



**Government
of South Australia**

SA Health

**State-Wide
General Trainee &
General Practice
Recruitment**

2018

An evaluation of the 2018 state-wide recruitment processes from the perspective of the applicants.

Evaluation

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Evaluation

State-Wide General Trainee/General Practice Recruitment 2018

Summary

- For the third consecutive year recruitment and allocation for General Training/General Practice (GT/GP) Trainees in South Australia was undertaken as a state-wide, centralised process.
- The purpose of the process was to rank applicants who met the criteria - essentially 'screening' for employment eligibility in SA Health.
- There were 531 applications for the 2018 GT/GP intake. This was reduced to 476 due to 17 withdrawals and 38 unsuitable candidates. 395 of these applicants were interviewed through face to face multiple mini interviews (MMI).
- The State-Wide GT / GP Recruitment interview process used the MMI method – This involved the candidate answering 3 short answer situational questions with 3 different interviewers; under timed conditions.
- 38% of the respondents preferred CALHN as their first general training position, followed by 25% preferencing SALHN, 19% preferencing NALHN and 15% preferencing WCHN.
- Survey participation response rate of 70%.
- Overall affirmative responses by respondents.

Evaluation

The 2018 General Trainee/General Practice trainee recruitment process was conducted as a state-wide, centralised process. In order to assess and evaluate the process from the perspective of the applicants, a survey was distributed to all the candidates who were interviewed by means of face-to-face multiple mini interviews. The survey consisted of questions relating to their experience with the process as a whole encompassing the initial CV application, referee reports and MMI. It furthermore provided the applicants with the opportunity to express any key areas of concern and provide constructive criticism on what they felt went well and what improvements they believe could be made.

In summary, the majority of applicants were quite positive in their responses with an extremely high percentage of respondents recording an overall assessment of the GT/GP state-wide recruitment as positive; and only a relatively small figure (less than 8%) recording an overall negative opinion of the process.

38% of the respondents preferred CALHN as their first general training position, followed by 25% preferencing SALHN, 19% preferencing NALHN and 15% preferencing WCHN (*refer to appendix 1.0*).

Feedback with respect to the CV being an appropriate way to make decisions about recruitment for general training was affirmative with 86% of respondents agreeing with this statement and only 5% disagreeing (*refer to appendix 2.10*). Similarly respondents agreed they had the opportunity to demonstrate their skills and abilities using the CV with a positive response rate of 77%, however the number of respondents disagreeing increased to 15% (*refer to appendix 2.20*). 85.5% of respondents agreed the CV is a fair assessment tool and 6% disagreed with this statement (*refer to appendix 2.30*).

Although the percentage of applicants agreeing with the CV being used as an appropriate form of recruitment was relatively high, 50% of applicants stated they had a lack of understanding of how their CV would be assessed (*refer to appendix 2.4*). Common themes identified suggest applicants were unclear on how their CV would be assessed. Comments include *“CV does not demonstrate interpersonal skills,” “I had a relatively poor understanding of how my CV would be assessed,” “This wording suggests there was a standardised CV – I was not aware of this if so”* and *“there was nil relevance to even submitting a CV, I did not see the point in submitting one.”*

73% of respondents agreed with the centralised statewide process, with 22% stating they would prefer the interview process to be conducted by individual networks. Some of the feedback included *“I think*



applying to individual networks could create smaller candidate pools, allowing for a more personalised process. I think this particularly applies to WCHN as different values/professional development may be valued higher” and “I believe general training can be easily centralised for CALHN, SALHN and NALHN as they differ primarily in location only. However, I do not believe that the application for WCHN should be centralised as its competitive and unique ”. A common pattern was distinguished with interstate applicants who were quite content with the convenience of the centralised process, some comments comprised of *“As an interstate applicant, it was much more achievable for me to take the trip over for just one interview session” and “it would be fantastic to be interviewed by the individual networks but being from interstate, there is almost no way I would be able to afford the time or the cost of coming back and forth for in person interviews.”* The theme in these responses advocate the need for a centralised process, whilst at the same time emphasise that although being interviewed individually by LHN’s is ideally preferred it is not necessarily realistic nor practical.

