

Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL1

CURRICULUM VITAE

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EMPLOYMENT:

QUEENSLAND HEALTH
Medical Advisor (Rural Health) March 1999 to present

Toowoomba Hospital
Medical Superintendent, October 1988 to March 1999

Queensland Health, Central Office, Division of Policy & Planning
Medical Advisor, September 1994 to August 1995 (Secondment)

DARLING DOWNS REGIONAL HEALTH AUTHORITY - CENTRAL SECTOR.
Chief Executive Officer, July 1991 to June 1994

TOOWOOMBA HOSPITAL
Deputy Medical Superintendent, December 1985 - October 1988

QUEENSLAND DEPARTMENT OF HEALTH
Senior Medical Officer (Southern) January 1985 - December 1985

QUEENSLAND DEPARTMENT OF HEALTH
Office of the Director General of Health and Medical Services
Medical Officer in Training, January 1983 - December 1984

ROYAL BRISBANE HOSPITAL
Inaugural Registrar in Medical Administration January 1981- December 1982

BUNDABERG BASE HOSPITAL
Resident Medical Officer, December 1976 - December 1980

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DOCTORS FOR THE BUSH Project Description for Overseas-Trained Doctors

A Collaborative Project of the Queensland & Commonwealth Governments supported by peak medical organisations.

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WHAT IS "DOCTORS FOR THE BUSH"?

Queensland bush communities lack doctors

Doctors for the Bush offers practice opportunities to suitably qualified and experienced overseas-trained doctors (OTDs) seeking permanent resident practice in Australia. The medical practice opportunities are in Queensland's remote, small towns lacking doctors (communities of need). They include employment in private practice and by Queensland Health in the public hospital system.

You are eligible for Doctors for the Bush if you are:

- ♦ eligible for special purpose registration by the Medical Board of Queensland to practice in an area of need;
- ♦ eligible for issue of a Medicare provider number from the Health Insurance Commission to permit your private patients to receive a Medicare rebate of your practice fees;
- ♦ Eligible to sit the Fellowship examination of the Royal Australian College of General Practitioners (RACGP) within two years (See ASSESSMENT OF PROFESSIONAL CREDENTIALS.)

Project standards include equity for Australian graduates as well as maintaining and improving quality of medical practice in remote Queensland.



Doctors for the Bush Evaluation

If you are assessed to be eligible for Doctors for the Bush and when you are offered a practice opportunity in an eligible remote town, (See COMMUNITIES OF NEED) a learning agreement will be negotiated with you and mentoring and supervision provided for your preparation for the FRACGP examination. Practice opportunities become available to OTDs only after marketing fails to recruit at least one suitably qualified Australian applicant.

Once the FRACGP is conferred, you become eligible for special purpose registration by the Medical Board of Queensland to practice in the general practice of medicine. Your employer may then sponsor you for permanent residency in Australia. (See REGISTRATION.)

After providing satisfactory medical service in a community of need for five years, you become eligible to receive a Medicare provider number without geographic restriction – permitting your practice anywhere in Australia. This reduces by half the normal ten-year moratorium before an overseas-trained doctor becomes eligible to receive an unrestricted provider number. (See ACCESS TO MEDICARE.)

Doctors for the Bush's sister program, QUEENSLAND COUNTRY DOCTORS offers practice opportunities in rural communities to which the ten-year Medicare provider number moratorium applies.

MEDICAL JOBS @ HEALTH operates a common candidate assessment process for Doctors for the Bush and Queensland Country Doctors and offers practice opportunities in either project depending upon appropriate matching and candidate preference. To explore eligibility criteria, conditions and practice opportunities in the "ten-year" program, check out QUEENSLAND COUNTRY DOCTORS (in development).

“COMMUNITIES OF NEED”

Table 1 lists the communities eligible for Doctors for the Bush subject to their current rural practitioner supply being below community need, and to a contemporary practice opportunity.

Table 1 Eligible Communities of Need

ALPHA	CUNNAMULLA	MIDDLEMOUNT	ST GEORGE
ARAMAC*	DAJARRA*	MITCHELL	ST PAUL'S ISLAND*
AUGATHIELLA	DIRRANBANDI	MORNINGTON ISLAND	SURAT
AURUKUN	DOOMADGEE	MT ISA#	TAMBO
BAMAGA	DYSART	MUNGINDI	TAROOM
BARCALDINE	GEORGETOWN*	NAPRANUM	THARGOMINDAH
BLACKALL	GLEDEN	NEW MAPOON*	TIERI
BOULIA*	HOPE VALE	NORMANTON	UMAGICO*
BOURKETOWN*	HUGHENDEN	PALM ISLAND	WANDOAN
CAMOOWEAL*	INJINOO*	PENTLAND*	WEIPA
CAPELLA*	INJUNE	PORMPURAAW	WILLOWS GEMFIELDS
CHERBOURG	JULIA CREEK	QUILPIE	WINTON
CLERMONT	KARUMBA	RICHMOND	WOORABINDA
COLLINSVILLE	KOWANYAMA	RUBYVALE*	WUJAL WUJAL*
COOKTOWN	LOCKHART RIVER	SAPPHIRE	YARRABAH
CROYDON*	LONGREACH	SPRINGSURE	

CODE: * Unlikely to sustain medical practice

Not meeting new criteria, but included because of need and uniqueness



Approved December 1999 with remaining available practice opportunities not meeting new criteria



Doctors for the Bush Evaluation

Ministerial Policy on Communities of Need outlines the criteria by which the Queensland and State Governments reach agreement on remote communities eligible for Doctors for the Bush.

RECRUITMENT

The project recruits as a first priority, Australian medical graduates and overseas-trained doctors who are permanent residents of Australia. Temporary resident, overseas-trained doctors (TRDs) are second priority for project recruitment¹. Overseas-trained doctors who remain resident overseas (overseas doctors) are the third priority.

Temporary resident practice in Queensland provides TRDs a good pathway by which to pursue permanent resident practice in Australia. If you are interested in a temporary practice opportunity in Queensland, go to QUEENSLAND COUNTRY RELIEVING DOCTORS.

ASSESSMENT OF PROFESSIONAL CREDENTIALS

Assessment of the professional credentials of TRDs serves purposes of registration to practice medicine in Queensland, issue of a Medicare provider number, assuring safety of medical practice in remote communities and matching of candidates and families with the most appropriate practice opportunities.

The final outcome of the assessment process is a recommendation of each candidate's suitability for a medical practice in specific "communities of need." If acceptance into the project is recommended it may include reference to mentoring and supervision requirements, additional education or training experience, reference to clinical privilege matters or specified conditions.

Intermediate outcomes of the process address critical requirements for medical practice in Queensland as follows:

REGISTRATION

To practice medicine in Queensland, TRDs must be eligible for registration by the Medical Board of Queensland. The Medical Practitioners Registration Act 2001 (the Act) provides two forms of registration:

- General Registration "An applicant for general registration is qualified for general registration if—
 - (a) the applicant has successfully completed a medical course accredited by the Australian Medical Council; or
 - (b) the applicant has passed the examination set by the Australian Medical Council for the purpose of qualifying persons for general registration."

Qualifications obtained from medical schools accredited by the Australian Medical Council (AMC) entitle a person to apply for **general registration**. The AMC has only accredited Australian and New Zealand medical schools and consequently, only graduates from these schools or of the AMC certificate are entitled to general registration.

- Various categories of **special purpose registration** under which the Board may register a person subject to such conditions as the Board considers necessary or desirable for the applicant to competently and safely undertake the desired special purpose activity.

The Board may grant special purpose registration under Section 135 of the Act for practice in an area of need. Registration under this section will not usually be continued for longer than three years.

Where an TRD is conferred the Fellowship of the Royal Australian College of General Practitioners (FRACGP), the Board may register the TRD by provision of Section 138 of the Act to practice medicine

¹

TRDs represent a valuable resource for the project because of:

- First hand experience of the rigours and conditions of rural and remote practice
- Proven competency and suitability for rural practice in Queensland.
- Permanent resident in Australia with realistic expectations.
- Greater likelihood to be successful in practice and residency and consequently to remain in service

Doctors for the Bush Evaluation

in general practice. This registration status is not otherwise limited in duration or geographic location, save that the annual renewal must be applied for to ensure continuity of registration.

More information is available at the Medical Board of Queensland web site:

URL: <http://www.medicalboard.qld.gov.au/registration/registration1.html> This site also advises prescribed application and registration fees. As at March 2002 these are:

- (a) For General Registration
\$402.00 (if registering between 1 October and 31 March); or
\$261.00 (if registering between 1 April and 30 June); or
\$191.00 (if registering between 1 July and 30 September).
- (b) For Special Purpose Registration
\$402.00 ((\$120.00 non-refundable application fee and \$282.00 annual registration fee). Any pro-rata proportion of the annual registration fee will be refunded, if applicable, on receipt of notification that the registrant has ceased the special purpose activity).

NATIONAL REFERENCE PANEL STANDARDS

Testing of professional eligibility (qualifications, experience, competence and capability) of OTD applicants for Doctors for the Bush applies the national standards for assessment of OTDs developed by the National Reference Panel, a joint body of the RACGP and the Australian College of Rural and Remote Medicine.

You may obtain more information on the NRP guidelines at the web site of the Royal Australian College of General Practitioners: URL: <http://www.racgp.org.au/folder.asp?id=321>

The project recruits candidates assessed in the first three of the five National Reference Panel categories:

NRP Category	Qualifications and Experience	FRACGP	Project Status
1	GP training and postgraduate qualification equivalent to FRACGP	Awarded ad eundum gradum	Prime candidate
2	GP training and postgraduate qualification recognised but not accepted as equivalent to FRACGP.	Completion of examination will lead to award of FRACGP	Good candidate
3	GP training and postgraduate qualification not recognised but >5 years full-time GP experience	May be eligible for award of Fellowship via practice eligible route upon determination by RACGP of equivalence of GP experience.	Acceptable candidate if assessed by RACGP to be eligible for Fellowship by practice eligible route.
4	No GP training or postgraduate qualifications, but > 5 years of full-time GP experience in another country.	May be eligible for award of Fellowship via practice eligible route upon determination by RACGP of equivalence of GP experience.	Not favoured candidate unless assessed by RACGP to be eligible for Fellowship by practice eligible route.
5	No GP training or postgraduate qualifications and < 5 years of equivalent full-time GP experience in another country.	Ineligible to be awarded FRACGP by any route.	Not qualified

NRP Category 1.

Holding the following qualifications renders you eligible for FRACGP ad eundum gradum (i.e. without further training, examination or time requirements) whilst working in the Australian general practice setting:



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- the Certificate in Family Practice from the College of Family Physicians of Canada (CFPC) who have also passed both parts of the Medical Council of Canada Qualifying Examination; or
- Membership of the Royal College of General Practitioners (MRCGP) and the Certificate of the Joint Committee on Postgraduate Training for General Practice (JCPTGP) UK; or
- Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP)

NRP Category 2

Holding the following memberships/qualifications renders you eligible to sit the RACGP Fellowship examination :

- Either Membership of the Royal College of General Practitioners UK (MRCGP); or
- Certificate of the Joint Committee on Postgraduate Training for General Practice, UK;
- Membership of the Irish College of General Practitioners
- Certificate of the American board of Family Practice;
- Master of Family Medicine, South Africa;
- Master of Prax Medicine, South Africa;
- Membership of the College of Family Practitioners , South Africa (MFGP/MCFP);
- Registration as a Family Physician with the Health Professions Council of South Africa
- Master of Medicine (Family Medicine) from the National University of Singapore;

NRP Category 3

If you have general practice training and post graduate qualifications not recognised by RACGP, but have more than five years of full-time experience in general practice, you are eligible for award of the FRACGP via the practice eligibility route. This depends upon a favourable determination by the FRACGP of the equivalence of your general practice experience to five years full time of Australian general practice and completion of the RACGP examination.

OTDs in categories 4 and 5 are generally not eligible for the project.

ASSESSMENT OF PERSONAL, SPOUSE/PARTNER AND FAMILY SUITABILITY

In parallel to the assessment of professional credentials, the project assesses candidates' interests, intentions, and lifestyles of, to form a comprehensive candidate profile to test suitability for specific practice opportunities

The project complements this assessment by inviting "trailing" spouses/partners to participate in a parallel process of assessment of their and family interests and needs. Contentment of trailing spouse/partner and family is critical to the success of medical recruitment and retention for remote communities. So, Doctors for the Bush gives specific attention to understand the needs and aspirations of spouse/partner and family.

ASSESSMENT PROCESS

Lodging of an Expression of Interest form registers a candidates interest in the project and ensures they receive an invitation to make formal and detailed application to the project. The project invites applications every three months normally

Doctors for the Bush submits applications to each of the Colleges – RACGP and ACRRM for categorisation according to the NRP guidelines. For this purpose, each College levies an assessment fee of \$300.00 for non-members. Members or Associates are not required to pay an assessment fee. To join the Colleges prior to applying for assessment of general practice time contact:

- The RACGP State Office or the RACGP National Office if resident overseas. (URL:<http://www.racgp.org.au/>)
- The ACRRM Office. (URL:<http://www.acrrm.org.au/>)

Those applications assessed in NRP categories 1, 2 and 3 are referred to the State Interview Panel. The Panel is comprised of representatives of RACGP and ACRRM, Queensland Health, the Rural Doctors Association of Queensland and the Health Consumers of Rural and Remote Australia



Doctors for the Bush Evaluation

The panel interviews candidates in a standardised format. It also applies a clinical assessment tool. It determines candidates' qualifications, experience, competence and capability against the requirements of medical practice in the remote communities that are the subject of the project.

MEDICARE BENEFITS

In 1996 the Australian Government legislated to restrict Medicare benefits. (Medicare is the national health insurance system) An amendment to the *Health Insurance Act 1973* (the Act in this section only) ensures that Medicare benefits are not payable for professional services rendered by overseas-trained doctors and former overseas medical students for a period of ten years from the time they first became practitioners as defined under section 3 of the Act. This restriction is often referred to as the ten-year moratorium.

The Act defines overseas-trained doctors as doctors who did not obtain their primary qualifications in Australia. The definition includes doctors qualifying in medical schools in New Zealand. Former overseas-trained medical students are doctors who began studying medicine in Australia under a temporary visa, but who subsequently changed their visa status to become permanent residents or Australian citizens.

Section 19AB of the Act provides that overseas-trained doctors and former overseas medical students, who are permanent residents or citizens of Australia are not subject to the restrictions contained in section 19AB if they meet one of the following criteria:

1. That they were recognised as medical practitioners under the Act prior to 1 January 1997. (This means that before 1 January 1997 they were registered with an Australian Medical Board)
2. That they made application to the Australian Medical Council for assessment of medical qualifications (and were eligible to be assessed) prior to 1 January 1997.
3. That a period of ten years has elapsed, either from their first recognition as medical practitioners as defined under the Act (for those doctors registered before 18 October 2001) or from when they were first granted permanency (for those doctors first registered after 18 October 2001).

Overseas-trained doctors are permitted to apply for exemption to the ten-year moratorium under subsection 19AB(3) of the Act. The Minister's delegate under Section 19AB of the Act grants exemptions only if the doctors are assessed as making a commitment to work in *districts of medical workforce shortage*. The State and Commonwealth jurisdictions jointly agree on the status of medical workforce shortage of Doctors for the Bush communities of need so that Medicare benefits are payable for professional services rendered to successful candidates upon their appointments in communities of need.

When a Doctors for the Bush appointee receives the FRACGP and completes five years of service in "communities of need," the Australian Department of Health and Ageing grants a reduction of the ten-year moratorium and authorises issue of a Medicare provider number without geographic restriction.

For more detailed information, visit the Australian Department of Health and Ageing website:
URL: <http://www.health.gov.au/workforce/overseas/overseas.htm>.

