Wexley — ODG BR018154

Steve,

PMA is out of the office today & I note that this was requested for yesterday. This brief does not propose a short term solution. We need to discuss further. SMB 13/3/03

SMB52

Queensland Government
Queensland Health

A BRIEFING TO THE GENERAL MANAGER HEALTH SERVICES

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13 MAR 2003
RECEIVED

BRIEFING NOTE NO: N/A

REQUESTED BY: Deborah Miller

DATE: 12 March 2003

PREPARED BY: Dr. Michael Catchpole, Principal Medical Adviser
MMC 12/3/2003

CONSULTATION WITH: N/A

CLEARED BY: N/A

DEADLINE: 12 March 2003

SUBMITTED THROUGH: **Gloria Wallace, State Manager Organisational Development**
SMB 13/3/03

SUBJECT: **Overseas RMO Recruitment Preferred Supplier Arrangement**

GMHS'S COMMENTS:

→ DG – we need to discuss this further at ODG
B 16/03/03

→ PMA to advise strategy urgently
B 17/09/03

(Dr) S Buckland
General Manager Health Services
dd/mm/yyyy

PURPOSE:

To brief the Director-General on the overseas resident medical officer (RMO) recruitment contract.

BACKGROUND:

Queensland Health has a long standing program for overseas RMO recruitment using a preferred supplier arrangement. In 2001, the existing supplier did not tender for renewal and the contract was awarded to Global Medical Staffing Ltd. Based in the USA.

The Preferred Supplier Arrangement is for a period of 12 months with the option to Queensland Health, at its sole discretion, to extend for a further two periods each up to 12 months. The arrangement with Global is in its second year and consideration of an extension for a third year is coming due.

There is increasing difficulty meeting the need for house officers through temporary resident doctor (TRD) recruitment from UK, Ireland and South Africa. Recruitment to the principal house officer (PHO) level is the major problem.

The preferred supplier arrangement was unable to meet needs in 2002. Other private agencies are actively recruiting for posts in Queensland Hospitals but have not been able to fill the gaps either, despite their enthusiasm for picking up as much of the market as they can.

In 2002, the preferred supplier placed 149 JHO/SHOs and 36 PHOs.

In 2003, hospitals are seeking 147 JHO/SHOs and 76 PHOs.

Likely reasons for the current difficulties include:

- improved conditions of work at home and more "1ock step" training programs ie. set training programs with little flexibility to take time out
- poor dollar (many at PHO level have mortgages)
- hugely increased competition from other States and New Zealand (Queensland is no longer the preferred destination). For Australia, in 1992/93 there were 667 TRD arrivals, in 2000/01 there were 1777 and in 2001/02 there were 2656 (AMWAC). We are now a very minor player. In any week, there are numerous advertisements for other locations in Australia and New Zealand in the international professional journals (where are we?).
- other States and New Zealand are now calling tenders for panels of recruitment agencies. Non-contract suppliers who meet some of the shortfall from the preferred supplier contract are being drawn to these larger and better resourced markets

A change of supplier will not make any difference to the current success of overseas recruitment.

KEY ISSUES:

The program is still cost effective with a total cost of the program to Queensland Health of between $350,000 and $400,000 based on an average cost per placement of almost $2,000. This compares favourably with the cost of recruitment via other agencies, which can range between $6,000 and $10,000 per placement.

Advertising by the preferred supplier has increased in colour and size but is appearing alongside advertisements by other agencies actively recruiting for Queensland hospitals. Posters are provided to most hospitals in the UK for posting in the doctor's mess. Advertising has been extended to the Netherlands (with good response and quality).

Flyers have been sent to every residency program in the USA and Canada and advertising has been placed on the websites of these programs that take advertising. There has been a minimal response. The early specialist streaming, the "lock step" nature of programs and the attraction of high pay in the USA makes this market of no particular value to us for house officer recruitment.

The "Slade" model of UK, Irish and South African recruitment is less relevant now. Interviews in the UK were used to control placement in a "buyers market". They now appear to add little to the process apart from an opportunity to assess face to face some non UK, Irish, South African applicants. Many placements occur without a face to face interview anyway.

Recruits are increasingly from other countries with variable standards in relation to quality of training, English language competence, cultural appropriateness and experience of similar health care delivery systems. Overseas trained doctors (OTDs) of deficient quality are still being employed by hospitals.

OTDs are not being adequately assessed at District level and there have been several recent disastrous examples which confirm this. Independent recruitment agencies charge high fees but do not undertake any meaningful assessment. Hospitals do not appear to have the expertise or resources to undertake this assessment.

Considerable experience and expertise in the assessment of OTDs has been developed at the Centre for Overseas Trained Doctors at the University of Queensland medical school. In addition to a bridging course for the AMC first part examination, this centre now provides two Preparation for Employment (PFE) Courses each year.

These PFE courses have been highly successful with more than 80 well prepared OTDs entering the QH workforce during 2002. These doctors will stay long term, and are being placed in non metropolitan areas, including two recently to Mt. Isa. Many of these placements would not have been possible without the PFE courses.

The group of permanent resident OTDs offers the best opportunity we have to increase the RMO workforce and address the shortfall in local graduates until the JCU cohort enter the workforce in 2006.

In 2002, the Annual RMO and registrar recruitment process went onto the Queensland Health webpage. It became apparent that overseas trained doctors were finding the website and were attempting to apply through the RMO/registrar process.

Information for overseas doctors has been added to the website and an expression of interest (EOI) form established to provide key information about the applicant. A group derived from Staff

...rch, the office of the PMA, the Southern Rural Coordination Unit and the Centre for Overseas Trained Doctors at the U of Q has been formed under the identifier MedicalJobs@Health to assess the EOIs and to develop recruitment strategies.

This "passive recruitment" has resulted in more than 300 expressions of interest. Around a third are deemed to be unsuitable on initial assessment, but there are many who are likely to be of reasonable quality if appropriately assessed and orientated prior to employment. A trial telephone assessment of 15 applicants was undertaken in December 2002 involving QH medical staff and a qualified language assessor. The process worked well and 12 were judged to be suitable to refer to Districts for further assessment.

Queensland Health as an entity has little visible active presence in the international medical labour marketplace.

RELATED ISSUES:

There are ongoing concerns about the poor cooperation by hospitals with the program by not providing hospital and area profiles for marketing, lack of response to, and communication with, applicants and not following through with undertakings about terms.

Hospitals continue to employ "dodgy" doctors after inadequate assessment and orientation.

BENEFITS AND COSTS:

The existing preferred supplier arrangements needs to be considered within the overall context of medical recruitment and workforce.

ACTIONS TAKEN/ REQUIRED:

Consideration needs to be given to the establishment of a strong Queensland Health presence in the international medical recruitment marketplace. This will most effectively be achieved by ensuring all statewide elements of recruitment are effectively co-ordinated under a single entity. Feedback indicates that international applicants, especially those from the UK, are wary of "agencies".

The MedicalJobs@Health entity currently being trialled within existing resources has been successful. Should Queensland Health decide to establish its own state wide medical recruitment processes, sufficient resources would be required to ensure the levels of customer service and responsiveness required to successfully compete. An appropriate market brand unique to Queensland Health will be required.

Support could be provided to hospitals to assist their local recruitment processes, assist with assessment and orientation, and set and monitor standards.

A panel of preferred suppliers could be an option provided there were well defined rules and parameters to maintain a state wide focus and to prevent competition for the same applicants.

An argument can be made that the current overseas interview process could be dispensed with but it does offer a face to face marketing opportunity.

ATTACHMENTS:

N/A