With respect to referee reports the feedback was quite favourable with 87% of respondents agreeing to referee reports being used as an appropriate assessment and only 2.5% disagreeing with this statement. However there was common theme with the 2.5% who disagreed with regards to interns, comments included *“it can be difficult for interns who have certain rotations early in the year to have enough referees by the time recruitment comes around to fulfil requirements for applications” and “it is difficult as an intern to get good clinical references as it is variable depending on your rotations (e.g. I had nights in rotation 1 and therefore didn’t have a consultant supervisor who could be a reference).”* This theme is suggesting applicants were unsure on how the referee reports were assessed.

For the 15% of applicants who had WCHN as a preference, 72% of respondents were satisfied with the questions and agreed that they had been provided with the opportunity to demonstrate their skills and abilities, whilst the remaining 28% had quite a negative response with similar themes. Comments included *“Paediatrics is a difficult field to enter. I was disappointed to not have the opportunity to directly communicate to staff from the WCH my career development thus far, my career goals. I feel the current interviews would not reflect well on people who are best suited to the paediatric training,” I would have preferred interviews specifically to address these and other points. I feel the worded responses are difficult to discriminate ”* and *“there should be a separate interview for this position as it is so competitive and you cannot fairly demonstrate your skills in a write statement that small.”*

To conclude, the overall responses in reference to the recruitment process as whole was very positive. There was a discreetly small fraction of respondents with negative opinions about the process but

conversely their views were justified quite clearly in their comments. As a result, it is evident that a lot of their concerns and criticisms can be very simply rectified via further clarification prior to the submission of applications and also prior to the interview method. The majority of the negative feedback is mainly due to a lack of knowledge and understanding of how the state-wide recruitment process is conducted and scored. Additional suggestions are provided in the recommendations.

Please Note: Other comments of respondents are listed in the Appendix.

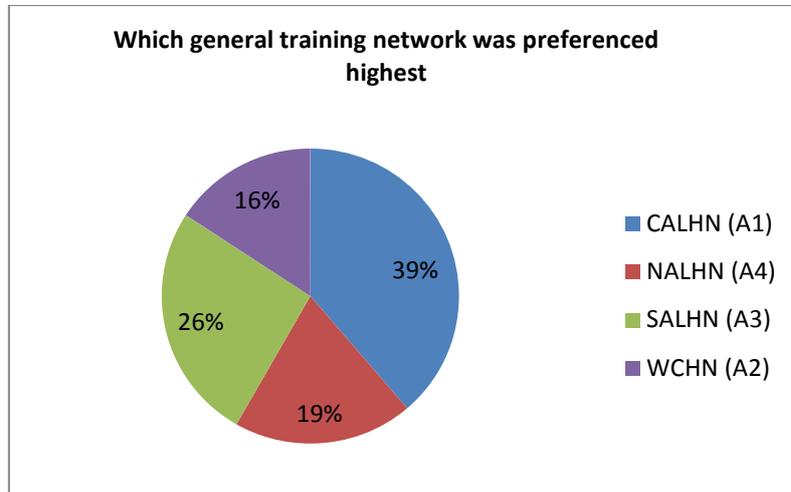
Recommendations

- With respect to the initial online application, deliver a clear indication on CV expectations and how the CV will be assessed. This will provide the applicants with the opportunity to adjust their resume accordingly to include relevant information prior to submission of the application.
- Provide the applicants with an indication on how they will be assessed with respect to referee reports. As a result, eliminating some pressures interns are feeling about referee reports.
- Explore possible interview formats differing from the MMI's. For example, video interviews.
- Deliberate interview questions that differ from day 1 to day 2. If this is not possible, ask the applicants to sign an agreement stating they will not discuss the interview questions and answers with friends/colleagues until after the all interviews are conducted, including phone interviews.
- Distribute a detailed email informing the applicants on how the MMI's will be formatted prior to the day of the interview (report to the front desk, how many questions, time provided, what happens when the bell rings). This will provide them with a clear understanding of what to expect and can avoid any confusion on the day of the interview.
- Looking into potentially redistributing the time allocations during the interviews – more specifically the 1min buffer time between stations and the 2 min reading time / 4 min answering time.
- Interviewing WCHN separate to other LHN's

