**Comments/Responses to “Teaching, Training and Research Costing Study, Public Consultation Paper, December 2014”**

I have worked as a medical director in the public hospital sector for more than 20 years, in both NSW and Victoria. There are several issues that may be of assistance I would like to comment on:

• on page 9 it is said that embedded activities for training and teaching are considered as “feasibility will be assessed following site consultations”. My experience is that a significant portion of all activities related to teaching and training for a medical officers are deeply embedded. For many years Victoria paid, as part of the case-mix system, an amount of money for each of certain grades of medical officer in the hospital system on the basis that, while they were paid to provide a service, a significant portion (from memory 40%) of the work that they did was disguised training and education. I would suggest that this type of TTR must be considered in the costing study. Salary and related costs may appear to be for patient care. However, the learning that is undertaken while the care is provided makes these doctors relatively inefficient and there is a significant portion of the total expense that ensures their future training

• in rural Australia many quite small hospitals have a substantial portion of the medical budget expended for the employment of general practice registrars (for example, as GP registrar VMOs in NSW). The cost to these small and rural hospitals needs to be recognised in the study

• in response to question 3 “how important will it be to capture embedded T&T that occurs in conjunction with patient care?”, it will be critical. A significant portion of the medical cost of patient care is, in fact, a T&T cost

• on page 18 there is a description of the high level costing methodology for research. Care will be required in facilities where there is close cooperation and integration between the hospital and the University. Secondments from the hospital to the University, shared research programs and the provision of care to patients as part of research studies may be difficult to dissect free, but mean that the cost drivers are not purely from the hospital. The definition of research that been applied is relatively tight and may exclude a range of higher-level “quality projects” that are publishable and have impacts well outside the facility but do not require specific ethics approval, but potentially should be costed

• the listing of medical staff on page 22, Appendix B, may exclude the wide range of GP VMOs (in NSW) and GP registrar VMOs.