<i>Medical Records/Clinical Documentation</i> Provides clear, comprehensive and accurate records.						
<b>PERSONAL AND PROFESSIONAL</b>						
<i>Professional Responsibility.</i> Demonstrates punctuality, reliability, honesty, self-care.						
<i>Teaching</i> Participates in teaching other healthcare professionals, patients and/or care providers.						
<i>Time management skills</i> Organises and prioritises tasks to be undertaken.						
<i>Teamwork and colleagues</i> Works and communicates effectively within a team.						

**Supervisors must comment on the following:**

List strengths: .....

.....

.....

List areas for improvement:.....

.....

.....

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

.....

.....

.....

**Improving Performance Action Plan (to be completed by Registrant with Supervisor)**

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment?  Yes  No

Signatures:

<b>Registrant</b>	Name (please print) .....	Signature .....	Date .....
<b>Assessor</b>	Name (please print) .....	Signature .....	Date .....
Capacity in which assessor has observed the registrant's practice of medicine .....			
(eg direct supervision, practice within same clinic, mentor, consultant to whom referrals are made)			
Assessor's registration number .....			