

QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

Statement of Dr Denis Roland Lennox

- 1. I, **DR DENIS ROLAND LENNOX**, Medical Advisor, Rural & Indigenous Workforce Group, Workforce Reform Branch, Innovation and Workforce Reform Directorate, Queensland Health c/- Baillie Henderson Hospital, Toowoomba Queensland 4350 acknowledge that this written statement by me, 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. Attached and marked **ATTACHMENT DRL1** is a copy of my current curriculum vitae.
- 3. I have been in my current position since 1999.

Involvement with International Medical Graduates (IMG)

- 4. My first substantial involvement with IMGs occurred in the late 1980's when I worked with colleagues to formalise a process for recruiting doctors from the United Kingdom and Ireland to resident medical officer positions in Queensland public hospitals.
- 5. The public hospital resident medical officer workforce was first impacted by Federal government policy to restrict the supply of doctors (through medical school and vocation training in general practice) for the purpose of restraining growth in expenditure on Medicare. The policy existed for at least two decades on the premise that Australia was oversupplied with doctors who were considered to be primary drivers of health expenditure. The premise remained in force until 2004 when in a public budget statement the Prime Minister declared that Australia was undersupplied with doctors.
- 6. Involvement with IMGs in my current position commenced in 1999. At or about this time the Commonwealth Health Minister offered to collaborate with his Queensland colleague to recruit IMGs who were of a high quality and who were appropriate to take positions in remote areas.

7. Shortly after I commenced in my current position I was asked by the General Manager (Health Services) to work with the Queensland Rural Medical Support Agency (which is now known as Health Workforce Queensland) to develop what is known in Queensland as the "Doctors for the Bush" project – the Queensland form of the national "Five Year Program". Attached and marked **ATTACHMENT DRL2** is a copy of the "Doctors for the Bush Project Description for Overseas-Trained Doctors". This document indicates that "Doctors for the Bush offers practice opportunities to suitably qualified and experienced overseas-trained doctors (OTDs) seeking permanent resident practice in Australia". Pursuant to this program doctors were recruited to take up positions in small and remote areas.
8. From the mid 1980s, and particularly during the period commencing in 1999 through to 2001, I learned valuable lessons regarding the recruitment of IMGs. By 2001 Dr Michael Catchpole, (Principal Medical Advisor at the time) other colleagues and I were looking for ways in which we could best apply our learning. Essentially we were looking to extend key elements of our learning through Doctors for the Bush (five year program) to the management of other international medical graduates subject to the ten year moratorium on access to unrestricted Medicare provider numbers pursuant to the Australian *Health Insurance Act 1973* and to devise a system of better managing IMGs generally.

Medical Jobs @ Health

9. In or about 2002, a systematic process for IMG recruitment and management was distilled through a number of iterations into "Medical Jobs @ Health". This operation occurred through an informal collaboration between three relevant units of Queensland Health and the Centre for Overseas Trained Doctors (at that time a centre of the University of Queensland). Attached and marked **ATTACHMENT DRL3** is a copy of a document titled "Medical Jobs @ Health" which introduced "the concept of a State program for medical workforce marketing and recruitment for the whole of Queensland".
10. At or about this time Queensland Health did not have a corporate recruitment program. However, Dr Michael Catchpole and I were being contacted by an increasing number of doctors seeking jobs. We became overwhelmed by the need to provide a tailored response to each doctor's request in the context of a complex system of registration, immigration and vocational status. We sought to streamline the function performed using the research gathered through the "Doctors For The Bush" program in relation to screening, assessment, case management, placement and support. We did this through Medical Jobs @ Health as a pilot program.
11. Experience in operating Medical Jobs @ Health contributed to refinement of a number of modules whose integrated operation was necessary for best

management of international medical graduates. A crucial module was Applicant Assessment. It was designed to ensure that suitably competent and capable doctors occupied practice opportunities in Queensland and to operate in a manner which ensured quality outcomes, excellent value for money, transparency and contestability. It was refined into a comprehensive process involving assessment tools, domains, components and categories. It included an appeal process, establishment of a faculty of assessors in recognition of the specialist task of assessment, monitoring of clinical performance of IMGs appointed in areas of need and management of risk. Attached and marked **ATTACHMENT DRL4** is a copy of a document describing the Applicant Assessment Module of Medical Jobs @ Health.

