



Innovation & Workforce Reform Directorate

Preliminary Project Plan

International Medical Graduate Project RAPTS (Recruitment, Assessment, Placement, Training and Support) Program

Project statement

The International Medical Graduate (IMG) Project aims to extend provision to IMGs of a system of recruitment, clinical assessment, placement, training and support in the process of their employment with Queensland Health, pre and post arrival into Queensland.

Relevant outcome/ partnership area/s

As per the *Queensland Health Strategic Plan 2004-2010*, the project is in the boundary of the following relevant outcomes to Queensland Health;

- Recruit, develop and retain an appropriately skilled workforce by implementing programs through the Skills Development Centre to enhance the clinical skills of Queensland Health staff.
- Effective service and workforce planning by developing and implementing an integrated health and workforce planning framework for rural and remote communities.

Registration no.

Document revision history

Version	Date	Prepared by	Comments
1	Nov 2004	K. Gillett	
2	Jan 2005	K. Gillett	In consultation with S. Huxley, G. Dupreez-Wilkinson and J. Young
3	Jan 2005	P.Diver/ K.Gillett	
4	3 Feb 2005	J.Young/ K.Gillett	In consultation with those present at the IMG Away Day – Cheryl Belbin, Dan Bergin, Suzanne Davies, Cate Duggan, Gabrielle Dupreez-Wilkinson, Robin Farr, Suzanne Huxley, Lance Le Ray, Andrew Johnson, Karen Roach, Sue Shiels, Monica Trujillo, Katie Walker, Mark Waters
5	21 Feb 2005	S.Huxley/J. Young/ K.Gillett	

Part A: Business Case

Project scope

Purpose

As a result of this project, we expect to see:

A strengthening in the recruitment, assessment, placement, training and supervisory support systems for IMGs working within Queensland Health.

Key performance indicator

All IMGs on conditional registration, employed by, or who are seeking employment with Queensland Health, are managed through a recruitment, assessment, placement, training and supervisory support program on a statewide basis, at appropriate Queensland Health facilities.

Benefits

- Queensland Health has a standardised system in place to ensure IMGs meet minimum standards in medical knowledge, communication skills and clinical procedures and are deemed to be work-ready for Queensland Health facilities.
- IMGs are appropriately orientated and introduced to the Australian health care system.
- IMGs recruited through this program will meet competency standards, which will be developed as part of the program.
- Strengthen the capacity of the Queensland Health workforce.
- A reduction in costs associated with the lack of coordination in regards to recruitment, remediation and career planning of IMG.

Rationale

International Medical Graduates (IMGs) have been identified as a valuable medical workforce resource in Australia and Queensland with approximately 1,200 IMGs practicing medicine in Queensland. It is in the interest of Queensland Health as the main employer of medical practitioners in Queensland, to ensure IMGs are afforded a high level of support, in terms of recruitment, assessment, placement, training and supervisory support in the process of their employment, pre and post arrival to Queensland. In achieving this it is envisioned that Queensland Health will improve integration of IMGs into the workforce which will enhance long term contributions this group makes to Queensland Health and the Queensland community.

Objectives

By the end of the project we will have identified and documented a framework of:

1. The demography of IMGs with conditional registration, practicing medicine in Queensland Health facilities.
2. Best practice in regards to the recruitment process of IMGs, ensuring:
 - a. A focus of minimum standards, using a consistent assessment tool
 - b. Consideration of an option for central support/centralisation of recruitment
 - c. The use of existing infrastructure/resources to inform Queensland Health about international medical schools.
3. A pilot RAPTS program where IMGs are better supported and retained by Queensland Health through CIMG programs is implemented. This will include a performance management component and contingency for IMGs that do not meet competency

standards, as developed by CIMG, appropriate to their level of appointment. IMGs will be assessed for the following:

- a. Sound medical knowledge
 - b. Communication, cultural and workplace competence
 - c. Clinical procedural skills
4. All conditionally registered IMGs seeking employment, or commencing employment with Queensland Health, are processed through the RAPTS program at an appropriate Queensland Health facility by December 2007.

Key performance indicators

1. All conditionally registered IMGs practicing medicine in Queensland Health facilities are registered on a database by June 2005.
2. All conditionally registered IMGs seeking employment, or commencing employment with Queensland Health, are processed through the RAPTS program at an appropriate Queensland Health facility by December 2007.

Strategies

1. Documentation of an overall framework of the current system of appointment and/or training for IMGs in Queensland, for either those:
 - a. Practicing medicine in Queensland Health and who have temporary working visas
 - b. Practicing and non-practicing IMGs who have permanent resident status and are studying toward their registration.
2. Develop a database of all conditionally registered IMG medical staff working in Queensland Health.
3. Develop an assessment tool for use in the recruitment process of IMGs
4. Consult with stakeholders in respect to the possibilities of establishing central support of centralisation of recruitment of IMGs
5. Develop a database of international medical schools and colleges, or seek opportunities to obtain such a database.
6. Implement a pilot RAPTS program as developed through consultation with stakeholders. This will involve a pre-arrival to Australia, off-shore assessment of IMGs in the recruitment phase of employment. Upon arrival to Queensland and prior to placement, further evaluation of IMG is to be achieved enabling risk assessment, remediation or further action as required.
7. Evaluation of pilot RAPTS program that measures effectiveness and sustainability with recommendations for long term management.