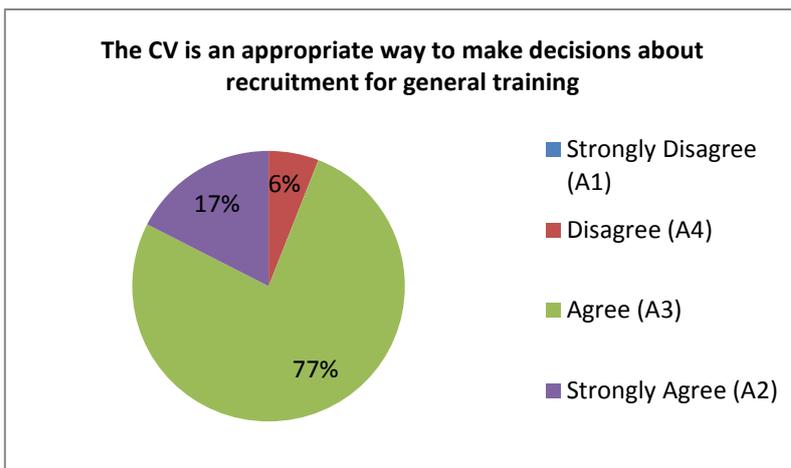
Appendix

Collated feedback from the evaluation survey (Tell us – External Survey System)