12. In 2002 we operated Medical Jobs @ Health from the Queensland Health website with a specific email address through which IMGs could contact us. We had a standardised application form and CV and a registration process for first time screening. During 2002 we were receiving up to 80 IMG applications a month. We held fortnightly meetings to screen the candidates and determine those who had appropriate qualifications and for whom practice opportunities existed in Queensland. Those candidates passing the first screening were offered a telephone interview as the next level of assessment. At interview we screened the candidates for their English language skills and clinical capabilities. We would undertake a patient / doctor role playing scenario on the phone. From the screening process we referred candidates deemed suitable to potential employers (public and private) for further assessment and consideration.
13. During this period we were alarmed to learn that some IMGs determined by the Medical Jobs @ Health assessment process to be unsuitable for appointment in Queensland had secured practice opportunities through agencies. Concurrently, we found some superb IMG candidates were passed over by hospital employers. Compounding contributing factors included increasingly desperate need, the complex and long process of IMG assessment and management and the dominance of corporate management functions required of medical managers at the expense of their professional leadership and clinical governance functions.
14. In or about late 2002 Dr Steve Buckland, who was the Acting General Manager Health Services, invited Dr Michael Catchpole and myself to participate in a regular briefing session to examine Medical Workforce issues. The briefings addressed the status at that time of IMG management. At this stage I had begun to formalise a proposal to establish a corporate screening and assessment of IMGs before they were referred to Districts for further screening and employment if appropriate.
15. A submission to the Minister dated 16 April 2003 proposed an extension of existing medical workforce strategy to advance Queensland's competitiveness and efficiency in the international medical workforce market and to ensure the quality of overseas trained medical recruits. It was

likely the first formal proposal to build upon learning from Doctors for the Bush to establish two managed pathways for IMGs to resident general practice in Queensland to provide an integrated program of IMG assessment. Attached and marked **ATTACHMENT DRL5** is a copy of a the Submission to the Minister dated 16 April 2003

16. A further submission dated 21 May 2003 to the General Manager (Health Services) formalised the operation of Medical Jobs @ Health. It referred in its first attachment to a specific example provided by Ms Jenny Young of the Centre for Overseas Trained Doctors of an IMG deemed unsuitable by the Centre who had subsequently obtained hospital employment through an agency. Attached and marked **ATTACHMENT DRL6** is a copy of this submission.
17. From late 2002 into 2003, the future of the Centre for Overseas Trained Doctors became insecure. The Centre's funding was provided in part by Queensland Health and in part received through a funding program of the Australian Department of Health and Ageing. The crisis was caused by failure of operation of the Commonwealth program. From February through to May 2003, a series of submissions proceeded from the Principal Medical Advisor to the General Manager and Director General. As Acting Principal Medical Advisor, I prepared a further submission dated 16 July 2003. Attached and marked **ATTACHMENT DRL7** is a copy of this submission. It contains a response from the General Manager, Dr Steve Buckland advising opposition by the Director General (Dr Rob Stable) to greater funding for the Centre for Overseas Trained Doctors – consigning it to a level of funding at which its operations would certainly close.
18. A business case dated 22 July 2003 presented a detailed case for integration of IMG management incorporating operation of the Centre for Overseas Trained Doctors. Attached and marked **ATTACHMENT DRL8** is a copy of this business case. I understood at this time that the case for integrated IMG management was gaining acceptance.
19. By request of the General Manager, Dr Buckland, a briefing dated 28 August 2003 outlined a proposal to the Medical Board of Queensland in relation to integrated management of IMGs. I had met previously on 11 August 2003 with Associate Professor Lloyd Toft, President of the Medical Board and with others to determine the Board's likely response to the proposal. I recall Dr Toft welcoming the proposed letter and indicating the Board's response was likely to be very positive. I am not aware of the fate of the accompanying letter to the Medical Board for Dr Buckland's signature. However a copy signed and dated 08 September 2003 is held on record. Attached and marked **ATTACHMENT DRL9** and **ATTACHMENT DRL10** are copies of the briefing and signed letter respectively.
20. It became evident from September 2003, that the proposed integrated

management of IMGs was no longer receiving Queensland Health management support. The continued operation of Medical Jobs @ Health became untenable in light of this and of the workloads of the respective part-time contributors to its operation. (No new resources were ever allocated to its operation) So about this time, the partners in its operation reluctantly chose to close it down.

21. From May 2003 to August 2003 I was the Acting Principal Medical Advisor. However in August 2003 I reverted to my substantive position – based in Toowoomba.