IMMIGRATION

OIDs who are not citizens or permanent residents of Australia need sponsorship by an employer to obtain a visa to work in Australia. You may obtain information about Medical Practitioner Visas and other immigration matters at the following website of the Australian Department of Immigration and Multicultural Affairs:
URL: <http://www.immi.gov.au/faq/temporary/temporary04.htm>. Please note that:

- Fees apply to visa applications (URL: <http://www.immi.gov.au/allforms/990i.htm>) and;
- Temporary residents are required to pay taxes on income earned in Australia. They do not have access to social welfare benefits or national public health cover. (URL: <http://www.immi.gov.au/faq/temporary/temporary01.htm>)

Upon receiving the FRACGP and registration by the Medical Board of Queensland under Section 138 of the Medical Practitioners Registration Act 2001, project doctors are eligible for permanent residency in Australia. Their employers may sponsor them for permanency residency through either:

- The Employer Nomination Scheme (URL: http://www.immi.gov.au/faq/migration_employer/employer02.htm) or;



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- The Regional Sponsorship Migration Scheme (URL:
http://www.immi.gov.au/faq/migration_employer/employer03.htm)

Please note that normal requirements for gaining residency apply

MEMORANDUM OF AGREEMENT

If your application to the project succeeds and you receive appointment to a practice opportunity in a community of need, the project requires you to commit yourself by memorandum of agreement (Memorandum of Agreement) to serve in "communities of need" for five years. The five-year period commences from the date of the memorandum of agreement

Transfer to Another Doctors for the Bush Community of Need

By mutual agreement between yourself and your employer, you may transfer from one approved "community of need" to another within the specified five years. An exchange of letters between you and the Commonwealth Department of Health and Aged Care confirms the Commonwealth's commitment to issue of Medicare provider numbers subject to certain conditions.

Breach of Conditions

By arrangement between the Commonwealth and State Governments, any breach of an article of the memorandum of agreement by a project candidate negates all benefits provided by the agreement, particularly, education and support and access to Medicare services.

Relocating to Another State

If a project doctor elects to move to another State or Territory they will be face a re-qualification process and start the five years again. They will not be permitted to diminish their five-year contract in the new State or Territory by time committed to Doctors for the Bush in Queensland. The only possible exception relates to OTDs transferring from an external territory administered by Australia to the mainland.

EDUCATION AND SUPPORT

Doctors for the Bush is not an education provider. However, the project manages supervision, mentoring and support as appropriate to all overseas-trained, project doctors preparing for to sit the Royal Australian College of General Practitioners examination. It facilitates the pathway to successful completion of the examination for Fellowship of the Royal Australian College of General Practitioners by means of a learning agreement. It recommends the range of education/training resources and programs available to candidates. It provides access to Queensland Health's Clinicians' Knowledge Network, and on-line library of access to clinical information, journals, texts, databases and links

OVERSIGHT OF IMMIGRATION AND REGISTRATION STATUS

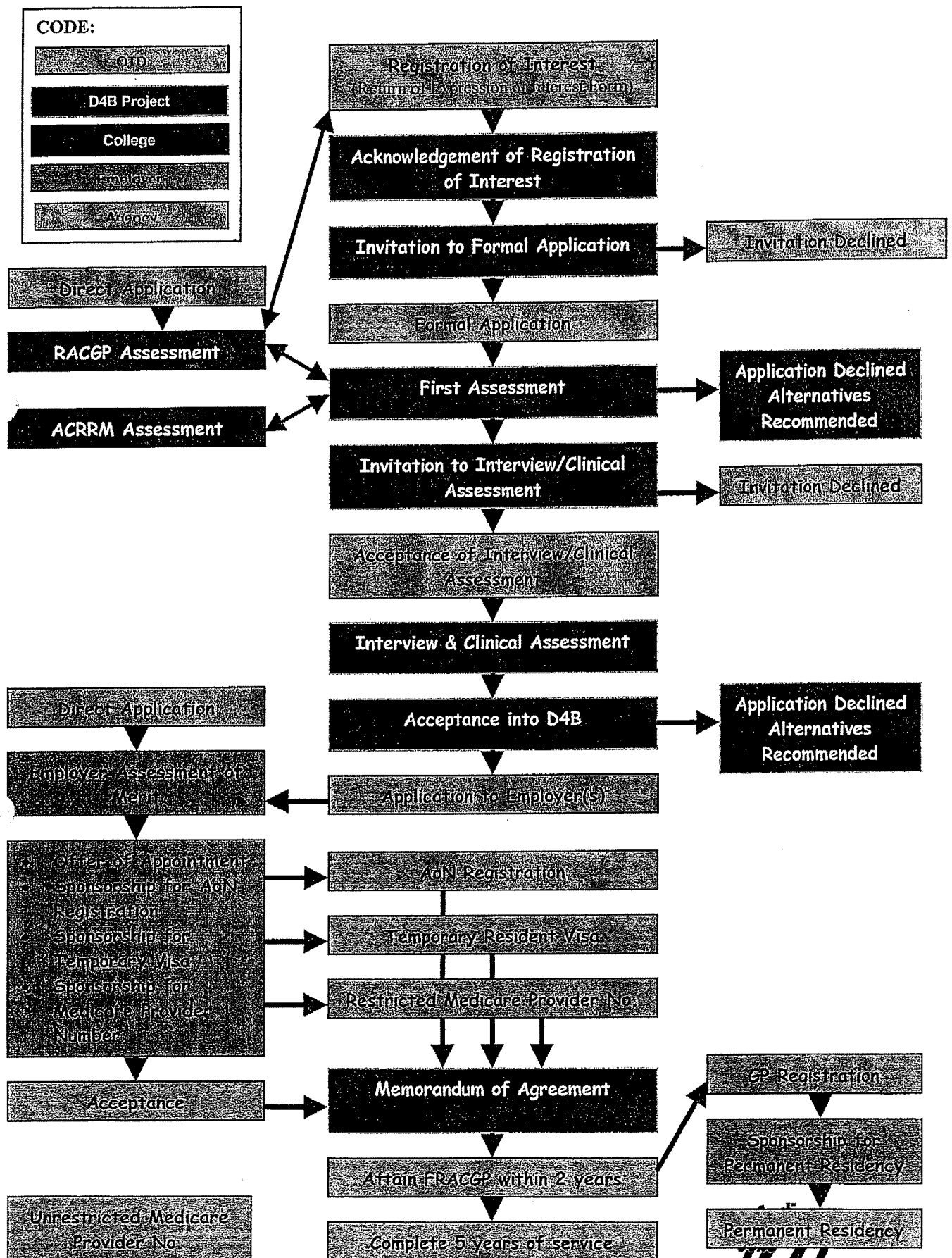
Doctors for the Bush provides oversight of the immigration and registration status of project doctors, offering reminders and advice in relation to renewal of temporary resident visas and registration status. When the College confers FRACGP upon project doctors, the project advises the process of registration by the Medical Board of Queensland under Section 138 of the *Medical Practitioners Registration Act 2001* and sponsorship for permanent resident status by the employer

DOCTORS FOR THE BUSH PROCESS

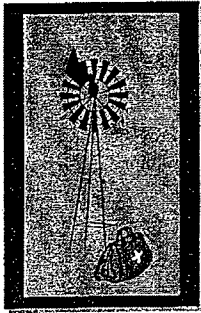
The following flow chart depicts the usual course of the Doctors for the Bush process from registration of interest to completion of a term of five years practice in a community of need. Please note that entry may occur directly to the project or alternatively either following assessment of professional credentials by the RACGP or by direct application to an employer for a practice opportunity in a community of need.



Doctors for the Bush Evaluation



Doctors for the Bush Evaluation



Doctors for the Bush is a project of MEDICAL JOBS @ HEALTH, the Queensland State medical marketing and recruitment managed by:

The Office of the Principal Medical Advisor, Queensland Health

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Attachment DRL3

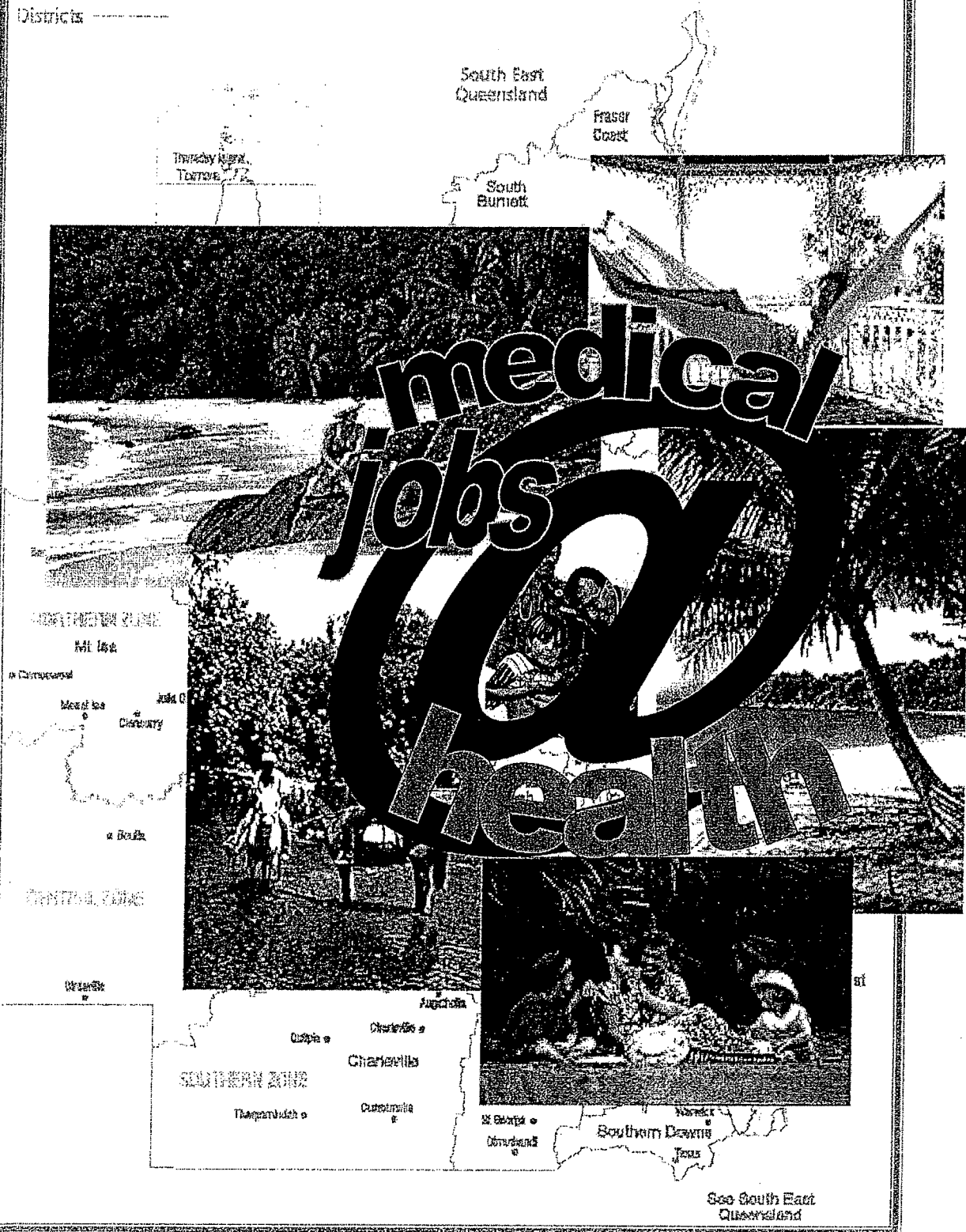


Queensland Government
Queensland Health

Queensland Health health service districts

Zones

Districts



Introduction

This document introduces the concept of a State program for medical workforce marketing and recruitment for the whole of Queensland. The concept involves:

- ◆ a systematic approach to medical workforce marketing and recruitment in Queensland;
- ◆ a modular design;
- ◆ taking best advantage of current decentralised processes integrated with new centralised elements;
- ◆ gaining responsiveness to and efficient operation in the market;
- ◆ encompassing both the public and private sectors in Queensland;
- ◆ evolutionary development that builds upon the strengths of current practice;

With the ultimate goal being the better health and well being of Queenslanders.

Drivers of Change

Why should current medical marketing and recruitment practice change?

1. Nationalisation of the medical workforce market.

Queensland recruits its medical workforce from all Australian States not just Queensland. Evidence exists for stiffening competition between states in the national market.

2. Globalisation of the medical workforce market.

The high value of Australian graduates in the international market and Australia's active international recruitment for specialists and general practitioners to fill positions in areas of need are pointers to an inevitable globalisation of the medical workforce market. An increasing number of nations actively recruiting in the international market portends vigorous market competition.

3. Increased competition in the medical workforce market.

Nationalisation and globalisation of the medical workforce markets inevitably drive competition in the market.

4. Changing expectations of practice opportunity seekers.

Becoming a more marketable commodity certainly drives up the expectations of seekers. However, as information systems operate at faster and faster speeds, so the seekers' expectations of the recruitment program responsiveness increases.

5. Advantages of electronic marketing and recruitment systems.

Online marketing and recruitment offers advantages to employer and seeker, particularly in relation to responsiveness and efficiency. It offers additional advantage to research and development.

6. Commonwealth Provider Number Policy under the *Health Insurance Act 1973*

The existence of market interventions in relation to Provider Number Policy dictates active marketing of both the opportunities provided and the constraints imposed upon the market.

7. Changes in Training of Specialists and GPs.

Greater linkage between training experience and career pathways provides both incentive and imperative for marketing of career pathway opportunities as a strategy in workforce recruitment. It provides opportunity to further differentiate between competitors in the market.

8. Reducing Capacity to Recruit New Graduates into Unpopular Medical Service.

New graduates have greater power in the global market and are less willing than in the past to accept unpopular medical service.

9. Increasing Political Power of Public Expectations

The public expects intervention by government (Commonwealth and State) to address perceived mal-distributions and inequities in workforce supply. The power of these expectations in rural and regional communities particularly, drives governments to initiate market interventions. An effective marketing program contributes to the kit bag of appropriate responses to these expectations.

Vision

In response to the above drivers, Queensland's medical workforce marketing and recruitment program needs:

1. Dynamic responsiveness and adaptability to one certain element – CHANGE.
2. High efficiency – providing rapid responses in two dimensions:
 - 2.1. To medical practice opportunities; and
 - 2.2. To seekers of medical practice opportunities.However possible, efficiency should be benchmarked with national and international competitors.
3. Evidence.

Marketing and recruitment strategies based upon methods proven to achieve best value for money.
4. Support by a strong, vibrant research and development process.

To propel Queensland Health to status among world leaders in medical marketing and recruitment and to continue to improve upon the benchmarks obtained
5. Centralised elements.

Centralised registration, marketing, professional assessment processes to gain maximum advantage of:

 - 5.1. Unmistakable identity or brand in the national and international markets(see 8).
 - 5.2. Efficiency and responsiveness.
6. Decentralised elements.

Decentralised selection and appointment processes to gain maximum advantage of:

 - 6.1. Accurate matching of opportunity and seeker
 - 6.2. Empowered local service/practice managers effectively engaging the market.
 - 6.3. Empowered local communities effectively engaging the market to best local advantage.
7. To be Proactively Driving Change When Necessary.

Rather than passively responding to the vagaries of the market, where appropriate and possible, Queensland's marketing and recruitment program should initiate and drive positive change in the market.
8. An Unique Identity or Brand

Queensland needs an identity or brand in the national and international markets that gains a reputation for opportunity, quality and responsiveness. "medicaljobs@health" is proposed¹.
9. An Unmistakable Focus on Quality:
 - 9.1. Of marketing and recruitment processes
 - 9.2. Of outcomes:
 - 9.2.1. For appointees.
 - 9.2.2. For community medical services.
 - 9.2.3. For lifestyle of appointees and families.
 - 9.2.4. For the health and well being of Queenslanders.
10. To Fulfill the Regional and Rural Workforce Strategy (from whence the concept originated.)

Regional and Rural Queensland Medical Workforce (RRQMWS) Strategy Goal:

¹ The identity or brand needs to:

- Integrate with the Government policy as well as branding and marketing strategy – hence "jobs" and adoption of the government logo and style;
- Integrate a corporate Queensland marketing and recruitment of other health professionals – hence "jobs@health";
- Be clearly medical – hence "medicaljobs@health"

Better health and well-being for regional and rural Queenslanders is achieved (amongst other things) by

The medical workforce supply in regional rural Queensland benchmarking well with the Australian Medical Workforce Advisory Committee's (AMWAC) medical workforce recommendations through tactical action to

Gain and refine a competitive advantage for regional and rural Queensland in the medical workforce market.