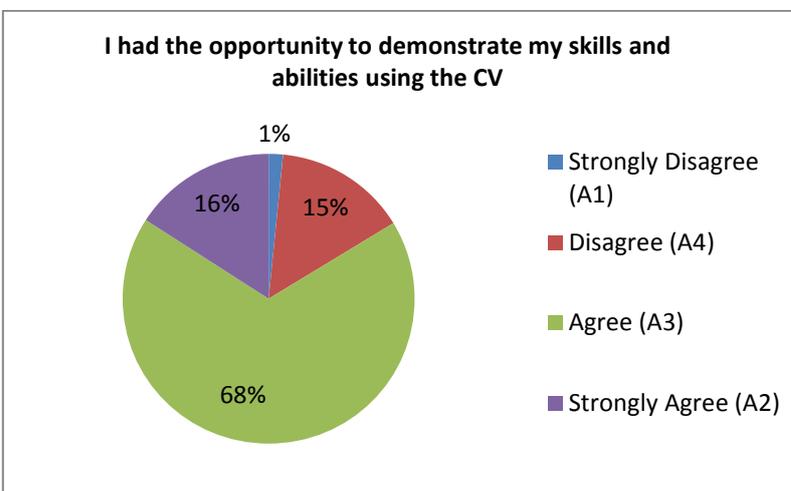
Graph 1.1



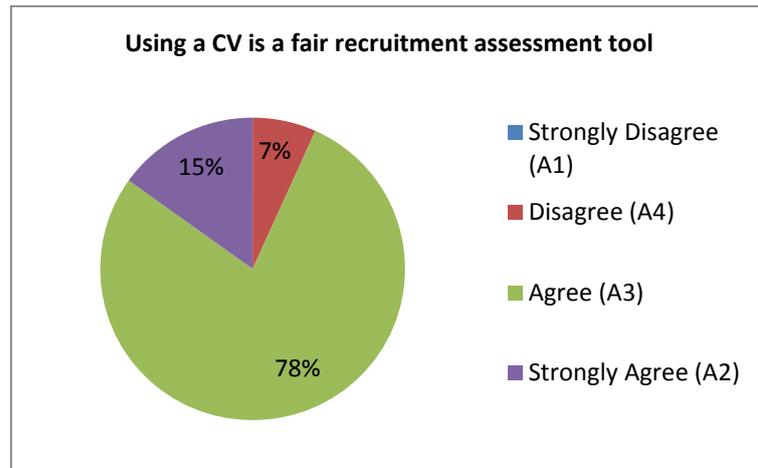
Graph 2.0



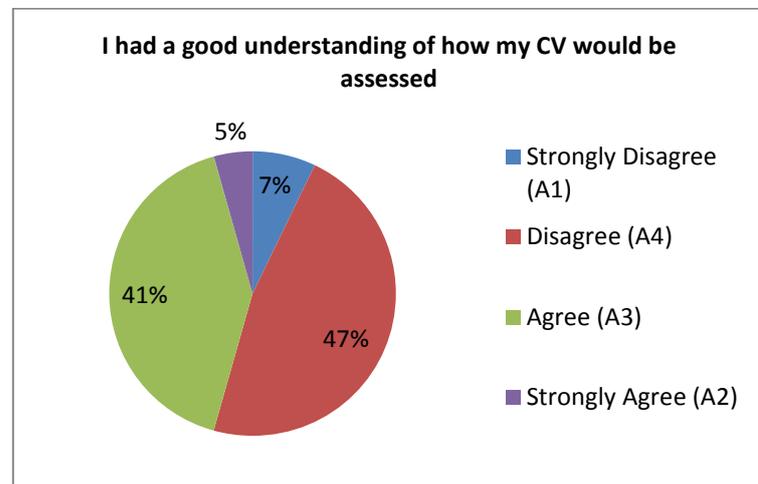
Graph 2.2



Graph 2.3



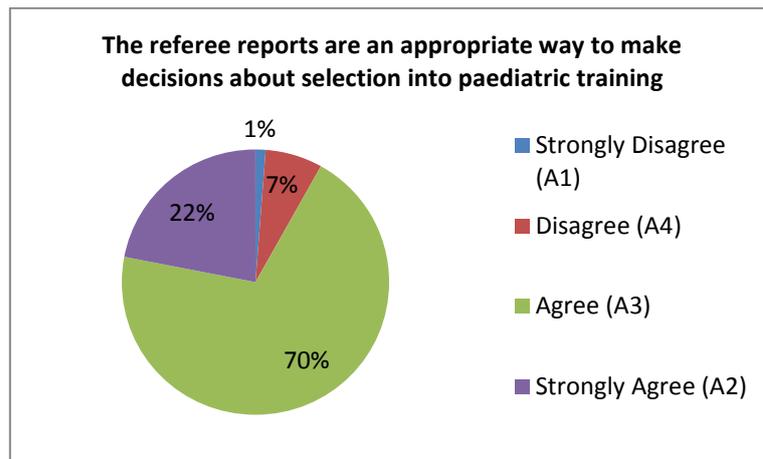
Graph 2.4



Additional Comments – Question 2, Curriculum Vitae

- CV does not demonstrate interpersonal skills
- I don't think that it can be used alone as there are many factors it does not cover. More junior doctors will of course have less on their CV than those more experienced but they should not be any less eligible for the job. There needs to be a good mix of junior/senior RMO's hired in order for teams to function
- Perhaps would have altered CV had I realised no discussion about it was going to occur.
- For a competitive general training position, such as the WCHN position, a 2-page CV certainly does not provide adequate opportunity to demonstrate skills and abilities when paired with such a poorly-differentiating interview. It is a restrictive document (always encouraged to be no more than 2 pages + referees page) which makes it difficult to include sufficient information, attributes and experience to differentiate one candidate from another. If paired with a good interview, the CV would be a useful addition to the selection process.
- I had a relatively poor understanding of how my CV would be assessed
- There was nil relevance to even submitting a CV, I did not see the point in submitting one
- This wording suggests there was a standardised CV - I was not aware of this if so!

