

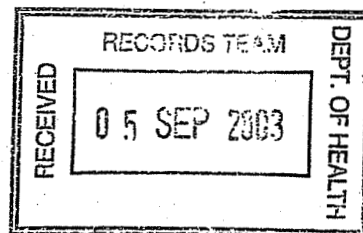
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**Queensland  
Government**  
Queensland Health



**A BRIEFING TO THE  
GENERAL MANAGER HEALTH SERVICES**

**BRIEFING NOTE NO:** N/A

**REQUESTED BY:**

**DATE:** 20 August 2003

**PREPARED BY:** Leanne Chandler, A/Principal Project Officer, Health Advisory Unit, ext 40200. *20/8/03*

**CONSULTATION WITH:** N/A

**CLEARED BY:** Denis Lennox, A/Principal Medical Adviser, ph: 4699 8671

**DEADLINE:** 12 March 2003

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**SUBMITTED THROUGH:** Sue Norrie, *20/05/03* A/State Manager Organisational Development, ext 41046. **159**

**SUBJECT:** Overseas Medical Officer Recruitment Options

**GMHS'S COMMENTS:**

*See comments*

*see*

*from 2m(5)*

*2m(5)  
Do you thought*

*Please prepare sub-in*

*accordance with  
recommendations  
over*

*[Signature]*  
(Dr) S Buckland  
General Manager Health Services

*20/08/2003*

*B*

- ① No to EIT taking on the role
- ② No to redundancy grant
- ③ Allow districts to do their own things, even Zonal Office if problems occur, meet through Zonal Office
- ④ Prepare tender documents for a range of suppliers
- ⑤ Mr can prepare a memo to DM's routing above if state hands

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21/08/03  
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## **PURPOSE:**

To brief the General Manager Health Services re the options available for the recruitment of overseas trained doctors who were previously recruited through a Preferred Supplier Arrangement.

## **BACKGROUND:**

- Queensland Health has used a Preferred Supplier Arrangement for the recruitment of overseas medical staff from the USA, UK and Ireland.
- Queensland Health uses a combination of recruitment agencies and in-house processes for the recruitment of overseas medical staff from other countries.
- The option to extend the current contract has not been supported by Zonal Managers due to significant increases proposed by the current supplier.
- 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.
- There has been a large increase in the competition from other States and New Zealand.
- The office of the General Manager Health Services requested options for alternative recruitment strategies.

## **KEY ISSUES:**

- The options available to Queensland Health are as per Attachment 1.
- The proposed increased charges indicated by Global Medical Staffing Ltd remain lower than current market rates.
- OTDs have not been adequately assessed at District level and there have been examples where this has proved detrimental. 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.
- Information related to recruitment opportunities and an application process for overseas doctors has been added to the Queensland Health website. A group comprising staff from Staff Search, the office of the Principal Medical Adviser, the Southern Rural Coordination Unit and the Centre for Overseas Trained Doctors has been formed under the identifier MedicalJobs@Health to assess applications. This "passive recruitment" (there has been no active marketing or allocation of additional resources) is resulting in approximately 50 - 80 expressions of interest per fortnight.

## **RELATED ISSUES:**

## **BENEFITS AND COSTS:**

See attachment 1

## **ACTIONS TAKEN/ REQUIRED:**

at the General Manager Health Services consider the proposed alternatives and advise the preferred option.

**ATTACHMENTS:**

1. Recruitment Options
2. Comparative Costs

## OPTIONS FOR THE RECRUITMENT OF OVERSEAS MEDICAL OFFICERS FROM USA, UK & IRELAND

OPTION	ADVANTAGES	DISADVANTAGES	NOTES
1.	QH does not actively recruit overseas trained doctors	<ul style="list-style-type: none"> <li>▪ no action required</li> </ul>	<ul style="list-style-type: none"> <li>▪ inability to fill all vacant positions - facilities have indicated they will be unable to fill all current positions with Australian applicants</li> <li>▪ potential impact on service delivery</li> <li>▪ JCU graduates will be available from 2006</li> <li>▪ Griffith and Bond universities are establishing medical schools</li> </ul>
2.	Open market without Preferred Supplier or Standing Offer Arrangement	<ul style="list-style-type: none"> <li>▪ maximises scope of marketing from multiple suppliers</li> </ul>	<ul style="list-style-type: none"> <li>▪ untested</li> <li>▪ tendering not required</li> <li>▪ risk in relation to the standards of recruits – there are no standards in relation to the assessment &amp; management of recruits</li> <li>▪ new and inexperienced agencies are emerging</li> <li>▪ maximum recruitment costs which are higher than those proposed by Global Medical Staffing</li> <li>▪ Districts currently use a number of recruitment agencies</li> <li>▪ recruitment agencies are unregulated</li> </ul>
3.	Tender for a Standing Offer Arrangement	<ul style="list-style-type: none"> <li>▪ there would be more than one supplier</li> <li>▪ would set minimum standards for the recruitment of overseas medical officers</li> <li>▪ could expand arrangements to include overseas medical staff from all countries (not included in current arrangement)</li> </ul>	<ul style="list-style-type: none"> <li>▪ would require lead time for the tender process to be followed</li> <li>▪ no guarantee that fees would be reduced</li> <li>▪ probability that fees would remain different between suppliers (as with nursing preferred suppliers)</li> <li>▪ no guarantee on the number of suitable suppliers that may tender</li> <li>▪ QH facilities have been recruiting outside the current preferred supplier arrangement - this was a disincentive to the supplier</li> <li>▪ nursing has recently tendered for a panel of suppliers – it was not possible to negotiate a standard of charges and fees.</li> </ul>
4.	Tender for one Preferred Supplier	<ul style="list-style-type: none"> <li>▪ Would set minimum standards for the recruitment of overseas medical officers</li> <li>▪ Could expand arrangements to include overseas medical staff from all countries (not included in current arrangement)</li> </ul>	<ul style="list-style-type: none"> <li>▪ tender process to be followed</li> <li>▪ no guarantee that fees would be reduced</li> <li>▪ no guarantee on the number of suitable suppliers that may tender</li> <li>▪ QH facilities have been recruiting outside the current preferred supplier arrangement - this was a disincentive to the supplier</li> </ul>

