

LA 8087 Tabled Paper

(1) Total number of doctors in training in Western Australian hospitals.

'Doctors in training' relates to any doctor that receives supervised training while on the job. The proportion of training provided compared to the service provision will vary according to level, seniority and specialty (typically anywhere from 80% to 20%).

Doctors in training	FTE May12
All Western Australian hospitals	2104.7

(2) Doctors in training in each Western Australian hospital.

Hospital	FTE May12
ALBANY HOSPITAL	11.8
ARMADALE HOSPITAL	62.7
BENTLEY HOSPITAL	23.9
BROOME DISTRICT HOSPITAL	9.8
BUNBURY REGIONAL HOSPITAL	51.6
BUSSELTON DISTRICT HOSPITAL	3.9
FREMANTLE HOSPITAL	367.4
GERALDTON REGIONAL HOSPITAL	6.4
GRAYLANDS	15.3
KALEEYA HOSPITAL	6.3
KALGOORLIE REGIONAL HOSPITAL	20.4
KEMH	86.7
MURRAY DISTRICT HOSPITAL	1.0
OSBORNE PARK HOSPITAL	18.8
PMH	200.8
HEDLAND HEALTH CAMPUS	5.8
ROCKINGHAM GENERAL HOSPITAL	80.0
ROYAL PERTH HOSPITAL	486.5
ROYAL PERTH REHABILITATION HOSPITAL	26.5
SCGH	576.1
SWAN DISTRICTS HOSPITAL	43.1
Total	2104.7

(3) The Western Australian (WA) State Government has allocated, in part:

(a) \$71.6 million over five years through the Junior Doctors Business Case (JDBC) for the training of 188 interns (and subsequent residents) above the base number of interns already in WA's public health system (WA Health) prior to 2011 (see Note 1).

(b) 418.9 Full Time Equivalent (FTE) staff through the JDBC (see Note 2).

(c) Nil through the JDBC (see Note 3).

It is not possible to provide a comprehensive response across the whole of WA Health because training costs are embedded within total health service delivery costs. It might be possible to estimate a figure based on the funding provided through the JDBC and the total number of interns, but the situation is complex (see Note 4) and such a figure would be

speculative. Clarification of resourcing requirements for doctors in training is on the national agenda, and is being analysed by Activity Based Funding and Activity Based Management teams in state/territory jurisdictions.

Notes:

Question 1 & 2

(1) Selected Registrars (excluding Service Registrars), Resident Medical Officers, Interns, and Trainee Psychiatrists only, by position title.

(2) Actual FTE is the average hours worked for the month specified divided by the Award Full Time Hours for the same period. Hours include ordinary time; overtime; all leave categories; public holidays, Time Off in Lieu, Workers Compensation.

Question 3

(1) The \$71.6 million of WA State Government funding approved through the JDBC represents only part of the \$105.9 million full cost of training the additional interns and residents above the base number already funded prior to approval of the JDBC in 2011. Various cost offsets were applied to the full cost, including other WA State Government funding (e.g., Royalties for Regions, Whole of Health baseline funding adjustments, election commitments from 2008) and external funding (e.g., Commonwealth Government). The total WA State Government funding for the training outlined in the JDBC would be closer to \$100 million.

(2) This figure consists of 208.7 FTE for supervisors, medical education staff, and simulation training staff, and 210.2 FTE for additional junior doctor positions (since interns and residents are employed whilst in training). For this response, registrar positions have been included amongst the supervisor FTE rather than the trainee FTE; registrars are themselves in vocational training, but also supervise interns and residents in prevocational training.

(3) Apart from funding and staffing, there is significant infrastructure (e.g., buildings, equipment) already provided for doctors in training within WA Health. The response of 'nil' indicates the resourcing in the JDBC not covered by the funding and staffing figures provided through the JDBC; capital expenditure has been included in the \$71.6 million figure.

(4) Currently, it would be very difficult to fully separate training costs from service delivery costs. Doctors in training receive supervised clinical training while on the job, as well as structured formal training organised through Medical Education Units in the teaching hospitals. Interns spend approximately 20% of time in service delivery and 80% in training, residents spend approximately 50% of time in service delivery and 50% in training, and registrars spend approximately 80% of time in service delivery and 20% in training. The proportions of duties for registrars may vary considerably, and not all registrars are still in training (e.g., Service Registrars are not in training positions, and there are some registrars who have completed vocational training but are still employed as registrars until a consultant position becomes available).