Graph 3.0



Graph 3.10

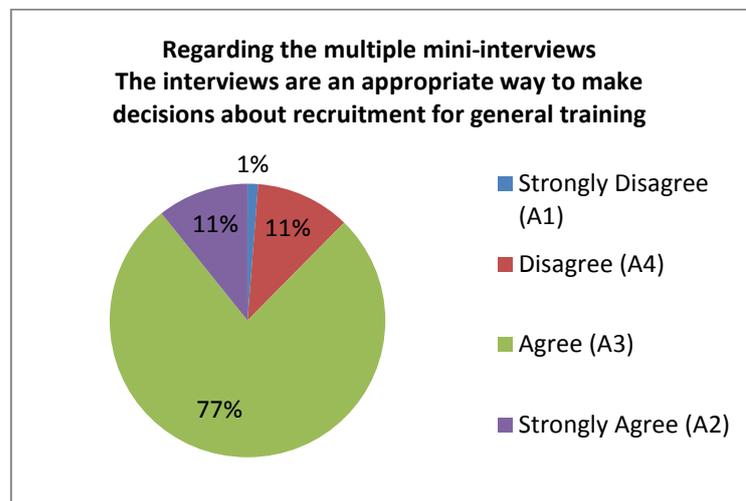


Additional Comments – Question 3, Referee Reports

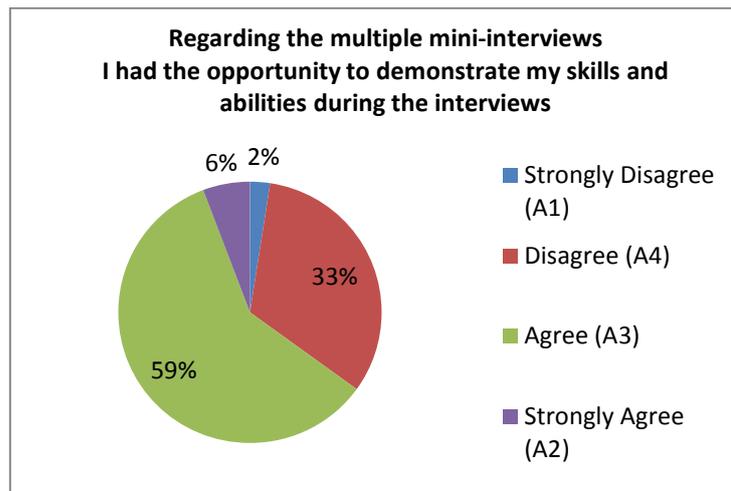
- Especially for interns applying for PGY2 positions: The timing of the year when we have to apply means that we have really only had 2 rotations where we have been practicing professionally, so only two teams. The applications occur ~3 weeks into our third rotation, and we haven't really had chance to impress or get to know the directors of these rotations at this time. Therefore our choice of referees is extremely small. If one has a difficult rotation or does not get a great vibe from one of those teams, we are at a very large disadvantage. I was in the position of having one of my referee's off for maternity leave, forcing me to rely on a referral from a supervisor who I had met only twice. This I think is very unfair this early in our working careers.
- It can be difficult for interns who have certain rotations early in the year to have enough referees by the time recruitment comes around to fulfil requirements for applications
- It would be more appropriate to have 2 rather than 3 referees as interns need to apply for PGY2 positions during their second rotation and may not have worked with 3 consultants by this point
- I didn't apply for any paediatric positions but I feel referee reports are useful and fair for any application irrespective of which position
- Again these cannot be used alone but only in combination with other information