Strategy 4 of the RRQMWS is to:

Devise new State policy tactics as required and appropriate to integrate into the existing suite of interventions (including Commonwealth policies.)

medicaljobs@health is one of three initial Strategy 4 Tactics. The other two are:

- ♦ Project to Reform Full-time Clinical Medical Superintendent and Senior Medical Officer Positions in Major Rural Hospitals; and
- ♦ Ministerial Area of Need Policy Redevelopment (AoN) Project

Concept of medicaljobs@health

The concept proposed is a medical workforce marketing and recruitment program for the whole of Queensland. The **medicaljobs@health** model is a State program that:

- ♦ spear-heads the marketing of Queensland as a location of quality medical career opportunity;
- ♦ provides a flagship brand by which public and private employers as well as communities and other health organisations marketing (if they so choose) specific practice opportunities;
- ♦ spear-heads the recruitment of doctors to practice opportunities in Queensland;
- ♦ receives and responds to first-line general enquiry from local, interstate and international seekers;
- ♦ assesses the suitability of seekers, providing recommendations to seekers and employers/communities etc.
- ♦ provides a pool of suitable seekers from which employers, communities etc may select/appoint/encourage the most suitable doctors;
- ♦ provides a State level preparation for medical practice in Queensland (integrating with local orientation programs) including preparation for Australian medical practice of Australian doctors trained overseas;
- ♦ manages targeted State marketing and recruitment programs such as:
 - Doctors for the Bush
 - Queensland Country Doctors
 - Resident Medical Officer Recruitment
 - Temporary Resident Doctor Recruitment
- ♦ manages public hospital Country Relieving;
- ♦ establishes an evidence base upon which to build improvements in marketing and recruitment outcomes

Goal of medicaljobs@health

Better health and well-being Queenslanders is achieved by (amongst other things)...

Matching a qualified medical workforce supply to Queensland's medical workforce needs through (amongst other things)...

Improving Queensland's performance in medical workforce marketing and recruitment to benchmark with market leaders.

Strategy of medicaljobs@health

The medicaljobs@health goal is achieved through:

1. A Systems Approach

Addressing the WHOLE of the Queensland medical marketing and recruitment process, understanding the inter-relationships between its component parts.

2. Modular Systems Design

Establishing a program of composite and interfacing components, capable of rapid deletion, updating, modification and addition in response to changes in the medical market place and in need.

3. Integrated System Design

Not differentiating between the public and private sectors. Queensland's Health responsibility for health encompasses the private and public sectors. A complementary and healthy private sector benefits the public health system. The medical market is increasingly national and international in character. In this environment and at no additional cost to the public purse, Queensland benefits by a collaborative approach integrating public and private marketing and recruitment processes where possible.

4. Evolutionary Change Process

Rather than a revolutionary change process. Because the medical market is increasingly national and international in operation, Queensland's success in the market place requires stakeholder organisations to collaborate and integrate their marketing and recruitment operations. Such a multi-organisation collaboration cannot sustain a sudden massive change. Progressive change as opportunity permits is more likely to achieve the desired outcome.

5. Simple Organisation

Rather than complex to facilitate adaptability, flexibility and rapid change of processes

6. Marketing and Recruiting on-line to the World Wide Web.

Queensland must quickly gain maximum advantage of the opportunity to market and recruit through the world wide web. This tool provides excellent penetration of both national and international markets and at good value for money compared with traditional methods. It is highly responsive to both opportunity and seeker. It permits development of an excellent database of opportunities and seekers for research and development purposes.

Modules of medicaljobs@health

medicaljobs@health consists of modules integrated to provide a simple and efficient corporate medical workforce marketing and recruitment program. Each of the modules, while fully integrated into the corporate program, addresses specific HCQ_MEDICAL objectives. A description of the listed modules follows:

Module 1 Register of Practice Opportunities *	Module 8 Queensland Country Doctors #
Module 2 Marketing	Module 10 TRD Recruitment *
Module 3 Register of Seekers #	Module 9 RMO Recruitment *
Module 4 # Applicant Assessment *	Module 11 AMC Bridging Course & Clinical Assessment Tool (CAT) Development *
Module 5 Applicant-Opportunity Matching *	Module 12 Country Relieving *
Module 6 Practice Preparation *	Module 13 Research and Development #
Module 7 Doctors for the Bush *	Module 14 Scholarship Holder Professional Support and Career Development #

CODE: * = development of an existing system
= new module

Module 1 – Register of Practice Opportunities

This involves establishment of a register of medical practice “opportunities” in Queensland. The aim is to provide for the whole State, a single and simple register of practice opportunities for both the public and private sectors, for both generalists and specialists; building upon a registrar of Queensland Health practice opportunities. The register is an integral part of the **jobs@health** register of health professional practice opportunities, supplying information also for marketing and advertising of the practice opportunities.

The register serves two principal purposes:

1. To expedite awareness of and interest in practice opportunities by a pool of suitable candidates.
2. To provide evaluation and surveillance of operation of the medical workforce system with particular relevance to geographic “Areas of Need” in regional and rural Queensland as well as to functional “Areas of Need”. This permits evaluation of the performance of workforce policy, strategy and tactics.

The registration process involves an adaptation of the current mechanism of listing vacancies in the Queensland Health Services Bulletin, providing no additional work for public employers. The registration database provides a valuable tool for research and development. (Module 13)

2001/20002 Outcome: Register of Practice Opportunities operational to the satisfaction of private employers, District Managers, Medical Superintendents and seekers.
Register of Practice Opportunities operating within existing resources.

Performance Indicator: Documented satisfaction of private employers, District Managers, Medical Superintendents and seekers.
Documented operation of module within existing resources.

Module 2 – Marketing

This module provides a marketing strategy that is

- ♦ penetrating;
- ♦ targeted;
- ♦ maximizing communications advantages of the World Wide Web;
- ♦ providing a spear head for State marketing under the banner of which public marketing is conducted and private agencies may market if they choose;
- ♦ dynamic and adaptable; and
- ♦ excellent value for money.

medicaljobs@health

The module gains full advantage of our most significant strengths in lifestyles and medical practice in Queensland and in regional and rural communities in particular

The module is a component of the Queensland Health corporate marketing and recruitment program, "jobs@health." It firstly markets Queensland's advantages for a career in medical practice as well as the "medicaljobs@health" identity/brand as the source of more detailed information and as the access for registration of interest or application. It secondarily markets individual practice opportunities under the "medicaljobs@health" brand to gain best value for money.

The module integrates print media advertising to focus on a multiple-site World Wide Web presence. On-line access is envisaged through:

- the Queensland Health Electronic Publishing Service (intranet site) as well as...
- the Queensland Health Website,
- the Queensland Government Internet site as well as....
- GovNet (whole-of-Government Information Network for Queensland Government departments and agencies), and
- through private online recruitment services/agencies

The module's marketing strategy targets active seekers as well as passive seekers (those in comfortable practice but registered with an agency to trawl for offers of vacancies matching their qualifications, skills and aspirations)

2001/2002 Outcome: Marketing developed, approved.
Marketing operational.
Improvement in recruitment – quality and numbers
Reduced advertising expenditure

Performance Indicator: Documentation of development, approval.
Operation of Marketing.
Demonstrated increase in the number of seekers
Demonstrated improvement in the match of seeker qualifications and practice opportunities.
Reduction in advertising expenditure.

Module 3 – Register of Seekers

This consists of a single register of seekers for medical practice opportunities in Queensland.

The register serves the following principal purposes:

1. To expedite receipt of registrations of interest in medical practice opportunities in Queensland
2. To expedite the linkage of seekers with suitable medical practice opportunities.
3. To expedite the assessment of applicants.
4. To standardise the information on seekers for assessment purposes and for presentation to prospective employers.
5. To reduce duplication of effort by potential medical employers.

An on-line register is envisaged but as a second stage of the module development. A first stage hard copy and electronic version will pilot the data required as well as the registration process prior to on-line development. As a third stage, direct on-line application will complete the module.

Substantially improved responsiveness and efficiency is expected of this module for major recruitment programs – RMO and TRD. Much improved seeker responsiveness will enhance Queensland's recruitment rate.

2001/2002 Outcome: Register of Seekers Stage 1 operating and evaluated.
Register of Seekers Stages 2 and 3 developed.
Accurate and timely registration of seekers.
Seeker friendly registration.

Performance Indicator: Documentation of operation and evaluation of Register of Seekers Stage 1
Documentation of development of Register of Seekers Stage 2 and 3.
Accuracy and timeliness of register demonstrated.
Seeker satisfaction with the registration contact and process.

Module 4 – Applicant Assessment

This module provides a single, coordinated initial assessment process for candidates for practice opportunities. The Doctors for the Bush project developed and continues to refine mechanisms for the assessment of the credentials of applicants for positions in communities of need. This process provides good value for money. Employers appreciate it. The Medical Board of Queensland values it. Candidates respect it. It is expected to result in greater satisfaction by the candidates, their spouses/partners and families in practice and community life. It is expected to improve the retention rate of rural doctors.

The outcome of the assessment process provides seekers advice on the pathways best available to them to achieve satisfying, high quality medical practice in Queensland.

Prospective employers currently assess all other applicants for medical practice opportunities in regional and rural Queensland. The more remote, the more challenging and costly the process proves. In practice, assessments of applicants are limited, particularly when the applicant trained overseas.

Medical Superintendents and private employers express interest in a common, standardised, coordinated assessment process for medical practice applicants currently not covered by the D4B project and particularly for overseas-trained doctors. This is consistent with national developments for specialists and with the new policy of the Medical Board of Queensland.

What is proposed does not interfere with the responsibility of Queensland Health Districts and other private employers to perform assessment and selection of candidates for practice opportunities. Rather it provides an initial screening of candidates to test their credentials to be candidates for specific practice opportunities. It also provides the specific assessment requirements of the “five-year” program in respect of Medicare provider numbers as it applies to the two Queensland parts of the program.

The aim of the module is a single, coordinated initial assessment process for candidates for practice opportunities in regional and rural Queensland.

The module serves the following principal purposes:

1. To expedite the initial assessment of the professional credentials of applicants.
2. To standardise the assessment of candidates’ professional credentials.
3. To coordinate the efficient participation of relevant organisations in the assessment of candidates’ professional credentials.
4. To reduce the cost to the State of the assessment of candidates.
5. To reduce the workload of prospective employers by referring screened candidates.
6. To provide for accurate matching of candidates and practice opportunities.

A single standardised assessment process serves:

- a) **Doctors for the Bush** candidates applying to *Very Remote* and *Remote* ARIA category communities in need of two or fewer doctors. (Part 1 of the Queensland “five-year” program.)
- b) **Queensland Country Doctors** candidates in Part 2 of the Queensland “five-year” program candidates applying to *Moderately Accessible* ARIA category communities
- c) **Queensland Country Doctors** candidates in the “Ten-year” program for all other Areas of Need (AoN) communities.
- d) Other functional AoN candidates
- e) Other candidates to any practice opportunity as required.

2000/2001 Outcome: Applicant Assessment developed and operating
Applicant Assessment serving applicants needs with integrity.
Applicant Assessment serving employer needs with integrity.

Performance Indicator: Documented development and operation of the Applicant Assessment.

Employer satisfaction with integrity of Applicant Assessment.
Applicant satisfaction with integrity of Applicant Assessment.

MODULE 5 – Applicant-Opportunity Matching

medicaljobs@health's role is to provide a pool of suitably qualified and fitted applicants for practice opportunities, not to fit a specific seeker into a specific opportunity. The latter is the responsibility of employers/managers. However, medicaljobs@health will match suitable applicants to appropriate opportunities.

While relatively simple, the medicaljobs@health Applicant-Opportunity Matching is nevertheless a critical task: A simple, open and transparent process that guarantees integrity for both employers and seekers. It therefore also requires continuing evaluation.

2001/2002 Outcome: Applicant-Opportunity developed and operating.
Seekers and Employers satisfied with the matching process.
High retention of appointments.

Performance Indicator: Documentation of Applicant Opportunity development and operation.
Assurance of process integrity.
Transparency of process
Satisfaction of employers and seekers.
Improving appointee retention rate

MODULE 6 – Practice Preparation

This module provides practice preparation (orientation) at a State level – that is, addressing issues relating to the Australian Health Care system, to Queensland Health and to other national and state level systems relevant to medical practice. It includes issues such as private practice management. The module also prepares Resident Medical Officers for country relieving service.

The module interfaces with employer orientation processes that induct candidates into local level systems and processes.

Development of the Practice Preparation involves integration of relevant components of the currently independent Rural Preparation Course, Doctors for the Bush project, and MCQ Bridging Course. The process requires a tailored preparation for different categories of candidates.

Evaluation of the its effectiveness and value and ongoing development/improvement are essential components of the Practice Preparation.

The Queensland Rural Medical Support Agency (QRMSA) is developing a strong program of practice preparation for its clients. It also provides practice preparation for Queensland Health's Country Relievers. Further development and expansion of QRMSA's program is likely to fulfil the requirements of this module.

2001/2002 Outcome: Practice Preparation developed and operating.
Applicants well prepared for practice
Higher retention of applicants.

Performance Indicator: Documentation of development and operation of Practice Preparation.
Satisfaction of employers and seekers.
Improving retention rates related to practice preparation.

MODULE 7 – DOCTORS FOR THE BUSH (D4B)²

Doctors for the Bush (D4B) is one of two parts of Queensland's application of the Commonwealth's "five-year" Medicare provider number moratorium program. Queensland Health owns and directs the project. The Commonwealth Department of Health and Aged Care via a Service Agreement with Queensland Health

² Part of the Regional and Rural Queensland Medical Workforce Strategy – document available

provides most of the funding for the project until February 2002. The Queensland Rural Medical Support Agency administers the project for Queensland Health by means of a Service Agreement until February 2002.

The project recruits suitably qualified Australian and overseas trained graduates into the **Very Remote** and **Remote** ARIA³ category communities, (that is, communities with ARIA values 5.80 to 12.00) whose adjusted populations warrant two or fewer doctors⁴. These are referred to as "communities of need."

Overseas-trained doctors whose experience and training in general practice is acceptable to the Royal Australian College of General Practice (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) either receive the Fellowship of the RACGP or must sit the Fellowship examination with two years. Upon successful assessment of their credentials, D4B directs candidates to employers with vacant practice positions (public and private) in communities of need.

Upon receipt of the FRACGP, overseas-trained D4B doctors are eligible for registration by the Medical Board of Queensland under Section 17C(h) of the Medical Act. This registration status is not restricted to an area of need, but only to practice in general practice.

Having obtained this registration status, overseas-trained temporary resident D4B doctors are eligible for permanent resident status, providing all other requirements for permanent residency are met.

Project doctors must fulfill five satisfactory years of service in a community of need before they become eligible for an unrestricted Medicare provider number.

After February 2002, D4B will be operating in maintenance mode at least and perhaps with new objectives as agreed to by the State and Commonwealth jurisdictions in consultation with other interested organisations.

The administration of the project by service agreement with the Queensland Rural Medical Support Agency will also terminate as at February 2002. Queensland Health assumes responsibility for administration of the project within the medicaljobs@health program from February 2002. QRMSA's continued participation in the project is appropriate and necessary and requires negotiation with the Commonwealth Department of Health and Aged Care as well as QRMSA itself.



2001/2002 Outcome: Doctors for the Bush project fully operational and meeting established objectives.

Performance Indicator: Documented operation and achievement of objectives.

Module 8 – Queensland Country Doctors (QCD)⁵

Queensland Country Doctors (QCD) aims to gain and improve upon international best practice for the recruitment and retention of doctors in Queensland regional and rural "Areas of Need" (RRQ-AoN) excluding the Doctors for the Bush project's "communities of need". It aims to ensure that RRQ-AoN remain successfully competitive in national and international medical markets. Its elements include:

1. Marketable identity for recruitment of doctors to RRQ-AoN.
2. Application of the Commonwealth's "five-year" Medicare provider number program applying to general practice in ARIA Category **Moderately Accessible** communities, whose adjusted populations warrant two or fewer doctors (application of MUCs-Q) and that are at least 40 kms from the nearest larger medical centre.
3. Application of the Commonwealth's "ten-year" Medicare provider number program applying to all other AoN as determined by the State Ministerial Policy and to "Districts of Medical Workforce Shortage" as determined by the Commonwealth Health Workforce Unit when access to Medicare Services is an issue.
4. Identifiable program of support for doctors practicing in RRQ-AoN:

³ Accessibility/Remoteness Index of Australia (A paper explaining the methodology, Occasional Papers Series No 6, is available from the Commonwealth Department of Health and Aged Care. It may be accessed at URL: <http://www.health.gov.au/pubs/hfsocc/ocpanew6a.htm>)

⁴ Assessment of a community's medical workforce status involves application of the Medically Underserved Communities of Queensland (MUCs-Q) methodology. (A paper explaining the methodology is available upon request.)

⁵ Part of the Regional and Rural Queensland Medical Workforce Strategy – document available.

