



Queensland Government
Queensland Health

RECEIVED
- 7 APR 2003
58017561

Steve,
In my view we should approve this for one year. I can transfer unspent funds from the HR budget to cover (have had projects on hold post PWC review / ASAP outcomes). We need to do a lot more work on this, through the workgroup, & the Shields Development Centre

SUBMISSION TO:

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

SMOD
4/8/03

(Please tick one box only)

DATE: 1 April 2003

PREPARED BY: Dr. Michael Catchpole, Principal Medical Adviser
Contact No: 41572
McC 7/4/2003

CLEARED BY: *SMOD*
Contact No: 41046

SUBMITTED THROUGH: Gloria Wallace, State Manager Organisational Development
Contact No: 41046

DEADLINE: 1 April 2003
File Ref: DG 035050

SUBJECT: Funding Variation for the Centre for Overseas Trained Doctors at the University of Queensland

APPROVED/NOT APPROVED

COMMENTS

*Approved as advised from SMOD
for 1 yr only & funds from OD*

[Signature]
(Dr) S Buckland
General Manager Health Services
5/10/03

Molled
SMOD
8/4/03

QHB.0011.0001.00145

→ PMA
This is approved, from my funding for 1 year. We need to look at processes for out years as this funding is not.
SMOD
04/10/03

PURPOSE:

To seek approval for a variation to the funding to the Centre for Overseas Trained Doctors at the University of Queensland Medical School.

BACKGROUND:

Since 1996, Queensland Health has provided annual funding of \$108,000 to the University of Queensland to provide a bridging course for the Australian Medical Council (AMC) first part MCQ exam. In 2001/2002, the arrangement was renegotiated to provide two Preparation for Employment (PFE) Courses per year, in addition to a revised bridging course, without any change in funding. This was approved by the General Manager Health Services.

The Commonwealth has provided funding for a bridging course for the AMC clinical exam. This took the form of a program grant. In 2002, this funding was withdrawn and replaced by a user pay arrangement based on a HECS style funding arrangement. The previous program funding from the Commonwealth helped to support the background infrastructure that also supported the QH funded courses. The funding changes have removed the capacity for this to occur.

ISSUES:

Queensland is finding itself at a disadvantage in the now very competitive international and Australian temporary resident doctor (TRD) market. To give an example of how the pool has been stretched, in 1992/93 there were 667 TRDs in Australia (most in Qld), in 2000/01 there were 1,777 and in 2001/02 there were 2,656 (most not in Qld).

The traditional UK, Irish and South African trained doctors targeted by Queensland's 12 year old overseas recruitment campaign now have many options other than Queensland. As a result, hospitals have become increasingly reliant on graduates from other countries, creating problems due to variable training quality, language difficulty, cultural inappropriateness and lack of knowledge of the Australian health system and medical practice. There are very numerous examples of problems due to inadequate assessment and orientation of these TRDs.

There is a significant pool of Australian resident/citizen overseas trained doctors (OTDS) who are seeking a return to the medical workforce. Assessment allows the selection of the best of these who can make this transition if they are given support to work through clinical, language, cultural and orientation issues prior to, or early in employment. Previously, this potential workforce was used very inefficiently (hospital based selection and assessment has been done poorly, if at all, and there was minimal orientation).

The PFE and bridging courses in 2002 provided over 80 assessed and orientated OTDs to the QH hospital workforce who are now in employment (2 are in Mount Isa). The majority will stay for several years and move into PHO and registrar posts.

There has been a high level of satisfaction with the outcome of the courses among hospitals and OTDs. In many cases, the transition back to employment would not have been possible without the courses and for most of the others, the transition has been much easier for the hospitals.

BENEFITS AND COSTS:

The Centre is seeking an additional \$118,000 to continue to maintain and further develop this pool for QH hospitals. The proposal submitted includes an offset to staff and infrastructure costs through Commonwealth funding for the clinical bridging course.

The total QH funding of \$226,000 would produce between 80 and 100 additional house officers each year at an average cost of \$2,200 per doctor. A TRD recruit for 12 months through the preferred supplier will cost around \$3,000 with travel and other reimbursements. Recruitment of an RMO through an independent agency could cost around \$6,000 before any other reimbursements. While reliable figures have not been possible, we estimate that Districts are spending, in total, something in the vicinity of \$500,000 for recruitment outside of the preferred supplier arrangement.

As most of these permanent resident doctors will stay with QH for vocational training, the long term comparative cost becomes even more favourable.

Queensland will not recruit sufficient TRDs this year to meet its needs, even if additional resources are devoted to expanding the international campaign.

The output of the Centre for Overseas Trained Doctors is now of proven quality and quantity and any additional resources targeted to recruitment would be most effectively directed there.

The expertise developed by the Centre is increasingly in demand from hospitals seeking support and services for their OTDs, independent of the formal programs, and is contributing substantially to the development of effective Queensland Health recruitment and assessment processes.

CONSULTATION:

University of Queensland Centre for Overseas Trained Doctors.

ATTACHMENTS:

Variation of funding proposal from the Centre for Overseas Trained Doctors.

RECOMMENDATION(S):

That the variation in funding is approved as the most cost effective short, medium and long term initiative available to Queensland Health to mitigate the growing crisis in medical staff recruitment.