- One of my 3 nominated referees was sent only reminder emails to complete a referee report, without being sent an initial request, or any details of who the referee report was for. He replied several times to the reminder emails asking for the report to fill out and who it was for, however never got a reply. 168 Any training program application should require additional steps such as interview or other demonstration of preparedness.
- many applicants unable to be seen by relevant specialties to paediatrics before applications close
- Referee reports are undoubtedly an important addition as a selection tool. However, as interns we have only two terms to obtain referees (as employees, not students) which can be challenging. We were discouraged from using clinical supervisors during our final year of medical school as referees but I feel that these may have been equally apt - if not more appropriate than consultants from our internship rotations. In particular, though this was not an issue for me personally, it would have been particularly challenging for those who were on Nights and/or Relieving terms in the early part of the year to find referees which would have unfairly disadvantaged them
- The transition from internship to GT/PGY2 is difficult to use referee reports. This is primarily due to how few rotations we have been involved in. The referees this year were effective, but most of the time this will be one of many applications that a referee will have to fill out. Given this, I used less important referees so that my main ones were not bothered by multiple references
- I have no idea of the extent to which referee reports assist with selection into paediatric training. If referee reports from paediatricians are given greater weight, that would be grossly unfair given that whether interns get a paediatric rotation comes down to luck.
- ? Decisions about selection into general training instead of paediatric training.