- 4.1. Support (in cooperation with the QRMSA) of successful candidates to achieve prescribed postgraduate experience and qualifications where necessary. It facilities as required, registration and immigration processes.
- 4.2. General support in cooperation with QRMSA and other agencies of doctors practicing in RRQ-AoN.
5. Community-based medical workforce planning, supporting and facilitating regional and rural communities to building medical workforce capacity and quality.⁶

2001/2002 Outcome: QCD fully operational.
Improved recruitment and retention of doctors in RRQ-AoN

Performance Indicator: Documented project plan.
Full operation of project
Rate of filling practice opportunities in target communities
Rate of retention of doctors in target communities



MODULE 9 – RMO Recruitment

This module incorporates with minor changes, the current Resident Medical Officer recruitment process – an annual corporately coordinated recruitment of Resident Medical Staff for the Queensland public health system. Marginal adjustments and integration within a corporate marketing and recruitment program should gain better value for money from the process. Specifically, the on-line Marketing and Registration of Seeker modules should greatly assist RMO recruitment

2001/2002 Outcome: Queensland Health's RMO requirements recruited at better value for money.

Performance Indicator: Recruitment rate.
Reduced cost per RMO recruited.
Satisfaction of Medical Superintendents and RMO applicants.

MODULE 10 – Temporary Resident Officer (TRD) Recruitment

This is the Temporary Resident Doctor (TRD) recruitment program administered by a private recruitment agency, recruiting suitably qualified doctors from the United Kingdom, Ireland and South Africa to temporarily fill a large number of Resident Medical Officer vacancies particularly in Regional and Rural Hospitals but also in metropolitan hospitals. Global Medical Staffing Ltd succeeded in being awarded the contract to provide the service from July 2001.

The service is provided on a user pays basis. However, not all Queensland Health Hospitals participate. A small number of hospitals in the Southeast recruit TRDs directly and outside the corporate contract on the basis that they can do it for less than the contract price. The greater drawing power of these hospitals makes this option possible. However, it occurs to the detriment of the whole scheme in removing Queensland Health's flagship hospitals from the marketing campaign and increasing the cost per recruit.

Integrating TRD recruitment into medicaljobs@health and the opportunity afforded by a change in contractor and the contractor's international operations should provide greater incentive for full participation in the process. It should also provide opportunity to achieve better value for money.

2001/2002 Outcome: Queensland Health's TRD requirements recruited at better value for money

Performance Indicator: Recruitment rate.
Cost per TRD recruited
Satisfaction of TRD applicants and Medical Superintendents in the process.

⁶ Regional and Rural Communities Building Medical Workforce Capacity and Quality – "Rural Building Pack" available "Understand the System – Information Pack" and "Provincial Building Pack" in development

MODULE 11 – Australian Doctors Trained Overseas (ADTO) & Clinical Assessment Tool (CAT) Projects

Queensland Health funds the University of Queensland's School of Medicine to provide this module. It assists Australian doctors trained overseas to prepare for the Australian Medical Council (AMC) examinations and subsequently for medical practice. The School of Medicine provides two examination preparation courses and researches the needs of these doctors progressing to job readiness.

As part of the module and an adjunct to these courses, the School of Medicine develops and refines a clinical assessment tool (CAT). The CAT is to be used not only to assess the clinical preparedness of AMC examination candidates but generally in the **medicaljobs@health** Candidates Assessment Module.

2001/2002 Outcome: Candidates prepared successfully for the AMC Examinations.
Practice preparation needs identified and preparation provided.
Developed and utilized **medicaljobs@health** CAT.

Performance Indicator: Examination success of prepared candidates.
Rate and standard of candidate readiness for clinical practice.
Utilisation of **medicaljobs@health** CAT.
Positive evaluations of **medicaljobs@health** CAT.

Module 12 – Country Relieving

This module secures suitably prepared "country relievers" for Queensland Health country medical staff. The relievers are drawn from metropolitan and regional hospitals' Junior and Senior (Postgraduate Years 2 and 3) Resident Medical Officers. Suitably qualified private locum tenens supplement the public hospital supply. With adequately prepared Resident Medical Officers and privately source locums recruited for Country Relieving, the module achieves two major objectives:

- Rural Practitioners provided with adequate relief by suitably qualified relievers
- Adequately prepared Resident Medical Officers provided an invaluable country practice experience as part of their postgraduate career development.

2001/2002 Outcome: Suitably prepared Country Relievers recruited
Country relieving requirements met.
Positive career experience for Relievers.

Performance Indicator: Country Relievers suitably prepared.
Relieving requirements satisfied.
Satisfaction of Rural Medical Superintendents with quality and quantity of relief.
Satisfaction of Relievers with the Country Relieving experience
Documented evidence of career gain for Country Relievers.

Module 13 – Research and Development

This module provides the vigorous and innovative research and development that underwrites success of evidence-based, **medicaljobs@health**

The module in the first instance takes data spinning off the operation of **medicaljobs@health** for analysis. This information supplies reports to the program and involved organisations. It also supplies information for evaluation and innovative further development of the program. The module depends upon establishment of electronic data bases for the programs operation (practice opportunity and seekers registers) as well as surveys (such as the College Trainees' Survey.)

Other targeted research complements the analysis of **medicaljobs@health** data analysis.

Development of a computer simulation model of the medical workforce demand and supply in Queensland would greatly enhance the development of modules for **medicaljobs@health** and their testing prior to operation. It would provide a valuable forecasting tool and opportunity for further innovative development of the program to ensure Queensland forges a marketing leading role.

2001/2002 Outcome: Research and Development Strategy Developed
Funding for Module secured
Evidence base supporting development of policy.

Performance Indicator: Strategy completed and approved.
Funding secured.
Documented evidence of policy decisions linked to evidence.

Module 14 – Scholarship Holder Professional Support & Career Development

This module interfaces with the operational management of the Rural Scholarship Scheme managed by the Office of Rural Health to provide for Medical Scholarship Holders, professional support and career development. Its purpose is to increase the value of the scholarship scheme to both State and Scholarship Holder. It does this by enriching the professional and career opportunities of Scholarship Holders serving their bond in postgraduate experience in the public hospital system. The expected longer term outcomes are increased interest in and full subscription to the Scholarship Scheme and greater retention of ex-Scholarship Holders in rural and regional practice in Queensland.

2001/2002 Outcome:

Performance Indicator:

Available Resources/Systems

What resources are currently available to underwrite evolution of medicaljobs@health?

FUNDS

Queensland Health commits funds to existing independent marketing and recruitment processes. Greater value for money is achieved by redirection of these funds into an integrated program.

1. Bridging Course Funding	\$ 108,000
2. Resident Medical Officer Annual Recruitment Funding	\$ 200,000
3. Rural Coordinating Units Funding (District Level)	\$ 247,000
4. Temporary Resident Doctor Recruitment Program	\$ 350,000 (District user pays)
5. Pilot Rural Preparation Training Funding	\$100,000

ORGANISATIONAL RESOURCES

What organisational units provide a contribution to medical marketing and recruitment?

- Office of the Principal Medical Advisor**
Carries advisory, policy, strategic and limited corporate operational responsibility for marketing and recruitment services.
- Rural Coordinating Units**
Responsibility limited to Rural Relieving but very well placed to contribute enormous corporate knowledge of District and Health Service operations and needs.

3. Staff Search

Providing a limited role in Resident Medical Officer Recruitment.

4. District Medical Administration Offices and Human Resource Management

Critical operational units for selection and appointment processes but currently managing (with some exceptions) independent marketing and recruitment responsibility for all but the Resident Medical Officer and Temporary Resident Doctors recruitment.

5. Zonal Management Units

Providing policy and strategic assistance to Districts and Health Services

6. Joint Consultative Group (QH and Med. Spec. Colleges) and Medical Workforce Advisory Committee of Queensland (MWAC-Q)

Providing a first-class peak medical body forum in which to generate ideas, obtain advice, coordinate action and to collaborate.

7. University of Queensland, School of Medicine, AMC Projects Unit

Administering the MCQ Bridging and Rural Preparation Courses funded by Queensland Health.

8. Queensland Rural Medical Support Agency (C'wealth Funded)

A part provider of the Rural Preparation Course funded by Queensland Health
Administers on behalf of Queensland Health, the Doctors for the Bush Project, funded until February 2002 by the Commonwealth Department of Health and Aged Care.

9. Other private organisations/agencies.

Involved in various medical recruitment and supply services.

Operation

Corporate Governance

The peak medical marketing and recruitment program for the State requires corporate governance. In the context of **medicaljobs@health** this function includes direction and oversight of the program and its modules. The corporate governance responsibility will be exercised most effectively if it incorporates a "purchaser" role. Upon these premises the following is proposed:

1. The Office of the Principal Medical Advisor (OPMA) is designated the QH business unit responsible for direction of the **medicaljobs@health** program. Its responsibilities include:
 - 1.1. Interfacing **medicaljobs@health** operation within the Health Advisory Unit with the programs overseen by the Offices of the Principal Nursing and Principal Allied Health Advisors.
 - 1.2. Responsibility for recommending service purchasing.
 - 1.3. Responsibility for **medicaljobs@health** policy and strategy.
 - 1.4. Responsibility for oversight of **medicaljobs@health** operations including the **medicaljobs@health** operational units.
 - 1.5. Responsibility for **medicaljobs@health** research and development (though some of the research and development functions may be sourced to other units within and without Queensland Health.)
 - 1.6. Responsibility for reporting on **medicaljobs@health** operations to Queensland Health state management.
2. All funds currently allocated to medical workforce marketing and recruitment functions are retrieved corporately for purchase of services by means of service agreements in rolling three-year plans

3. Statewide and Non-government Health Services Unit(SANgHS) purchases **medicaljobs@health** functions from government and non-government suppliers upon the recommendations of the OPMA. SANgHS responsibilities for **medicaljobs@health** are its normal duties as statewide and non-government health service purchaser
4. The Medical Workforce Advisory Committee of Queensland (MWAC-Q) provides a forum for advice and coordination of strategy for the program.
5. MWAC-Q establishes a subcommittee of representatives of the public and private sectors, of employers (particularly Medical Superintendents) and community representatives to advise the OPMA directly on the operation of **medicaljobs@health**. The subcommittee's function is supported by the OPMA.

Operational Management

Operation of **medicaljobs@health** is facilitated by an effective interface between the statewide functions and zonal, district and health service functions. The state-level functions need to be informed by health service, district and zonal knowledge. This requirement dictates a distributed, decentralised operation. The Rural Coordinating Units are extremely well placed to fulfill these requirements and the **medicaljobs@health** functions. Some evolution of the Units is proposed as follows:

1. The existing two Rural Coordinating Units are evolved into two Medical Jobs Units, to serve the Northern and Central Zones in the operation and application of **medicaljobs@health**
 - 1.1. Medical Jobs NORTH a unit of the Townsville Health Services, interfacing with the Office of the Executive Director of Medical Services.
 - 1.2. Medical Jobs CENTRAL a unit of the Royal Brisbane Hospital and Health Services, interfacing with the Allocations Officer of the Executive Director of Medical Services.
2. A third Unit, Medical Jobs SOUTH, is funded as a unit of the Princess Alexandra Hospital and Health Services, interfacing with the Allocations Officer of the Executive Director of Medical Services
3. A **medicaljobs@health** State Manager (AO7 with qualifications and experience in marketing) position is funded. The disposition of the position depends upon decisions regarding the future of Staff Search. The State Manager is responsible for:
 - 3.1 Day-to-day operation of the Medical Jobs Units and non-government **medicaljobs@health** service providers including allocation of statewide functions between the three Medical Jobs Units
 - 3.2 Day-to-day operation of the **medicaljobs@health** Modules.
 - 3.3 Reporting to the **medicaljobs@health** Oversight Group and the OPMA.
4. Medical Jobs Units participate in administering the following **medicaljobs@health** operations as mutually determined with the State Manager and OPMA:
 - 4.1. Module 2 – Register of Seekers
 - 4.2. Module 3 – Applicant Assessment
 - 4.3. Module 5 – Applicant-Opportunity Matching
 - 4.4. Module 7 – Doctors for the Bush in association with QRMSA
 - 4.5. Module 8 – Queensland Country Doctors in association with QRMSA
 - 4.6. Module 9 – RMO Recruitment in part – further decisions required on this matter
 - 4.7. Module 12 – Country Relieving
 - 4.8. Module 14 – Scholarship Holder Professional Support and Career Development

Each Unit serves its respective Zone primarily, but cooperatively with each other Unit, without fixed boundaries
5. Other agencies are appointed as appropriate to administer **medicaljobs@health** modules:
 - 5.1. Module 1 – Register of Practice Opportunities (Queensland Health Bulletin) by Health Workforce Planning Unit or whatever Unit is responsible for **jobs@health**.
 - 5.2. Module 4 – Marketing by a specialist marketing organisation, possibly STARCOM (Government contractor)
 - 5.3. Module 6 – Practice Preparation by the Queensland Rural Medical Support Agency

- 5 4. Module 10 - TRD Recruitment by Global Medical Staffing Ltd
- 5 5. Module 11 - ADIO Project and CAT Development by the School of Medicine, University of Queensland.
6. The Managers of the three Medical Jobs Units together with appropriate officers of other involved agencies and chaired by the OPMA form a committee to oversee medicaljobs@health. This Oversight Group is supported by the OPMA.

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Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL4



APPLICANT ASSESSMENT MODULE

BACKGROUND

medicaljobs@health is the proposed State medical marketing and recruitment program. Through medicaljobs@health,

- Better health and well-being Queenslanders is achieved by (amongst other things)...
- Matching a qualified medical workforce supply to Queensland's medical workforce needs through (amongst other things)...
- Improving Queensland's performance in medical workforce marketing and recruitment to benchmark with market leaders.

medicaljobs@health is a system of integrated modules. The Applicant Assessment Module is a core module of the system. It interfaces particularly with the Registration of Seekers and the Applicant-Opportunity Matching Modules, and Doctors for the Bush, Queensland Country Doctors, and Australian Doctors Trained Overseas Projects.

The medicaljobs@health team administers the program under the direction of the Office of the Principal Medical Advisor. The Medical Workforce Advisory Committee of Queensland (MWAC-Q) oversees the program.

PURPOSE

The Applicant Assessment Module operates to:

- ENSURE THAT SUITABLY COMPETENT AND CAPABLE¹ DOCTORS OCCUPY PRACTICE OPPORTUNITIES IN QUEENSLAND;
- IN A PROCESS THAT PROVIDES EXCELLENT VALUE FOR MONEY.

The module achieves this purpose by:

1. Arranging appropriate (first-line) assessment of the clinical competence and capability of seekers of medical practice opportunities. This relates specifically to overseas-trained doctors (OTDs) being considered for practice opportunities in Areas of Need (AoN).
The assessment process integrates with employer processes for selection on merit as well as credentialling and clinical privileging.
2. Monitoring and or receiving advice of monitoring of the clinical performance of OTDs appointed to AoN.
The monitoring processes integrate with the nationally agreed Assessment Process for Area of Need Practitioners and with employer processes for probationary appointment.
3. Arranging as required, appropriate re-assessment of the clinical performance of overseas-trained doctors (OTDs) appointed to Areas of Need (AoN). Re-assessment of the clinical performance of an OTD becomes necessary upon advice from the monitoring process referred to in 2 above or from employer, patient, medical colleague or member of public of a genuine question of the OTD's clinical performance.

¹ Fraser SW, Greenhalgh T. *Complexity science* Coping with complexity: educating for capability, *BMJ* 2001; 323:799-803. In this article, Fraser and Greenhalgh define competence and capability as follows:

Competence: what individuals know or are able to do in terms of knowledge, skills, attitude

Capability: extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance

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The re-assessment process integrates with the Queensland Health corporate/private employer processes for managing performance, unsatisfactory performance, disciplinary action and credentialling and clinical privileging

OPERATION

The Rural and Remote Medical Workforce Advisory Subcommittee of MWAC-Q oversees operation of the module in respect of AoN doctors

The flow chart at Figure 1 depicts the operation of the Applicant Assessment Module and its interface with the Registration of Seekers and Applicant-Opportunity Matching Modules

The Registration of Seekers records on line, a minimum set of data for each seeker of a practice opportunity in Queensland. The medicaljobs@health team manages the registration process. The team screens all registered seekers in association with the Office of the Principal Medical Advisor and refers them to an appropriate assessment process:

1. Australian graduates to Districts/private employers for assessment and selection on merit for specific practice opportunities;
2. Specialist OTDs to the Australian Medical Council led national assessment process involving the specialist colleges;
3. Australian doctors trained overseas (ADTO) and other generalist OTDs to the AMC and ADTO project administered by AMC Projects, School of Medicine, University of Queensland;
4. Generalist OTDs with postgraduate qualifications and/or experience in general practice to the Applicant Assessment Module.