Assumptions

1. There will be the capacity to identify all IMGs with conditional registration in Queensland Health.
2. All stakeholders will be supportive of this project and potential on-going project.
3. An avenue for managing IMGs that have been deemed to not meet competency standards is made available.

Constraints

1. The project must work within the legislative boundaries of the Queensland Medical Board, the Australian Medical Council and all other relevant Federal and Queensland legislation.
2. Geographical distances within Queensland.
3. The immigration framework which is determined at Federal level.
4. Financial support for IMGs during the assessment/training period in Queensland must be taken into account.

5. The project must work within the boundaries of the Queensland Health Code of Conduct.

Exclusions

People who are ineligible for registration, under any category, with the Queensland Medical Board.

Related activity/projects

Within the Skills Development Centre:

- Existing Centre for International Medical Graduates (CIMG)
- Distributed Skills Project (Rural and Remote Arrangements)
- Communication Training Project
- E-learning Project
- Commonwealth IMG Project

Project partners/clients/stakeholders

Partners/clients

- Jennifer Young, Manager CIMG
- Suzanne Huxley, Principal Medical Advisor
- Phil Diver, CEO Skills Development Centre
- Mark Waters Senior Executive Director, Innovation & Workforce Reform Directorate
- Zonal and District Representatives
- Medical Superintendent Representative
- International Medical Graduate Representative, through the Association of International Medical Graduates of Australia and New Zealand (AIMGANZ)
- James Cook University Medical School (Prof. Richard Hayes)
- Regional Training Providers
- Directors of Clinical Training (DCTs) Representative
- Medical Education Officers (MEOs) Representative
- Queensland Health Human Resource representative

Other stakeholders

- Australian Medical Association Queensland
- Australian Government – Department of Health and Ageing
- Divisions of General Practice
- Queensland General Practice Alliance
- Queensland Medical Board
- Rural Doctors Association of Queensland
- Medical recruitment agencies
- Australian Medical Council
- AIMGANZ
- Royal Colleges, as required
- Immigration Department
- Patient Safety Centre

Project timeframe

1. Appoint Project Officer March 2005
2. Development of an overall framework of the current system of appointment and or training for IMGs by April 2005

3. Establish a reference group of stakeholders April 2005
4. Development of a detailed Project Plan June 2005
5. Development of IMG database August 2005
6. Development of RAPTS program August 2005
7. Commence pilot RAPTS Program by December 2005
8. Pilot completion December 2006
9. Evaluation of pilot program June 2007
10. Produce report, including recommendations by December 2007

Costs

Project costs

Item	Costs
1. Investment by project staff (FTE estimates only)	
Project Officer AO6 1FTE	\$80,430
Facilitators/Tutors	\$77,067
2. Project budget:	
Associated non labour and corporate overheads	
PC Levy	\$2,870
Procurement of Skills Station material	\$10,000
Produce truncated Preparation for Employment course	\$15,000
Financial support during assessment period	\$400,000
Create database for follow-up	\$20,000
Evaluate effectiveness	\$30,000
Develop rapid learning stations	\$40,000
Queensland Health modalities and models of care log book	\$20,000
Legal opinion	\$10,000
Medical Board Accreditation/Evaluation	\$15,000
Project budget-total	\$720,367

Resource contribution from stakeholders Nil

Estimated margin of error

Margin of error is small provided Districts are prepared to meet the payroll costs and that there is clarity between all parties as to who contributes what. This will be determined through a responsibility matrix. However, for purposes of the preliminary project plan the costs could have a variance of +/- 10%.

Recurrent cost implications post-project

Labour

Project Officer AO6 1FTE	\$80,430
Facilitators/Tutors	\$77,067

Non-Labour

PC Levy	\$2,870
Procurement of Skills Station material	\$2,500
Financial support during assessment period	\$400,000

Maintain database for follow-up	\$5,000
Evaluate effectiveness	\$15,000
Medical Board Accreditation/Evaluation	\$5,000
Total:	\$587,867

Overall project risk

The overall risk for this project is moderate.

Part B: Project Management

Human resource management

Governance

a) Structure

- Project Sponsor – CEO, Phil Diver
- Principle New Projects Officer, Katherine Gillett – initial development and planning.
- Project Officer – ongoing management of project.
- Clinical Skills Tutor/s – curriculum development and training
- Jenny Young – CIMG Manager

b) Roles and responsibilities

Project role	Name/s	Responsibilities
Project manager	Project Officer	Development and implementation of project
Project sponsor	Phil Diver	Approval, overall directions of project
etc. (as relevant)		

c) Key decision points (ie. higher authority)

Key project decision points	Higher authority for approval/sign-off
Approval of project plan	Phil Diver
Release of project funds	Phil Diver
Pre-implementation review (if relevant)	Project Officer
Status reports	Project Officer
Exception reports	Project Officer
Significant variations to project plan	Phil Diver
Approval to progress to finalisation phase (final status report)	Phil Diver
Project completion report	Project Officer

d) Human resource development

No training or team development issues have been identified. However these issues need to be considered as the project unfolds.