OPTION	ADVANTAGES	DISADVANTAGES	NOTES
5.	(a) Manage in-house – Corporately	<ul style="list-style-type: none"> <li>▪ QH has processes in place through <u>MedicalJobs@Health</u></li> <li>▪ cost effective (see attachment 2)</li> <li>▪ would include overseas medical staff from all countries</li> <li>▪ minimises risk in assessment and case management</li> <li>▪ benefit of corporate advertising</li> <li>▪ minimal lead time required</li> </ul>	<ul style="list-style-type: none"> <li>▪ current resources could temporarily manage the additional workload – placement fees would need to be used to fund additional resources to manage on a more permanent basis</li> <li>▪ QH has been successfully managing the recruitment of some overseas medical officers – providing an application and assessment process</li> </ul>
	(b) Manage in-house – at Zonal or District level	<ul style="list-style-type: none"> <li>▪ maximises opportunity of direct contact with candidates by Districts</li> <li>▪ tendering not required</li> <li>▪ could include overseas medical staff from all countries</li> </ul>	<ul style="list-style-type: none"> <li>▪ management processes not established in all Zones / Districts</li> <li>▪ risk of internal competition (multiple Districts considering the same candidates)</li> <li>▪ requires duplicated infrastructure</li> <li>▪ increased advertising costs</li> </ul>
6.	Extend the Current Preferred Supplier Arrangement	<ul style="list-style-type: none"> <li>▪ fixed and known costs</li> <li>▪ discounted market rate - proposed higher charges (that have not been supported) are lower than open market rates</li> <li>▪ tendering process not required</li> </ul>	<ul style="list-style-type: none"> <li>▪ Districts may continue to disregard arrangement</li> </ul>

## COMPARATIVE COSTS BETWEEN CURRENT PREFERRED SUPPLIER, A GENERIC RECRUITMENT AGENCY & INTERNAL PROCESSES

### Comparative Charges by Doctor Level

Level	No. of recruits	Global — Medical Recruit.	Generic Agency	Internal (Medical Jobs @ Health)
Temporary Resident AON Junior Level Staff	1	\$4,235	\$4,925	\$2,500
*Resident AON Junior Level Staff	1	n/a	\$4,925	\$5,000
Temporary Resident AON Middle Level Staff	1	\$3,568	\$7,023	\$2,500
*Resident AON Middle Level Staff	1	n/a	\$7,023	\$5,000
Senior Medical Staff – general (C1-3)	1	\$10,515	\$10,280	\$7,000
Senior Medical Staff – specialist (MO1-4)	1	\$17,074	\$16,834	\$7,000

\* doctors recruited in cooperation between the Centre for Overseas Trained Doctors and Medical Jobs @ Health

The following table illustrates possible recruitment charges for a generic District using the assumptions outlined below.

### Comparative Charges for One Year for Generic District

Level	No. of Recruits	Global Medical	Generic Agency	Internal (Medical Jobs @ Health)
Temporary Resident AON Junior Level Staff	4	\$14,273	\$19,702	\$10,000
Resident AON Junior Level Staff	3	\$15,000	\$14,776	\$15,000
Temporary Resident AON Middle Level Staff	3	\$10,705	\$21,069	\$7,000
*Resident AON Middle Level Staff	1	\$5,000	\$7,023	\$5,000
Senior Medical Staff – general (C1-3)	1	\$10,515	\$10,280	\$7,000
Senior Medical Staff – specialist (MO1-4)	2	\$34,147	\$33,677	\$14,000
<b>Total for the Financial Year</b>		<b>\$92,307</b>	<b>\$106,527</b>	<b>\$58,000</b>

\* doctors recruited in cooperation between the Centre for Overseas Trained Doctors and Medical Jobs @ Health

### Assumptions

- Charges are conservative
- Charges for the generic agency are in most cases less than current market value
- The Global Medical Recruitment information is based on the proposal for contract continuation and excludes advertising charges.