The first three of these processes constitute assessments operating external but parallel to the Applicant Assessment Module of medicaljobs@health.

Assessment

1. District/Private Employer Assessment of Australian Graduates

The medicaljobs@health team directs Australian graduate seekers to Districts or private employers who have practice opportunities registered in the Register of Practice Opportunities Module. These seekers may choose to apply for one or more practice opportunities. Districts or private employers carry the responsibility to assess the professional credentials of the applicants to:

- a) Confirm suitability of competence and capability for the specific practice opportunity
- b) Select the most competent and capable candidate for the specific practice opportunity

Queensland Health Districts/Private Employers may:

1. Determine their own assessment/selection process in keeping with corporate/public service policies.
2. Request medicaljobs@health to manage the assessment/selection process on the District's behalf, integrating an assessment and selection process.
3. Apply a District version of the medicaljobs@health integrated assessment and selection processes.

2. National Assessment Process for Specialist OTDs seeking AoN Practice Opportunities

The flow charts at Figures 2 and 3 identify the process whereby the Australian Medical Council leads the nationally agreed process of assessment of specialist OTDs seeking AoN practice opportunities. The medicaljobs@health team directs seekers in these categories to the AMC led process.

The process also involves the sponsoring employer, the Office of the Principal Medical Advisor in relation to AoN certification, the relevant specialist Medical College and the Medical Board of Queensland.

3. Australian Medical Council (AMC) Assessment and Australian Doctors Trained Overseas Project

The Australian Doctors Trained Overseas (ADTO) Project is a component of medicaljobs@health funded by Queensland Health and operated by the AMC Projects, School of Medicine, University of Queensland.

This assessment pathway is appropriate to all overseas-trained doctors who have permanent or temporary resident status in Australia but who do not have:

- a) postgraduate qualifications in a vocational discipline recognized by an Australian Medical College; or
- b) experience in general practice recognized by the Australian College of General Practitioners.

The only pathway available to these doctors towards registration as medical practitioners in Australia is through the AMC examinations. The medicaljobs@health team therefore refers this category of seekers to the AMC. Through the ADTO Project, AMC Projects provides assessment and assistance in preparation for doctors progressing to complete the AMC clinical examination.

4. Applicant Assessment for Generalist OTDs with qualifications and/or experience in General Practice recognised by the Royal Australian College of General Practitioners (RACGP.)

The **medicaljobs@health** team manages the assessment process for this category of seeker. The process complies with appropriate components of the guidelines determined by the National Reference Panel (NRP) of the RACGP and the Australian College of Rural and Remote Medicine (ACRRM.) Figure 4 contains these guidelines. The process complies with corporate/public service guidelines for applicant assessment and integrates with the corporate credentialling and clinical privileging process.

- a) At intervals determined by the logistics of practice opportunities and numbers of seekers, the **medicaljobs@health** team invites seekers to make a formal detailed application (preferably on line) together with payment of an application fee to recover some costs of the process.
- b) State Censors of the RACGP and the ACRRM jointly assess the applicants' recorded qualifications according to the respective College standards in competence and capability. The process also determines applicants' eligibility to either receive fellowship or to sit the fellowship examination of each college. (Only the FRACGP provides vocational recognition for Medicare Provider Number purposes.)
- c) The State Censors recommend applicants suitable for interview. These normally include those classed in NRP categories 1,2 and 3 and occasionally in category 4
- d) Applicants assessed in categories 4 (with some exceptions) and 5 are referred to the AMC and the ADIO Project as the only pathway to registration for doctors with these assessed qualifications.
- e) The **medicaljobs@health** team convenes a State Interview Panel composed in accordance with the NRP guidelines².
- f) The State Interview Panel interviews applicants, preferably in person but by teleconference if necessary. In the interview process the Panel utilises a clinical assessment tool³ devised for the purpose.
- g) Members of the **medicaljobs@health** team advice applicants of the outcome and offer counsel if necessary from the Office of the Principle Medical Advisor.
- h) Applicants have right of appeal to the National Reference Panel in respect of the results of the assessment.
- i) Those applicants selected by the State Interview Panel (and accepted by the RACGP to sit the Fellowship examination) progress to the Applicant-Opportunity Matching Module
- j) With applicants' consent, specified information from the Applicant Assessment Module assessment process is provided to prospective employers for the purposes of the credentialling and clinical privileging process.

In the Applicant-Opportunity Matching module:

- The **medicaljobs@health** team directs successful applicants to practice opportunities in the public and private sectors in AoN in Queensland Districts. Public and private employers are then responsible to assess and prioritise suitably qualified applicants in the pool for each specific practice opportunity. Queensland Health Districts may alternatively request **medicaljobs@health** to manage the selection process on their behalf.
- Applicants selecting opportunities in AoN in Very Remote and Remote ARIA⁴ Category communities (communities of need) the team guides to the **medicaljobs@health** Doctors for the Bush Project – the Queensland "five-year" Medicare Provider Number program for Very Remote and Remote communities.
- Applicants selecting opportunities in "five-year" Medicare Provider Number program approved communities in Moderately Accessible ARIA Category communities as well as those selecting practice opportunities in all other AoN in Queensland to which the "ten-year" Medicare Provider Number program applies, the team guides to the **medicaljobs@health** Queensland Country Doctors Project.

Monitoring of the Clinical Performance of OTDs Appointed in AoN

For specialist OTDs appointed to AoN through the national selection process, the relevant College undertakes ongoing assessment initially at 3 months and with follow up as required and then at 12 months. The College reports its findings to the employer and to the Medical Board of Queensland.

² State Interview Panels are composed of a representative of each of RACGP and ACRRM; two doctors with skill and experience appropriate to the task appointed by Queensland Health and a representative of the Health Consumers of Rural and Remote Australia.

³ The **medicaljobs@health** Clinical Assessment Tool Project provides development, refinement and evaluation of the clinical assessment tool

⁴ Accessibility and Remoteness Index of Australia

medicaljobs@health does not duplicate this ongoing assessment process but will simply note its operation and outcomes.

For generalist OTDs appointed to AoN, the **medicaljobs@health** team establishes a system of ongoing assessment of clinical performance. The team designs the system's standards and tailors the ongoing assessment to each appointment. The team seeks involvement of the RACGP and ACRRM as well as employer, and may also invite assessment by patients and community.

Re-Assessment of the Clinical Performance of Generalist OTDs Appointed in AoN

Failure to gain FRACGP, adverse monitoring reports and genuine questions of clinical performance from reliable sources may each trigger re-assessment of generalist OTDs in AoN. Referrals in relation to clinical performance may be received from:

- The employer – Private Practice, Private Medical Service or District Health Service.
- A medical colleague(s) or other health professional(s).
- RACGP or ACRRM.
- A patient(s) or other community member(s).
- The Rural and Remote Medical Workforce Advisory Subcommittee.
- The Doctors for the Bush and Queensland Country Doctors Projects.

The process re-assesses **only** the competence and capability of AoN appointed OTDs. It therefore complements and interfaces with the Queensland Health or private employer processes dealing with performance management generally, management of poor performance, management of disciplinary action and credentialling and clinical privileging. At the employer's discretion it may feed vital information in relation to clinical competence and capability into any of these processes.

The **medicaljobs@health** team responds to these triggers by convening a Re-assessment Panel constituted in the same manner as the State Interview Panel. The Panel's tasks are:

- a) To apply principles of natural justice, giving due care to the rights of the respondent doctor.
- b) To determine legitimacy of the referral and the need for assessment.
- c) To obtain information necessary to a full assessment of the referral.
- d) To interview and otherwise assess the respondent doctor in respect of the referral and other matters deemed relevant by the Assessment Panel.
- e) To grant primary consideration to the interests of patients and community – their right of access to quality medical services and their safety.
- f) To fully inform the respondent doctor of the nature of the referral(s) and of the actions taken by the Assessment Panel.
- g) To provide opportunity for the respondent doctor to respond to the referral(s) – the expressed concerns and/or complaints.
- h) To document the process of assessment.
- i) To make whatever recommendations it wishes to the Rural and Remote Medical Workforce Advisory Subcommittee.

Upon receipt of advice from an Assessment Panel that the referral is legitimate, the **medicaljobs@health** team notifies the respondent doctor (including a written notification) and seeks the respondent's written acceptance of the assessment process and response to all reports or allegations of poor clinical performance.

Upon receipt of advice from an Assessment Panel regarding the outcome of its assessment, the **medicaljobs@health** team notifies the respondent doctors (including a written notification) and invites a response within a prescribed period.

The respondent may appeal the Assessment Panel's recommendations to the Rural and Remote Medical Workforce Advisory Subcommittee. The Subcommittee considers the recommendations of the Re-assessment Panel and the response/appeal (if any) from the respondent doctor. The Subcommittee makes a final decision that is not subject to further appeal.

In respect of the decision of the Rural and Remote Medical Workforce Advisory Subcommittee, the **medicaljobs@health** team:

- a) Advises the Employer.

- b) Advises the respondent doctor.
- c) If necessary and with the Employer's endorsement, advises the Medical Board of Queensland.
- d) With respect to the Doctors for the Bush Project and Queensland Country Doctors projects, and with the Employer's endorsement, implements the decision of the Committee.

MANAGING RISK

The subject area carries risks in a number of areas. These include:

1. Risk of legal challenge to the process and/or outcome of applicant assessment.
2. Risk to patient/community safety in appointment of a poorly qualified doctor.
3. Risk of adverse health outcomes due to poor match of doctor competence and capability and health service need.
4. Risk of legal action in negligence consequent upon adverse health outcomes as in 3.
5. Risk of legal challenge to the process and/or outcome of reassessment of clinical competence and capability.
6. Risk of inadequacy of Queensland Health processes for managing performance, poor performance, disciplinary action and credentialling and clinical privileging to deal with issues of clinical incompetence or incapability.

Risks 2,3 and 4, that is, risk of the safety and health of rural patients and communities is the particular target of the Applicant Assessment Module. The module reduces these risks by:

- a) Screening of seekers and assessment of the professional competence and capability of applicants to ensure suitably competent and capable doctors receive appointment to practice opportunities in rural and remote Queensland.
- b) Reassessment of the professional competence and capability of the appointed doctors upon genuine evidence of need to do so to ensure quality of rural medical services.
- c) Continuing evaluation and improvement of the quality of the assessment process and of the clinical assessment tool used in the process.

The re-assessment process reduces risk 6 by providing for the management processes at risk, contestable and quality input relating to clinical competence and capability.

The assessment process itself incurs risks 1 and 5. The module minimises these risks by:

- a) Standardising a quality corporate process for assessment and reassessment of professional competence and capability based upon:
 - due process,
 - principles of natural justice, and
 - integration with the corporate processes for managing unsatisfactory performance, disciplinary action and credentialling and clinical privileging.
- b) Ensuring the assessment and reassessment follows applies
- c) Continuing evaluation and improvement of the quality of the assessment process and of the clinical assessment tool used in the process.

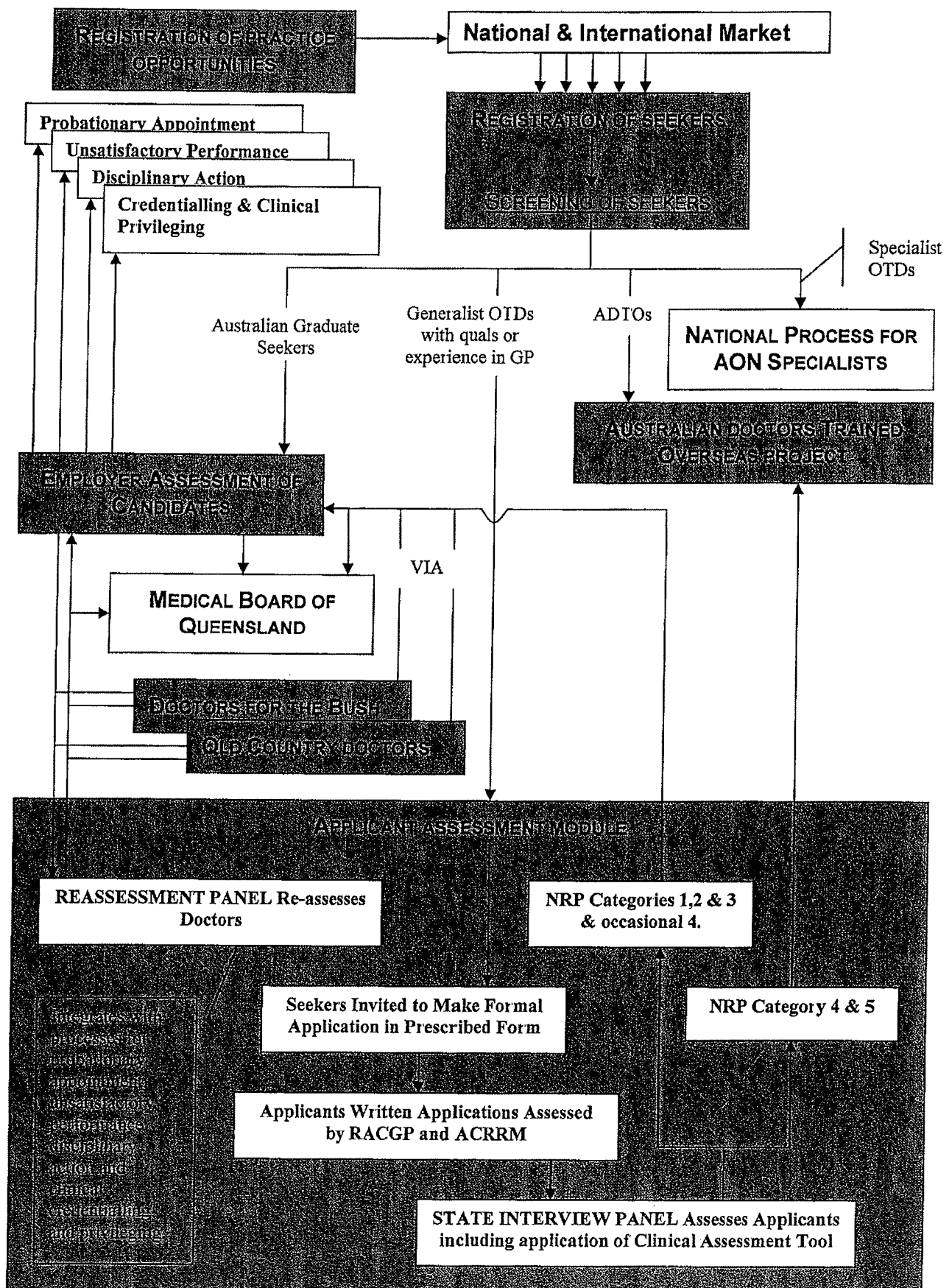
Legal Liability

As per normal practice and subject to the performance of duties with due care and diligence, Queensland Health would indemnify against legal action, the **medicaljobs@health** team members, staff of the Office of the Principal Medical Advisor, and Queensland appointees to State Interview Panels and Reassessment Panels

Subject to the performance of duties with due care and diligence, Queensland Health would also indemnify against legal action, the nominated representative to the State Interview and Reassessment Panels of Health Consumers of Rural and Remote Australia

The Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine respectively would be expected to offer indemnity against legal action to their nominated representatives to the State Interview Panels and the Reassessment Panels. Queensland Health would not offer indemnity to the College representatives since their task as members of the Panels is to act with the authority of the respective College and in the College interests. The Colleges rather than Queensland Health are the acknowledged authorities in respect of standards of clinical practice within their respective disciplines

Figure 1 FLOW CHART medicaljobs@health APPLICANT ASSESSMENT MODULE



Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL5



**Queensland
Government**
Queensland Health

SUBMISSION TO THE MINISTER

DATE: 16 April 2003

PREPARED BY: Denis Lennox, Medical Advisor for Rural Health Services, 4699 8671

CLEARED BY: Michael Catchpole, Principal Medical Advisor, 41572

SUBMITTED THROUGH: Sue Norrie, A/State Manager, Organisational Development, 41046

RECOMMENDED / NOT RECOMMENDED BY:

- ☒ General Manager (Health Services)
- ☐ Deputy Director-General, Policy and Outcomes

DEADLINE: N/A

FILE REF: Click, enter File Ref

SUBJECT: Queensland Country Doctors, Doctors for the Bush & Assessment of Overseas-Trained Doctors

RECOMMENDED / NOT RECOMMENDED APPROVED / NOT APPROVED

DIRECTOR-GENERAL'S COMMENTS: MINISTER'S COMMENTS:

(Dr) Robert Stable
Director-General
/ /

Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier
on Women's Policy
/ /

PURPOSE:

To propose 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.