Project Schedule

Strategy/Activity	Accountable Officer/s	Duration	Months											
			Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Project strategy implementation / finalisation activities														
Appointment of Senior Project Officer – AO6 permanent	IW&R Directorate	1 month			x									
Framework of current system	Snr Project Officer	1 month				x								
Establishment of Reference Group	Snr Project Officer	1 month				x								
Development of detailed Project Plan	Snr Project Officer	3 months						x						
Development of pilot APTS program	Snr Project Officer	2 months								x				
Pilot APTS program start Jan 2006	Snr Project Officer	1 year												End 2006
Evaluation	Snr Project Officer	6 months							x 2007					
Produce report	Snr Project Officer	1 month								X 2007				
Project management activities														
Project planning	Snr Project Officer			2005										
Project implementation	Snr Project Officer									Start 2005				→
			→						2006					end
Project evaluation	Snr Project Officer				2007									
Handover Strategy	Snr Project Officer								2007					

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Risk management

Risk	Risk Management Activities	
	Preventive	Contingent
IMGs that have been processed through the RAPTS Program are deemed unsafe in a clinical environment.	Have a mechanism in place where IMG can be assessed prior to entering Australia. For example, this may be via an internet site or teleconference.	Ensure that IMGs that do not meet standards are either offered further training or are not processed through employment stage.
This project may be dependent on other projects in the Skills Development Centre, e.g. the Communication Project	Ensure collaboration between all related projects.	
Timing and scheduling of some training will need to happen around established AMC/CIMG programs, e.g. MCQ exams	Ensure collaboration with CIMG.	
Assessment of IMGs is challenged by one of those being evaluated as lacking validity.	Ensure that assessment process that is developed is robust and evaluated so that it will stand challenge.	

Quality management

Quality standards/benchmarks/guidelines

- The project will need to take into consideration current legislation surrounding the employment of IMGs, on both temporary and permanent visas.
- The project will also need to consider guidelines for registration with the Australian Medical Council (AMC) and the Medical Board of Queensland.
- The project will need to work within the boundaries of the Queensland Health Code of Conduct.

Project evaluation

Achievement of objectives

The evaluation of the project will be primarily measured against a baseline of the scope, quality, cost and time and will be detailed in the Project Plan and managed by the Project Officer.

Strategy implementation

The implementation of the strategies will be monitored by the Project Officer, the Project Sponsor and the IMG Reference Group.

Project management

The overall quality of the project management and evaluation will be monitored by the Project Sponsor, the Project Officer and the IMG Reference Group.

Post implementation review

Project Purpose KPI

- All IMGs on conditional registration, employed by, or who are seeking employment with Queensland Health, are managed through a recruitment, assessment, placement, training and supervisory support program on a statewide basis, at appropriate Queensland Health facilities.
- Evaluated as per the project evaluation and on-going project activities.

Communication management

Communication

What	How	With/To Whom	When/how often
Project progress, issues arising	Email, team meetings	Reference Group, CIMG, other stakeholders	Regular meetings and when required.
Project report	Hard copy	As appropriate	After conclusion of initial project
Marketing strategy	Team meetings, email	As appropriate	Regular meetings and when required.

Information management

Document Type/Name	Electronic Location	Hard copy location
IMG files	G drive and on drive of Project Officer	
Assessment of IMGs		Kept in secure location to protect privacy

Procurement and cost management

Procurement

Procurement of resources will be organised through the Skills Development Centre Business Manager as per the State Purchasing Policy.

Costs

Management of the project budget will be the responsibility of both the Project Officer and Skills Development Centre Business Manager and will comply with the Queensland Health Financial Management Practice Manual.

Recommendations and decisions

Recommendations (project manager)	
Next Step <input type="checkbox"/> x Progress to implementation <input type="checkbox"/> Cease <i>Comments:</i>	Prepared by Name: Ms Katherine Gillett Unit/Network: New Projects – Skills Development Centre Date: November 2004
Cleared by (if relevant)	
Name: Mr Phil Diver Position: CEO – Skills Development Centre	Signed: Date:
<i>Comments:</i>	
Approval/decision (higher authority)	
Next Step <input type="checkbox"/> x Progress to implementation phase <input type="checkbox"/> Revise project plan and present again <input type="checkbox"/> Cease <i>Comments:</i>	Project manager¹ Ms Katherine Gillett Project sponsor² Mr Phil Diver
Resources approved? <input type="checkbox"/> Yes Amount \$ <input type="checkbox"/> No <input type="checkbox"/> N/A	Parameters of project manager authority Time: Cost: Quality: Other:
Name: Position:	Signed: Date:

¹ This is most often and ideally the same person who has been performing this role to date but may not be.