Joint OTD/TRD Committee

22. In or about November 2002 the Queensland Branch of the Australian Medical Association (AMAQ) contacted Dr Steve Buckland, who was then the General Manager of Health Services at Queensland Health, regarding forming a Joint OTD/TRD Support Committee (**the Joint Committee**).
23. Dr Buckland approved establishment of the proposed committee and its terms of reference and nominated Dr Michael Catchpole (Principal Medical Advisor) as the Queensland Health representative on the Joint Committee. The purpose of the Joint OTD/TRD Support Committee was to find better mechanisms for screening and assessment of applicants' qualifications and capabilities.
24. The members of the Joint Committee were the AMAQ, Queensland Health, the Medical Board of Queensland, the Department of Health and Ageing and the Department of Immigration, Multicultural and Indigenous Affairs. Dr Godsall from the AMAQ was appointed the chair of the committee. I facilitated the committee's business.
25. I had concerns that the Joint Committee was not necessary to the purpose, that it might simply delay action on the IMG issue. Furthermore, while acknowledging the AMAQ's legitimate interest in the matter and essential role in consultations, I nevertheless considered it inappropriate for the key jurisdictional bodies to work with the AMAQ in the manner proposed because of the AMAQ's representative and political interests. I discussed these concerns with Michael Catchpole.
26. A paper that I had previously written titled "Queensland Country Doctors, Doctors for the Bush & Assessment of Overseas-Trained Doctors", and which addressed the issue of IMGs moving to permanent residency was presented to and considered by the Joint Committee. This paper had previously been tabled at a meeting of the Medical Workforce Advisory Committee of Queensland. Attached and marked **ATTACHMENT DRL11** is a copy of that report.
27. The Committee contributed to further iterations of the paper titled "Queensland Country Doctors, Doctors for the Bush & Assessment of

Overseas-Trained Doctors” towards an agreed position. However the AMAQ insisted that it should also address management of temporary resident international medical graduates. I offered to research and prepare a second paper addressing this group. However, a systematic analysis of management of international medical graduates, conducted in preparation of this second paper, revealed a methodology to manage all categories in an integrated fashion. This was presented in a single new report titled “Medical Jobs at Health, Management of International Medical Graduates”. Attached and marked **ATTACHMENT DRL12** is a copy of that report. This report went to the Joint Committee.

28. The AMAQ advised by letter dated 17 September 2003, that it had considered the paper. The letter identified some concern by the AMAQ OTD/TRD Committee regarding Queensland Health’s capacity to perform the management process prescribed for it in the paper but otherwise confirmed the AMAQ’s full support of the aims of Medical Jobs @ Health. Attached and marked **ATTACHMENT DRL13** is a copy of the AMAQ’s letter.
29. In late 2003 I visited Sarina on community building rural medical workforce capacity business. In dinner discussions, Dr Godsall raised the work of the Joint Committee which had not been progressed by Queensland Health. He suggested that some publicity might help. However, I informed him that this was not a good idea as this was not a subject that the community understood and I was not certain that this would move Queensland Health in relation to the recommendations and so I recommended that the AMAQ pursue the matter through standard pathways.
30. In late 2003 the AMAQ revealed my paper titled “Management of International Medical Graduates” to the media. The media referred to the paper as a leaked government document. However, although the document was written by a Queensland Health employee, the document was prepared for the Joint Committee of which Queensland Health was only one member. The official response was to deny that the document referred to by the media was an official government document.
31. I am not aware of the Joint Committee meeting again after 2003. However, I understand that the AMAQ since established another group with wider membership to consider the issue of international medical graduates.

Area of Need

32. I and two others have the ability to declare what is known as an area of need. We have been delegated this power by the Minister for Health whose power to declare an area of need is pursuant to section 135 of the *Health Practitioners Registration Act 2001*. The Act essentially provides the Minister with authority to determine an area of need which upon notification

to the Medical Board of Queensland permits the Board to grant special purpose registration to practice in an area of need subject to conditions which the Board may determine such as limiting the location or discipline in which they must practice. Furthermore, it may include supervisory conditions.

33. In addition to its geographic application, by Ministerial policy, a discipline or form of medical practice may be declared a function area of need eg in anaesthetics or in locum tenens practice.
34. By Ministerial policy, area of need is declared on a case by case basis with declarations being made on a case by case basis for individual IMGs.
35. The undersupply of doctors has resulted in almost all areas of Queensland being undersupplied with both general practitioners and specialists, in both public and private sectors. Area of Need decisions in this situation have been made on the basis of relative need.
36. Pursuant to the Australian *Health Insurance Act 1973*, IMGs wishing to engage in Medicare practice must first be granted exemption from section 19AB of the Act to receive a Medicare provider number. Exemption from section 19AB may be granted for practice in a particular location upon declaration by a delegate of the Australian Minister for Health of "district of medical workforce shortage" status for that location. Since IMGs seeking Medicare practice must be granted by area of need approval for registration purposes and district of medical workforce shortage approval for Medicare provider number purposes, the delegates of the Queensland and Australian Ministers collaborate to achieve for applicants what is in effect a single application process.
37. As pressure on the Area of Need process continued, it became evident that reform was necessary. I prepared a proposal for reform of Ministerial Policy on Area of Need in June 2002. Attached and marked **ATTACHMENT DRL14** is a copy of the proposal. Significant refinement of the process has progressed within the last twelve months. Further reform is necessary.

Signed at *Brisbane* on *Second* June 2005


DR DENIS ROLAND LENNOX


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