BACKGROUND:

- Competition is increasing in the national and international medical workforce markets.
- Growth of demand exceeds growth of supply in the national and international markets.
- Medical Jobs @ Health is developing as an effective and efficient medical workforce marketing and recruitment program for Queensland.
- National workforce status warrants as longer term strategies:
 - further increase of medical student intakes despite James Cook University output from 2006;
 - increase in vocational training according to AMWAC recommendations.
- Short to medium term requires ongoing recruitment of overseas-trained doctors to areas of need.
- Doctors for the Bush has successfully recruited overseas-trained rural doctors for our most remote, small communities in the "five-year" Medicare provider number program.
- Medical Practitioners Registration Action 2001 provides FRACGP pathway to permanent resident practice for overseas-trained doctors in areas of need.

ISSUES:

- Lessons from Doctors for the Bush ("five-year" program) include the value of:
 - Certainty and security for remote communities and for the doctors and their families.
 - A formal entry assessment process.
 - A high entry standard.
 - Mentoring and supervision of overseas-trained doctors until obtaining FRACGP.
 - Bridging courses to assist in preparation for the Fellowship examinations.
 - Courses to up-skill and maintain the doctors' competence and capability in rural practice.
 - Case management of overseas-trained doctors' status.
- "Ten-year" program is not a formally organised program and lacks all the above benefits.
- Queensland Country Doctors is proposed as a State-Commonwealth collaboration to formally organise the "ten-year" program in Queensland according to the above principles and to:
 - Operate in parallel with Doctors for the Bush;
 - Apply to all areas of need.
- Development of Applicant Assessment Module of Medical Jobs @ Health is proposed to provide effective, efficient assessment of all OTDs (specialists and general practitioners) obtaining temporary or permanent practice opportunities in Queensland.

BENEFITS AND COSTS:

The total direct annual operational cost of Doctors for the Bush, Queensland Country Doctors and the Applicant Assessment module is estimated to be: **\$279,700**

▪ Proposed contribution by Queensland Health		\$182,200
– Commitment of current resources	\$172,200	
– New funding for travel and admin costs	\$ 10,000	
▪ Proposed contribution sought from Commonwealth		\$ 97,500
– Assessment	\$ 50,000	
– Mentoring and Supervision	\$ 37,500	
– Progressive Evaluation	\$ 10,000	

The proposal "smartens" up Queensland Health's current medical workforce marketing and recruitment operation to achieve more with almost the same resources.

The benefits are:

- Enhanced Queensland competitiveness and efficiency in the national and international markets.
- Fewer unfilled practice opportunities in rural and regional Queensland.
- Clear signal to the markets of Queensland's high medical practice standards.
- All overseas-trained doctors assessed for suitability for Queensland practice.
- Reduced risk of unsuitable overseas-trained doctor appointments.
- Reduced risk of adverse medical practice outcomes at the hands of overseas-trained doctors.
- Reduced risk of legal action in negligence in consequence of adverse outcomes.
- Enhancing high standard of medical services in regional and rural Queensland.

CONSULTATION:

- All Queensland-based medical representative organisations through the Medical Workforce Advisory Committee of Queensland. Of particular interest is the support of the proposal by RDAQ, RHAC and AMAQ.
- Officers of the Commonwealth Department of Health and Aged Care (State & Canberra Offices)

ATTACHMENTS:

1. Paper outlining proposal – "Queensland Country Doctors, Doctors for the Bush & Assessment of Overseas-Trained Doctors"
2. Draft Letter to the Commonwealth Minister for Health proposing collaboration as outlined above and in the paper.

RECOMMENDATION(S):

That the Minister:

1. Approve the proposal – that is:

- 1.1. Approve continued operation of the five-year program, Doctors for the Bush in collaboration with the Commonwealth;
- 1.2. Approve a formal ten-year program, Queensland Country Doctors as described in this document to operate in parallel to Doctors for the Bush in collaboration with the Commonwealth;
- 1.3. Authorise within the operation of Medical Jobs @ Health the assessment (as described in this document) of competence and capability of overseas-trained doctors prior to entry into practice in Queensland.
- 1.4. Until registered by the Medical Board of Queensland under a section of the *Medical Practitioners Registration Act 2001* other than Section 135:
 - 1.4.1. Guarantee Area of Need status (according to the powers conferred upon the Minister by Section 135 of the *Medical Practitioners Registration Act 2001*) to overseas-trained doctors contracted in terms of either Doctors for the Bush or Queensland Country Doctors, subject to satisfactory discharge of the obligations of the contracted doctors; and
 - 1.4.2. Require as a condition of guaranteed Area of Need status for each doctor in either Doctors for the Bush or Queensland Country Doctors:
 - 1.4.3. Attainment of the Fellowship of the Royal Australian College of General Practitioners (or similar accredited vocational qualification) within the period prescribed; - *How long?*

*in a portfolio
direction*

- 1.4.4. Formal mentoring and supervision; and
- 1.4.5. Case management of registration, immigration and Medicare Provider Number status.
- 1.5. Authorise inclusion of an application for \$10,000 of new funding in the 2003/04 budget for travel and administration costs relating to the assessment of overseas-trained doctors.
- 2. Write to the Commonwealth Minister for Health, proposing the Commonwealth and State collaboration in Queensland Country Doctors, Doctors for the Bush & Assessment of Overseas-Trained Doctors and requesting Commonwealth contribution to the annual operational costs as per attachment 2.

DRAFT MEDIA RELEASE:

☐

ATTACHED

☒

NOT ATTACHED

Insert MI Number
Insert File Number

Senator the Hon Kay Patterson
Minister for Health and Ageing
GPO Box 9848
CANBERRA ACT 2601

Dear Senator Patterson

The Commonwealth-State collaboration on the five-year Medicare provider number program is fruitful. The project in Queensland (called Doctors for the Bush) has placed 20 suitably qualified overseas-trained doctors in our small, remote communities in general practice and hospital practice. 17 have gained the FRACGP.

Doctors for the Bush awaits formal evaluation. Officers of our respective departments will consider integrating its evaluation with a proposal for national evaluation of the five-year program. In the meantime, it is evident that Doctors for the Bush is still needed. Indeed, valuable lessons from Doctors for the Bush warrant early extension to the informally operating ten-year program.

Subject to the ten-year moratorium, overseas-trained general practitioners/generalists currently proceed to practice in areas of need/districts of medical workforce shortage in Queensland in conditions inferior to those applying in Doctors for the Bush. They have:

- Insufficient prior assessment of credentials;
- No mentoring and supervision of practice;
- No specified and contractual commitment to attain vocational qualifications;
- No security of registration status;
- No security of provider number status;
- No security of residency for their families, in consequence of the former two;
- No case management of their complex circumstances...

I propose to you an extension of the a Commonwealth-State collaboration on medical workforce policy to:

- Clarify two only pathways to permanent resident practice for overseas-trained doctors in general practice and hospital generalist practice, namely the Australian Medical Council examination for the Fellowship of the Royal Australian College of General Practitioners (FRACGP) – removing an anomaly which permits overseas-trained doctors (OTDs) without vocational qualifications to practice in districts of medical workforce shortage where Australian graduates cannot;

- Formalise and case-manage the ten-year program component of the FRACGP pathway to operate in parallel to the five-year program;
- Provide to OTDs progressing via either five-year or ten-year programs, guarantee of area of need status (State) and district of medical workforce shortage status (Commonwealth) in return for their undertaking to obtain the FRACGP within a prescribed period of two years for the five-year program and not more than three years for the ten-year program;
- Assessment of the competence and capability of all OTDs seeking limited temporary as well as permanent resident practice in Queensland.

An attached paper provides detail of the background, justification and strategy of this proposal. It outlines the ministerial decisions required for implementation. I commend the concept to your consideration.

Since the proposal provides major benefit to general practice in Districts of Medical Workforce Shortage in Queensland, I also invite your consideration of a Commonwealth contribution of (\$97,500 per annum) to the collaboration. The State is prepared to commit \$182,200 per annum.

Yours sincerely

*WJ rather than 2 total issues as
most outside QW*

Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier on Women's Policy

Prepared By:

Denis Lennox
Medical Advisor for Rural Health Services
Health Advisory Unit
4699 8671
4 November 2002

Cleared by:

Michael Catchpole
Principal Medical Advisor
Health Advisory Unit
3234 1572
..... January 2003

Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL6



**Queensland
Government**
Queensland Health

SUBMISSION TO:

- ☒ **General Manager (Health Services)**
☐ **Deputy Director-General, Policy and Outcomes**
(Please tick one box only)

DATE: 21 May 2003

PREPARED BY: Denis Lennox, Medical Advisor for Rural Health Services **Contact No:** 4699 8671

CLEARED BY: Michael Catchpole, Principal Medical Advisor **Contact No:** 41572

SUBMITTED THROUGH: Sue Norrie, A/State Manager, Organisational Development **Contact No:** 41046

DEADLINE: 26 May 2003 **File Ref:**

SUBJECT: Medical Workforce Management

APPROVED/ NOT APPROVED

COMMENTS

Mr. Terry Mehan
Acting General Manager (Health Services)

/ /

PURPOSE:

To overview current corporate management of the medical workforce, advise both the imperative and the potential for its immediate and future management and to recommend a best value, modest investment in quality medical workforce outcomes for Queensland.

BACKGROUND:

Queensland's public and private health sectors face formidable medical workforce challenges:

1. Limited supply of Australian graduates

- 1.1. Voc. training opportunities (1489¹ in 2003) exceeds Medical School output (~1250 pa);
- 1.2. General Practitioner training positions for Australia capped at 475²;
- 1.3. Queensland has 16.5% of national training positions for 18.7% of the Australian population.

2. Limited effectiveness in the International Medical Workforce Market

- 2.1. Overseas practice opportunity attractive to Australian graduates due to market value of Australian qualifications and currency exchange rates;
- 2.2. Worsening excess of demand in the international market in the English speaking world:
 - 2.2.1. Reducing supply of doctors in the USA with consequent pressure on international market and Canada in particular;
 - 2.2.2. Increased competition from Canada as it revises entry requirements for international medical graduates;
 - 2.2.3. Increased demand for doctors by the UK's NHS – 10,000 in five years;
 - 2.2.4. Reduced supply of well-qualified doctors from South Africa;
 - 2.2.5. Reduced supply of doctors from the Indian subcontinent as local demand increases;
 - 2.2.6. Increased competition from Australian States and New Zealand.
 - 2.2.7. Increased competition from Singapore, which recently substantially increased the number of Australian Universities whose medical graduates are eligible to registration in Singapore.
- 2.3. Declining effectiveness of Queensland's Temporary Resident Doctor Recruitment (contracted to Global Medical Staffing Ltd).

3. Growth in demand for medical services related to population growth

Population growth rate of 2.2%³ with at least comparable increase in demand for medical services. Public expectation of medical service also growing.

4. Queensland's (and Queensland Health's) Low Profile in the Medical Workforce Market

- 4.1. Traditional limited corporate approach within Queensland Health;
- 4.2. No marketing and recruitment cooperation between public and private sectors;
- 4.3. Unresponsiveness to changing nature and demands of the market;
- 4.4. Increasing public dependence upon private recruitment agencies at increasing (and excessive) cost.

5. Challenge of assessment of competence and capability of overseas-trained doctors (OTDs)

- 5.1. Consequent to 2. Above, increasing reliance (public and private) on OTDs exceeds the capacity of the Medical Board and of individual employers and recruitment agencies to effectively assess OTD competence and capability;

¹ Subject to Commonwealth 2003 budget initiative.

² Subject to Commonwealth 2003 budget initiative.

³ Queensland in Review, General, Key Statistics, Australian Bureau of Statistics, 10 April, 2003, Accessed at URL: <http://www.abs.gov.au/Ausstats/abs%40.nsf/46d1bc47ac9d0c7bca256c470025ff87/208d5c2c9deddbc2ca256cc500211fc5!OpenDocument#POPULATION%20AND%20VITALS>; 16 April 2003

- 5.2. Accumulating evidence points to an increasing number of OTDs appointed in both sectors lacking clinical competence and capability with consequent increased risk of adverse patient outcomes. For example, observe the English language competence of one OTD working in a QH hospital at Attachment 1.

6. Queensland's decentralised and remote communities

Distribution of the State's population poses increasing challenge to distribution of an adequate, competent and capable workforce. Increasing differential in conditions of rural and urban lifestyles contributes a greater challenge.

ISSUES:

1. Queensland Health's centralised operation lends itself to a development of a state spearhead for medical workforce marketing and recruitment;
2. Such a spearhead has been in development for two years – Medical Jobs @ Health (MJ@H), built substantially upon learning from Doctors for the Bush;
3. MJ@H is designed to be an integral part of a corporate health professional workforce marketing and recruitment program and to interface with Zonal and District medical workforce management responsibilities.
4. MJ@H was substantially and progressively operationalised from July 2002 utilising existing resources in a collaboration between SSDS and OPMA principally and incorporating the Rural Health Coordinating Units and the Centre for OTDs;
5. The MJ@H now has tried and tested processes, a highly skilled and motivated team and evident potential to make QH a best-practice leader in medical workforce management. The first attachment – MJ@H Overview of Operation and Potential tabulates its extensive design scope by module, current operation and potential;
6. In terms of the value of Queensland's medical workforce, QH's increasing expenditure on recruitment (particularly to private agencies) and the above challenges, QH warrants a lean, effective, corporate medical workforce management team with capacity to achieve the potential outlined in the second attachment.
7. Two key elements warrant additional resources:
 - 7.1. Centre for OTD (subject of separate submissions and not further discussed here).
 - 7.2. MJ@H team (subject of the Organisational Development Strategic Recruitment Project Business Case.) The third attachment outlines the current (and unsustainable) commitment of staffing resources to the MJ@H process and the addition required for sustainable operation.

BENEFITS AND COSTS:

It is currently estimated that QH Districts paying more than \$1.5M annually to private agencies for recruitment of doctors and radiographers. QH has a heavy and costly reliance on print media marketing. The expected reduction in these alone will recoup corporately the cost of the proposed investment in MJ@H.

The public and QH carries an increasing liability of poor medical service outcomes and litigation due to medical staff vacancies and some OTDs without competence and capability for the practice to which they are recruited. The investment recommended will gain a very healthy return in improved service quality and reduced adverse outcomes.

CONSULTATION:

Thorough and wide consultation with medical workforce stakeholders principally through the Medical Workforce Advisory Committee of Queensland about principles of Medical Jobs @ Health and its potential operation has secured substantial and often enthusiastic support of the concept.

ATTACHMENTS:

- OTD E-mail
- Medical Jobs @ Health – Overview
- Medical Jobs @ Health - Resources

RECOMMENDATION(S):

1. Endorsement of the current medical workforce management in MJ@H
2. Approval to implement the potential operations of MJ@H as outlined in the second attachment.
3. Approval of the funding recommended in the OD Strategic Recruitment Project Business Case (May 2003) to provide a MJ@H team with capacity to perform 1 and 2 above.

Attachment 1

The following is an e-mail response received by Ms Jennifer Young of the Centre for OTDs and reproduced with her permission. Jennifer received it from an OTD, who explains he is currently in employment in Queensland. This doctor was assessed by the Centre for OTDs as unsuitable for employment but recruited by a private agency for the public sector.

This doctor would also fail MJ@H assessment of English language competence.

The processes proposed in full operation of MJ@H would prevent employment of doctors with this level of demonstrated competence in English language usage.

Thank you for your he-mail
Dear J. Young
Sorry ,
For not ben ample to atten your bridge COURSE
or PFE. i THINK I dont need it.
I working at biger Hopital after passing board exam.
thaks

Attachment 2

Medical Jobs @ Health Overview of Operation and Potential



Queensland Government
Queensland Health

DESIGNED OPERATION		CURRENT STATUS		POTENTIAL
1. Marketing	<p>Corporate "spearhead" marketing in Australian & international market of:</p> <ul style="list-style-type: none"> Qld & its superior career opportunities, lifestyle and climate; Qld Government as employer; Medical Jobs @ Health as THE brand, THE source of information and contact; Lean, evidence-based, innovative, multimedia strategy with WWV on-line emphasis. <p>Specific Opportunity Marketing:</p> <ul style="list-style-type: none"> Initiated by Districts and managed according to corporate policy; Diminished dependency on print media and increased use of internet. 	<ul style="list-style-type: none"> On-line presence for MJ@H with QH Internet site; Limited international marketing due to limited capacity for corporate response; Heavy dependence on print media for specific opportunity marketing. 	<ul style="list-style-type: none"> Development of sophisticated corporate marketing strategy with Gov. marketing contractor; Establish marketing leading, best value for money corporate spearhead in the Aust. & international markets; Reduce towards zero growing District dependence upon private (expensive) recruitment agencies. 	
2. Register of Practice Opportunities	<ul style="list-style-type: none"> Real-time register of medical practice opportunities in QH; Based upon Health Services Bulletin Process; Permits more accurate reporting than current "snap-shot" process; Permits auditing of vacancy management; Doubles as a valuable data base for research and development. 	<ul style="list-style-type: none"> Expensive and unsustainable method of notification of medical practice opportunities producing produce of limited quality; 	<ul style="list-style-type: none"> Real-time, quality assured data base of practice opportunities; Mechanism of auditing of vacancy management; Quality reporting to management and Minister; Quality research and trend projection; Early warning and intervention capability. 	
3. Register of Seekers	<ul style="list-style-type: none"> Minimum data set obtain through e-mailed expression of interest (Eol); Encourages passive job-seeking; Permits targeted marketing/recruitment; Seekers screened and referred: <ul style="list-style-type: none"> Aust. Grads. To practice opportunities; OTDs to appropriate assessment pathways; Doubles (with appropriate authorities and securities) as database for longitudinal study of medical practitioners in Qld. 	<ul style="list-style-type: none"> Eol process fully operational and refined; Screening fully operational and subject to continuing refinement; Referral process fully operational and subject to continuing refinement; Limited data-base development – also limits passive seeker function and targeted marketing; Authority and security for longitudinal research not yet in place; Longitudinal research limited. 	<ul style="list-style-type: none"> Data-based development to permit: <ul style="list-style-type: none"> Passive seeker; Targeted marketing; Longitudinal research. 	
4. Applicant	<ul style="list-style-type: none"> First line assessment of OTDs at regularly scheduled intervals; Assesses domains of: 	<ul style="list-style-type: none"> Assessment process well established and subject to continuing refinement; Well integrated with Centre for OTD 	<ul style="list-style-type: none"> Australian best practice process of OTD assessment; Australian best practice in assessment tools; 	

MODULE	DESIGNED OPERATION	CURRENT STATUS	POTENTIAL
Assessment	<ul style="list-style-type: none"> - English language competence; - Cultural safety; - Clinical competence and capability; - Understanding of the Aust. Health care system; - Determines suitability for practice type and location; - Collaborates with Skills Development Centre (SDC) in relation to skills assessment; - Interfaces with Medical Board of Queensland registration process; - Interfaces with College assessment processes; - Interfaces with QH processes of District selection, probationary appointment, credentialing and clinical privileging, performance management, management of poor performance and disciplinary action. 	<ul style="list-style-type: none"> - assessment processes; - Faculty of assessors being development; - Interfacing with College assessment and QH processes. - Early interface with Board registration; - Limited only by resources; - SDC collaboration not yet establish; 	<ul style="list-style-type: none"> - Thoroughly integrated OTD assessment for each OTD pathway to permanent Aust. practice; - Effective and efficient interface with: <ul style="list-style-type: none"> - Medical Board registration; - College assessment; - QH human resource management processes. - Assessment of ALL OTDs (in public and private employment); - Assurance of standard of OTD practice in Qld.
5. Applicant-Opportunity Matching	<ul style="list-style-type: none"> - Advises applicants of suitable practice opportunities; - Directs pool of suitably qualified applicants to employers; - Interfaces with employer responsibility to select and appointment suitable applicants on merit. 	<ul style="list-style-type: none"> - Limited operation because: <ul style="list-style-type: none"> - Resource limitation; - Processes require further development and refinement. 	<p>Market leadership in:</p> <ul style="list-style-type: none"> - Speedy, personalised matching of applicants with practice opportunities; - Speedy referral of applications to employers; - Speedy response of employers.
6. RMO Recruitment	<ul style="list-style-type: none"> - Separate Intern and General RMO components; - WWW on-line focus and process; - Incorporates selection process assuring equity and fairness; 	<ul style="list-style-type: none"> - Fully operational, well refined processes. - Process utilising electronic application form – not yet directly on-line; - Traditional selection process not yet providing open assurance of equity and fairness. 	<ul style="list-style-type: none"> - Market leader in RMO recruitment; - Fully on-line; - Maximum and targeted interstate recruitment: <ul style="list-style-type: none"> - Qld resident grads. of interstate Medical Schools; - Qld graduates interstate; - Interstate grads.
7. TRD Recruitment	<ul style="list-style-type: none"> - Recruits TRDs from overseas to fill RMO vacancies; - 6/12 to 2 year appointments; - Exchange program for Aust. grads – OTDs. 	<ul style="list-style-type: none"> - Global Medical Staffing Ltd to recruit from UK, Ireland and Europe on contract with declining success; - MJ@H recruiting from all other overseas countries and from UK Ireland and Europe. 	<p>Fully integrated, market-leading TRD recruitment by MJ@H (instead of Global):</p> <ul style="list-style-type: none"> - From all overseas countries; - Targeted in traditional English-training countries of recruitment; - Targeted trials in non-traditional countries of recruitment;

MODULE	DESIGNED OPERATION	CURRENT STATUS	POTENTIAL
8. Qld Country Relieving	<ul style="list-style-type: none"> - Largest locum service in Australia; - Recruiting RMOs and others; - Provides relievers to regional and rural QH hospitals; - Matches locum experience and locum position; - Provides case management for relievers; - Ensures quality and safety of the service. 	<ul style="list-style-type: none"> - Operating in two nodes – Northern and Central/Southern; - Well established; - Limited standardisation of terms and conditions for relievers; - Limited capacity to match reliever experience and locum position; - Heavy reliance on RMOs; - Limited mentoring/supervision of relievers. 	<ul style="list-style-type: none"> - Year-round; - Utilising MJ@H OTD assessment processes as appropriate; - Providing a rapid and personal seeker response. - Operating in three Zonal nodes and tailored to Zonal needs; - Standardised terms and conditions for relievers; - Increased recruitment of non-RMO, more experienced relievers. - Relievers mentored and supervised for safe practice and positive career development experience.
9. Rural Practice Preparation	<ul style="list-style-type: none"> - Prepares RMO Country Relievers for rural practice 	<ul style="list-style-type: none"> - Operating for metropolitan RMOs only; - Limited quality assurance of the educational experience; 	<ul style="list-style-type: none"> - Integrated with Preparation for Employment courses; - Quality-assured education processes; - Extended to all RMO relievers (from near metropolitan and regional hospitals).
10. S'ship Holder Professional Support & Career Development	Provides for S'ship Holders and the Scheme: <ul style="list-style-type: none"> - Professional advisory service; - Workforce research and planning; - Development of improved career development opportunities; - Case management of career development/vocational training. 	<ul style="list-style-type: none"> - Advisory service limited by capacity; - Workforce research and planning limited by capacity. - Rapid development of improved career development opportunities in association with GP Training Consortia and Colleges; - No case management; 	Market-leading Rural Medical Scholarship scheme; <ul style="list-style-type: none"> - Maximised recruitment; - Quality professional support; - Providing premier post-graduate experience and career development opportunities; - Integrated with pathways to rural practice and generalist SMO practice.
11. Area of Need	<ul style="list-style-type: none"> - Manages the Ministerial delegation to determine Area of Need as per Medical Practitioners Registration Act 2001. 	<ul style="list-style-type: none"> - Rapid, evidence-based AoN process; - Limited integration with OTD assessment, mentoring, supervision etc; - Evaluation very limited by resources; 	Market-leading AoN process: <ul style="list-style-type: none"> - Open and transparent; - Excellent evidence-base; - Integrated with OTD assessment and case management; - Jointly evaluated with the Medical Board of Queensland.
12. OTD Bridging	<ul style="list-style-type: none"> - Provides OTD bridging courses for AMC MCQ and Clinical examinations; - Rigorously assesses and recruits OTDs for courses; 	<ul style="list-style-type: none"> - Market-leading MCQ bridging course provided by Centre for OTDs (C4OTDs), funded by QH; - Market-leading Clinical bridging ceased with 	Market-leading management of OTDs by a QH-based C4OTD: <ul style="list-style-type: none"> - Fully integrated into MJ@H to gain maximum advantage of shared processes for OTD

MODULE	DESIGNED OPERATION	CURRENT STATUS	POTENTIAL
	<ul style="list-style-type: none"> - Advises/counsels OTDs and others re AMC pathway to medical registration. 	<p>collapse of the C'wealth funding through Bridging for Overseas Professionals Loan Scheme (BOTPLS);</p> <ul style="list-style-type: none"> - Interfaced but not integrated with MJ@H processes; - Provides critical AMC qualified contribution to the RMO workforce. 	<p>management including OTD assessment and selection;</p> <ul style="list-style-type: none"> - With established collaboration with the SDC for skills training and assessment; - Providing advice/counseling for OTDs on AMC pathway; - Ultimately providing second most significant supply of RMOs after Aust. medical schools and before TRD recruitment.
13. OTD Preparation for Employment	<ul style="list-style-type: none"> - Provides preparation for employment for OTDs; - Rigorously assesses OTD capability; - Provides structured observerships in QH hospitals; - Provides significant AMC qualified and practice prepared contribution to RMO workforce. 	<ul style="list-style-type: none"> - Marketing-leading course extremely well supported by QH hospitals; - Not extended to AoN specialists and generalists; - Interfaced but not integrated with MJ@H processes; - Not interfaced with SDC; - Providing 80+ suitably prepared qualified and very loyal OTDs to the RMO workforce per year. 	<p>Marketing-leading preparation of OTDs for employment by a QH-based C4OTD;</p> <ul style="list-style-type: none"> - Thoroughly integrated with MJ@H OTD management; - For ALL OTDs progressing to practice via the AMC pathway; - For ALL OTDs progressing to practice via a Fellowship pathway (AoN specialists and generalists); - For ALL TRDs; - Assuring competence and capability of the OTD workforce and the safety of patients and communities. - Completing formalisation of the first managed pathway for OTDs to Aust. medical practice.
14. Doctors for the Bush	<p>Five-year Medicare Provider Number Program in collaboration with the C'wealth for most remote and small rural communities:</p> <ul style="list-style-type: none"> - Recruits suitably qualified generalist OTDs; - Rigorously assesses; - Matches candidates and practice opportunities; - Coordinates mentored and supervised professional practice until FRACGP; - Case manages registration & immigration status, bridging courses, Provider No etc. 	<ul style="list-style-type: none"> - Operational since Jan 2000; - Subject to national evaluation; - Management responsibility assumed by QH since Feb 2002; - 17 out of 20 attained FRACGP; - Subject to refinement of program; - Insufficient mentoring and supervision of OTDs; - FRACGP bridging courses now available to OTDs. - Passively marketed only. - Not operational; - Fully designed – ready for implementation. 	<p>Marketing-leading five-year program:</p> <ul style="list-style-type: none"> - Recruiting to remote small communities; - Actively marketed internationally in corporate marketing spearhead; - Full case management of registration & immigration status, bridging courses, Provider No etc for OTDs; - Mentoring and supervision of OTDs until FRACGP.
15.	<p>Ten-year Medicare Provider Number Program in collaboration with the C'wealth for</p>		<p>Marketing-leading formalised ten-year program:</p> <ul style="list-style-type: none"> - Recruiting to all AoN (specialist and

MODULE	DESIGNED OPERATION	CURRENT STATUS	POTENTIAL
Queensland Country Doctors	<p>remaining Area of Need in Queensland:</p> <ul style="list-style-type: none"> - Recruits suitably qualified generalist and specialist OTDs; - Rigorously assesses; - Matches candidates and practice opportunities; - Coordinates mentored and supervised professional mentoring and supervision until Fellowship; - Case manages registration & immigration status, bridging courses, Provider No etc. - Closing anomaly of OTD AoN practice without vocational qualification for indeterminate periods. 		<ul style="list-style-type: none"> - generalist); - Actively marketed internationally in corporate marketing spearhead; - Full case management of registration & immigration status, bridging courses, Provider No etc for OTDs; - Mentoring and supervision of OTDs until FRACGP; - Formalising second managed pathway to permanent resident practice via Fellowship of an Australian College.
16. Medically Underserved Communities of Queensland	<ul style="list-style-type: none"> - Application & maintenance of tool to assess demand and supply of general practitioners throughout Queensland and to determine functional systems of general practice. 	<ul style="list-style-type: none"> - Mark II of tool prepared from 2001 Census data for whole of Queensland. - Applied in AoN decisions; - Applied in Doctors for the Bush processes; - Applied in Communities Building Medical Workforce Capacity planning processes; - Planned only extension to specialists. - Presented in paper to the National Rural Health Conference, Hobart 2003. 	<ul style="list-style-type: none"> - Market-leading tools for assessment of demand and supply of general practitioners and specialists in Qld communities and to determine functional systems of general and specialist practice. - Research of the critical elements of functional systems of practice.
17. Communities Building Medical Workforce Capacity	<ul style="list-style-type: none"> - Facilitates process to assist rural and regional communities to develop and implement locally relevant medical workforce strategies. 	<ul style="list-style-type: none"> - Pilot of program in Kingaroy and the South Burnett won 2002 National Local Government Awards for Innovation in Health and Aged Care and Open sections. - Kingaroy community progressing to a review of their medical workforce strategy; - Second major project site (Sarina) reports successful outcome; - Kingaroy and Sarina progressing by local demand to review and update of their respective strategies. - Similar projects under consideration for Isis, Burnett, Kolan and Tara Shires and Toowoomba City. - Presented in paper to the National Rural Health Conference, Hobart 2003. 	<p>Market-leading community based medical workforce and medical service capacity building based upon established model:</p> <ul style="list-style-type: none"> - Promoted; - Evaluated.

Attachment 3

Medical Jobs @ Health Staffing Resources – Current and Required

Units Cooperating to operate Medical Jobs @ Health	Proposed Team	Current Team	Positions Recommended for Funding	Positions Included in OD Business Case
Office of the Principal Medical Advisor	PMA – part time MARHS – effectively full time AO3 – 4 hours per week AO5 – full time (R&D) AO3 – full time	PMA – part time MARHS – effectively full time AO3 – 4 hours per week	AO5 – full time (R&D) AO3 – full time	AO5 – full time (R&D) AO3 – full time
Staff Search & Development Services	AO7 – full time (State Coordinator) AO6 – 3/52 pa AO4 – 40/52 pa AO3 – 26/52 pa AO2 – 12/52 pa AO5 – full-time AO3 – full time	AO6 – 3/52 pa AO4 – 40/52 pa AO3 – 26/52 pa AO2 – 12/52 pa AO5 – full-time AO3 – full time	AO7 – full time (State Coordinator)	AO7 – full time (State Coordinator)
Northern Rural Coordination Unit				
Central Rural Coordination Unit	AO5 – full time	NIL	AO5 – full time	AO5 – full time
Southern Rural Coordination Unit	AO5 – full time AO3 – full time	AO5 – full time AO3 – half time	AO3 – half time*	
Centre for OTDs	Currently funded by QH and employed by University of Queensland BUT RECOMMENDED FOR INCORPORATION WITHIN QH.			
Skills Development Centre	Yet to be determined in consultation with the Skills Development Centre			

* To be restored by RBH District in 2003/04.

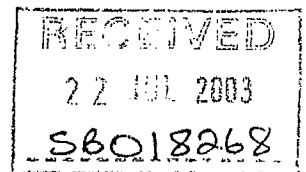
Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL7



**Queensland
Government**
Queensland Health



SUBMISSION TO:

- ☒ **General Manager (Health Services)**
☐ **Deputy Director-General, Policy and Outcomes**

DATE: 16 July 2003

PREPARED BY: Leanne Chandler, A/Principal Project Officer, Health Advisory Unit *17/7/03* **Contact No:** Ext. 40200

CLEARED BY: *17/7/03* **Contact No:**

SUBMITTED THROUGH: Sue Norrie, A/State Manager Organisational Development *(611)* **Contact No:** Ext. 41046

DEADLINE: **File Ref:** 4110-2002-001

SUBJECT: Funding for the Centre for Overseas Trained Doctors

APPROVED / NOT APPROVED

COMMENTS

I restate my previous advice that the DG is of the opinion that the \$108,000 already committed was a 2 full year effect and not 4/12. If COD is to cease existence after that then QH needs to question any further funding from end of July. For urgent advice

[Signature]
(Dr) S Buckland
General Manager Health Services
23/5/03

PURPOSE:

To seek approval to continue funding the *Centre for Overseas Trained Doctors* as per the funding agreement between Queensland Health and the University of Queensland.

BACKGROUND:

- A funding agreement between Queensland Health and the University of Queensland was signed September 2001 for the purposes of Australian Medical Council (AMC) projects for overseas trained doctors (OTDs).
- \$108,000 per annum 2001-2004 was specifically provided to facilitate the processes of screening, recruiting and preparing OTDs for employment in Queensland Health Public Hospitals.
- The University of Queensland established the *Centre for Overseas Trained Doctors* to progress this Agreement.
- The Performance Indicators to be achieved by the University of Queensland are:
 - One MCQ Bridging Course and two Preparation for Employment Courses each year
 - A minimum of twenty (20) candidates participate in each course
 - Medical Superintendents report satisfaction with selection and preparation pathways process as reported to the Principal Medical Adviser, Queensland Health
 - Medical Superintendents report satisfaction with performance of overseas trained doctors offered employment as reported to the Principal Medical Adviser, Queensland Health.
- The Performance Indicators have been met to date with QH hospitals indicating a high level of satisfaction with doctors supplied through the COTD
 - Over 80 assessed and oriented OTDs provided to QH in 2002 (2 to Mt Isa) with significant retention rate into PHO and Registrar posts.

ISSUES:

- Commonwealth funding, which supported COTD infrastructure for QH funded courses, was withdrawn in 2002 in favour of a HECS style funding arrangement (user pays)
 - lack of OTD interest has caused collapse of clinical bridging courses nationally.
- Investigation into the feasibility of implementing a full user pays system indicates that potential employees would seek employment in other States, due to an excess demand on the OTD pool.
- Evidence confirms traditional UK, Irish and SA trained doctors targeted by Queensland's 12 year old overseas recruitment campaign now have multiple options and are no longer a reliable supply.
- The allocation to the COTD of \$108,000, for the 2003/2004 financial year, would provide
 - assessment of seekers screened to be AMC candidates as well as applicants for courses and provision of career advice
 - assessment of MCQ Bridging Course students and provision of career advice
 - assessment of Preparation for Employment Course students and provision of career advice
 - one *Preparation for Employment* course (running July to November 2003)
 - one multi-station Clinical Assessment Task Scenario weekend workshop for Clinical Examination (October 2003).
- The COTD is not able to guarantee the provision of services from November 2003.

BENEFITS AND COSTS:

CONSULTATION:

Ms Jenny Young, Coordinator, Centre for Overseas Trained Doctors

ATTACHMENTS:

1. Letter to Ms J Young

RECOMMENDATION(S):

That the General Manager Health Services:

1. Approve funding the *Centre for Overseas Trained Doctors* as per the funding agreement between Queensland Health and the University of Queensland (ie \$108,000 for 2003/2004).
2. Sign the attached letter to Ms J Young confirming funding arrangements



**Queensland
Government**

Queensland Health


Enquiries to: Dr Denis Lennox
A/Principal Medical Adviser
Telephone: (07) 4699 8671
Facsimile: (07) 323 40062
Our Ref:

Ms J Young
Coordinator
Centre for Overseas Trained Doctors
School of Medicine
University of Queensland
HERSTON Q 4006

Dear Ms Young

I write with regard to the funding agreement between Queensland Health and the University of Queensland for the Australian Medical Council projects for overseas trained doctors.

I am pleased to advise that Medical Superintendents across Queensland Health have reported their satisfaction with the service provided by the Centre for Overseas Trained Doctors, namely the selection and preparation pathways process and the performance of overseas trained doctors they have employed.

 I am able to confirm that the level of funding will remain at \$108,000 per annum for the duration of the Agreement, which expires 30 June 2004. This funding is to facilitate the processes of screening, recruiting and preparing OTDs for employment in Queensland Health Public Hospitals.

Please contact Dr Denis Lennox on 4699 8671 should you have any queries or require further information.

Yours sincerely

(Dr) S Buckland
General Manager Health Services
/ /2003

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Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL8

Health Advisory Unit (Medical)

**Recruitment and Management of
Overseas Trained Doctors**

Business Case

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PROJECT TITLE

Recruitment and Management of Overseas Trained Doctors

1. PROJECT DEFINITION

This project is a sub project relating to the Organisational Development Strategic Recruitment Project. This project will specifically:

- Develop the directions and processes for the recruitment of overseas health professionals, including the use of recruitment agencies and the development of closer relations with the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs (DIMA) and the Commonwealth Department of Health and Ageing.
- Establish a corporate overseas recruitment management team to process applications from overseas health professionals with the aim of reducing the reliance on recruitment agencies and to ensure quality control of candidates.
- Develop an application for the electronic submission and storage of applications and requests for employment sponsorship by overseas job seekers.

1.1. Background

A Business Case to provide an overarching framework for e-recruitment practices across Queensland Health was approved in May 2003. Funds to progress this initiative are currently being sought. This specific project is a sub project of the overarching framework.

Currently processes to recruit, support and manage overseas trained doctors are fragmented with:

- recruitment and selection being undertaken through a number of processes and by a number of players
- there being no central point of contact to assist overseas trained doctors / provide information in relation immigration, registration and provider number processes
- orientation to the Australian health care system being provided to a limited number of overseas trained doctors
- preparation for employment with Queensland Health being available to a limited number of overseas trained doctors.

MedicalJobs@Health, a Queensland Health initiative, commenced June 2002 and provides a vehicle to manage the recruitment of overseas trained doctors. Established within existing resources, MedicalJobs@Health currently provides a limited recruitment service namely a:

- presence on the internet
- collection point for *Expressions of Interest* from overseas trained doctors who are seeking employment
- limited assessment and placement service

1.2. Issues Being Addressed

The need to develop a corporate e-recruitment platform

All health disciplines across the districts are currently experiencing staff shortages to varying degrees that are not being met by our current recruitment practices. At present,

the Queensland Health careers page on the internet/intranet offers limited information for job seekers and the ability to access full job details and apply online does not exist. The careers page on the Queensland Health internet is consistently one of the most frequently visited sections of the website and so far under utilised as a recruitment and promotional tool. Therefore, as well as ensuring integration and consistency across the organisation there is also a need to develop an e-recruitment platform on the Queensland Health internet and intranet sites to meet the business needs of the organisation. The outcomes will generate cost savings and efficiencies. It also positions Queensland Health as the employer of choice and better serves interested applicants. The careers page should also provide the appropriate branding for Queensland Health to be used for all promotional material regarding recruitment to ensure a consistent and recognisable message is being portrayed.

The need to develop a strategy and process for the management of overseas recruitment

The development of a corporate recruitment strategy must also address the needs of Districts to employ overseas health professionals. As the shortages of health professionals becomes more prevalent both in Queensland and nationally, the focus on initiatives for overseas recruitment becomes increasingly more important. There are also significant costs to the organisation associated with agency fees. For example, recruitment of overseas doctors and radiographers is currently estimated to cost Queensland Health districts between one and two million dollars per annum in agency fees.

A corporate system for the management of overseas medical recruitment through medicaljobs@health has been initiated but in its current structure is unable to rapidly process the large number of expressions of interests from overseas medical applicants. A fully funded system for overseas recruitment for all professions would significantly reduce the reliance and therefore costs associated with the use of agencies and is seen as a priority particularly for the recruitment of medical staff and radiotherapists. It is essential that Queensland Health position itself in the overseas market place with a strong electronic presence promoting and marketing Queensland Health and a fully funded process for the management of expressions of interest to the point of employment of all overseas health professionals.

The need to improve graduate recruitment processes

It is expected that the e-recruitment platform will be utilised for graduate medical recruitment.

Queensland Health's recruitment strategy must recognise that graduate recruitment has the potential to positively influence the shortage of health professionals currently being experienced in particular disciplines in both the short and long term. It is also the first contact future employees have with the organisation and therefore influential in reinforcing branding and ongoing opportunities within the organisation.

Statistical data on graduate intakes is also essential for future workforce planning activities. There is therefore a need to better manage the recruitment of graduates across the organisation to ensure intakes are optimised and Queensland Health is portrayed as a dynamic employer of choice. Medical graduate recruitment has successfully utilised online marketing and aspects of an online recruitment system since 2002. Nursing has also introduced e-recruitment for graduate intakes through a fully paperless online recruitment system. This system has the ability to be adapted and implemented across all health disciplines for graduate recruitment purposes.

1.3. Scope

This project will establish a self funded integrated approach to the recruitment, support and management of overseas trained doctors, through the:

- development of an e-recruitment platform
- establishment of a standardised and best practice approach for the recruitment and selection of overseas trained doctors
- establishment of a *Queensland Health Centre for Overseas Trained Doctors* to provide processes to meet the educational requirements of overseas trained doctors for example, preparation for employment and bridging for the Australian Medical Council MCQ examination courses.

It will also complement the work proposed through the Organisational Development Strategic Recruitment Project by commencing steps to address strategic recruitment issues relating to e-recruitment, the redesign of the Queensland Health careers website, overseas recruitment and graduate recruitment initiatives.

1.4. Objectives

The Recruitment and Management of Overseas Trained Doctors project aims to:

- Establish a self funded model using a business framework.
- Provide an integrated approach to the recruitment, support and management of overseas trained doctors.
- Develop standardised processes for the recruitment, support and management of overseas trained doctors.
- Develop an e-recruitment platform.
- Establish a *Queensland Health Centre for Overseas Trained Doctors*.
- Develop *Preparation for Employment* courses.
- Develop courses to assist overseas trained doctors meet the requirements of the Australian Medical Council.

1.5. Outcomes

- A self funded business to manage the recruitment, support and management of overseas trained doctors.
- Overseas trained doctors who are:
 - fully assessed as competent and prepared for practice prior to employment
 - supervised and mentored as appropriate until attaining vocational status
 - case managed in respect to registration, immigration, provider number status and attainment of vocational status
 - progressing to permanent resident status.
- *Preparation for Employment* courses that can be delivered through flexible modes of delivery
- Courses to assist overseas trained doctors meet the requirements of the Australian Medical Council.

- Statistical data on the overseas trained doctors seeking employment.
- An e-recruitment platform that details vacant Queensland Health medical positions and provides access to position descriptions, selection criteria and information necessary to allow applicants to submit their application electronically.
- A corporate recruitment process for overseas trained doctor applicants that processes expressions of interest, employment sponsorship and develops ongoing relations with temporary sponsored employees to assist with assimilation to the culture and organisation, and future registration and visa requirements.

draft

2. BUSINESS CASE

2.1. Resources

	Funding required first year (10 mths) \$	Funding required ongoing pa \$	Source
OTD Recruitment, Support & Management Agency - 1.0 FTE AO6 Coordinator 77,500 77,500 - 2.0 FTE AO5 Recruitment Officers 135,000 135,000 - 1.0 FTE AO2 Administration Officer 45,570 45,570 - Operating costs (computers, phone, photocopying, accommodation etc) 35,000 35,000 - Assessment costs (phone, resources) 20,000 20,000 - Targeted advertising (print media, web banners etc) 100,000 100,000 (salary costs include 25% oncosts)			Growth funding for initial 12 months Cost recovery in recurrent years
SUBTOTAL	413,070	413,070	
QH Centre for Overseas Trained Doctors - 1.0 FTE PO4 Coordinator 77,000 77,000 - 2.0 FTE PO3 Lecturers 132,050 132,050 - 1FTE Administration Officer (AO2) 45,570 45,570 - Assessors / examiners / patients etc 15,000 15,000 - Educational Resources 3,000 1,000 - Travel 10,000 10,000 - Operating Costs (computers, phone, photocopying, accommodation etc) 40,000 40,000 (salary costs include 25% oncosts)			- Cost Recovery
SUBTOTAL	322,620	320,620	
Online recruitment system and database for OS recruitment IT development Enhancements and Support 65,000 10,000			- Growth funding for initial 12 months - Cost recovery in recurrent years
Growth Funding Requested	478,070	nil	
Cost Recovery	322,620	743,690	
TOTAL	800,690	743,690	

2.2. Benefits

For Queensland Health

- Efficiencies in the recruitment process by providing applicants the ability to submit their applications online.
- Enhanced online referral programs to increase passive candidates.
- Provide access to larger pool of applicants and reduce internal competition.
- A corporate recruitment team to manage overseas recruitment, registration and visa enquires / requirements, including requests to change visa status from temporary to permanent and assist in the assimilation of overseas employees to the organisation and cultural environment.
- Overseas trained doctors who have been assessment and prepared for practice in Queensland.

For job seekers

- Fast access to information about job vacancies, Queensland Health (including facility information), recruitment processes, locale etc.
- Ability to submit applications / Expressions of Interest electronically.
- Overseas trained doctors who have access to a case manager to provide accurate information on registration, visa,

2.3. Risks/Barriers

Risk	Strategy
Overseas trained doctors not applying for positions	- Targeted advertising using multiple medium eg. web banners, print media, links through recruitment sites such as SEEK.COM etc.
Health Service Districts continue to use recruitment agencies	- Mandate use of this service when seeking employees Recruitment agencies only to be used if this service is unable to supply.
Potential uncertain future for Centre for Overseas Trained Doctors (COTD)	- Link COTD with Skills Development Centre
Potential decreased demand for overseas trained doctors	- monitor demand and modify use of resources accordingly

3. PROJECT PLAN

This project will be managed through the office of the Principal Medical Adviser.

3.1. Strategies/Activities

OUTCOME	START	PLANNED FINISH
Self funded business to manage the recruitment, support and management of overseas trained doctors	October 2003	Full implementation by June 2004
Centre for Overseas Trained Doctors operating on a cost recovery model	October 2003	ongoing
Preparation for Employment Courses available through flexible modes of delivery	October 2003	March 2004

OUTCOME	START	PLANNED FINISH
AMC bridging courses	October 2003	ongoing
E-recruitment platform	October 2003	June 2004

3.2. People

Responsibilities and Accountabilities

- The Overseas Trained Doctors Recruitment, Support and Management Agency will be managed through the office of the Principal Medical Adviser and will be responsible for recruiting, supporting and managing overseas trained doctors.
- The Centre for Overseas Trained Doctors will be managed through the office of the Principal Medical Adviser and will be responsible for meeting the educational requirements of the overseas trained doctors.
- I-Net Services, Queensland Health will develop the e-recruitment platform.

Key Stakeholders

- Principal Medical Adviser, Queensland Health
- Staff Search Data Services, Queensland Health
- District Managers
- Directors of Medical Services / Medical Superintendents
- District human resource managers
- Employee Relations and Strategy Unit
- University of Queensland
- Medical Workforce Advisory Committee - Queensland

Beneficiaries

- Health Service Districts
- Human Resource Managers and Queensland Health recruiters
- Job seekers
- Overseas applicants and overseas sponsored employees

Indicative staffing structure

- A new permanent team for the Overseas Trained Doctors Recruitment, Support and Management Agency
 - 1 x Coordinator
 - 2 x Recruitment Officers
 - 1 x Administrative Support Officer
- A new temporary team for the Centre for Overseas Trained Doctors
 - 1 x Coordinator
 - 2 x Lecturers
 - 1 x Administrative Support Officer

3.3. Consultation

- District Managers / Medical Superintendents

- Medical Board of Queensland
- Joint Queensland OTD / TRD Committee
- David Crosswell, Manager I-Net Services, Information Technology
- Joseph Scharf, Team Coordinator, Staff Search Data Services

3.4. Communication

Consultation and communication will continue throughout the life of the project with regular meetings and reporting of outcomes with the key stakeholders.

3.5. Related Projects

- The Princess Alexandra Hospital Recruitment and Section Methodology Quality Improvement and Enhancement Project;
- Ministerial Taskforce on Nursing Recruitment and Retention projects;
- Director General's Taskforce on Allied Health Recruitment and Retention;
- Indigenous Workforce recruitment projects;
- Staff Search Data Services recruitment projects;
- Other multiply recruitment projects across the organisation;
- Information Technology Content Management Systems Project;
- Shared Services Initiatives.

3.6. Policy/Legislative Issues

- Human Resource recruitment legislation, policy and directives including EEO and Anti Discrimination
- Government guidelines for web useability and accessibility.
- Data privacy and regulatory legislation.

3.7. Quality Assurance

The quality mechanisms for any information technology development will be subject to detailed guidelines laid out by Information Services.

3.8. Evaluation

Overseas Trained Doctors Recruitment, Support and Management Agency

- An annual report will be provided from the overseas recruitment team providing statistical, subjective and objective data.

Centre for Overseas Trained Doctors

- An annual report will be provided detailing activities, statistical data and survey results of all participants.