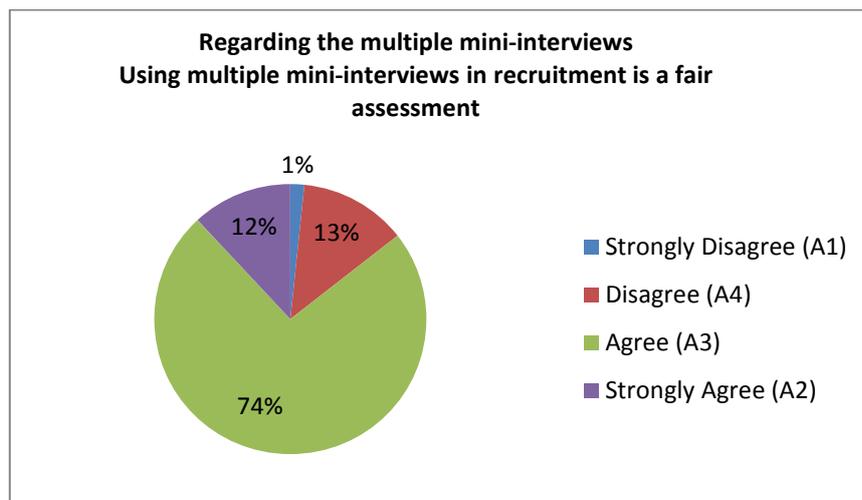
Graph 4.0



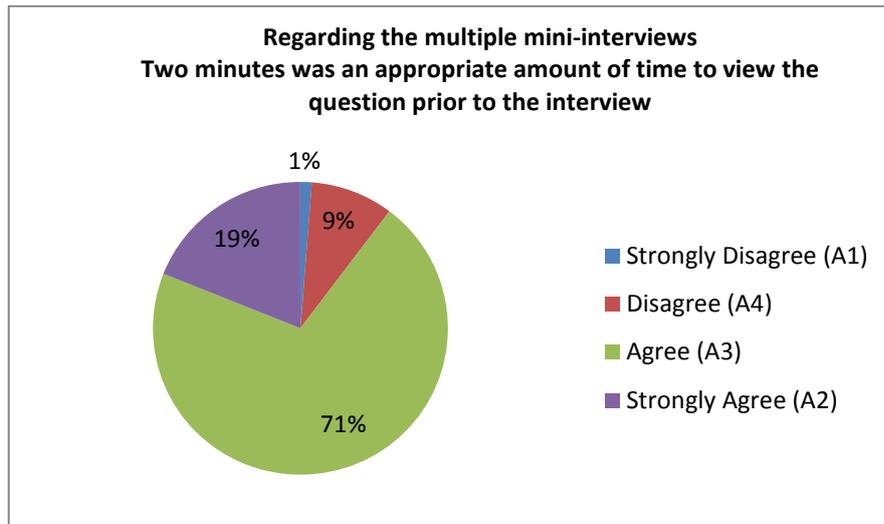
Graph 4.10



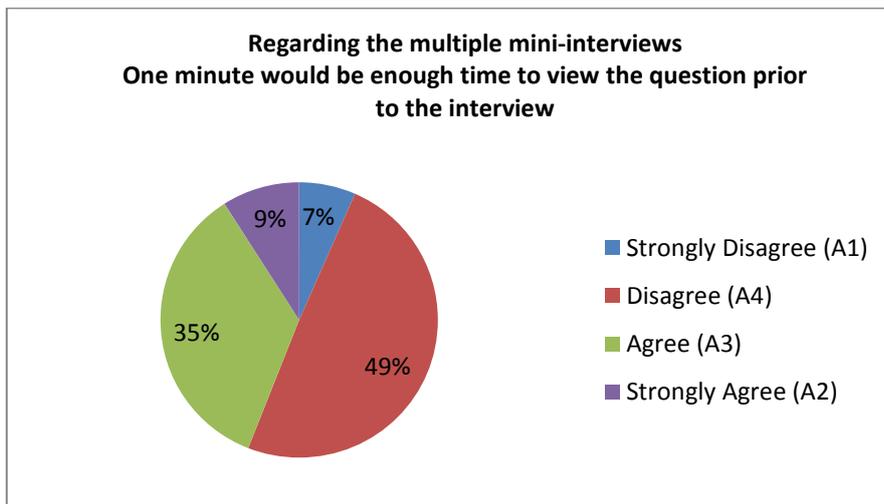
Graph 4.20



Graph 4.30



Graph 4.40



Additional Comments – Question 4, Multi Mini Interviews

- It would have been appreciated to have the format of the interviews sent to applicants beforehand.
- The mini-interviews give very little opportunity to demonstrate long term career goals and steps taken to work towards these goals. I feel the results would reflect good charisma more so than career diligence and aptitude.
- While fair, I feel like the multiple mini interviews essentially tests "how good is the candidate at a multiple mini interview" rather than "is this candidate a good fit for the position. I understand with so many applicants you need a way to fair rank people to reduce inter-observer bias, but I really feel like the skill you are examining is not likely to be correlated well with in-the-job performance.
- I think it was unfair that the same questions were use both days, giving the people on the second day more

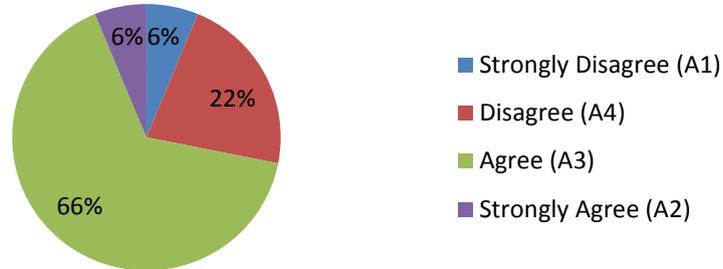
of an advantage

- The interviews seemed a bit unnecessary and a waste of time and resources.
- Feel the format of multiple mini interviews is a valid process; however I felt that one particular question warranted further explanation and more time. The question about discharge summaries seemed trite given that most rotations have hundreds of summaries outstanding.
- 2 minutes to read and a pen and paper would have been useful to help gather thoughts on paper
- This interview style was totally inadequate for differentiating a large number of candidates for highly competitive roles such as the WCHN general year positions. Making it worse was that prior to starting the interview I was not informed how long each station would be, and hence assumed a 15 minute interview (3x5 minute stations). I since found out we only had 4 minutes per station, which was apparent when the bell to leave the first station alarmingly started ringing sooner than expected! Unfortunately, I later found out friends in other groups were informed before starting that each station would only be 4 minutes long. Without any candidate-specific questions e.g. questions to identify desire to undertake a job, attributes that make you suitable for the job, knowledge about highest prioritised jobs/hospitals etc., it seems impossible to properly assess candidates and rank them for competitive positions. At no stage of the application and selection process have I felt there has been a good opportunity to truly present myself as a knowledgeable, competent and deserving RMO for any general role in 2018.
- The only negative of the format of interviews is it left no opportunity for personal questions.
- Two minutes was fair time to demonstrate abilities relevant to the questions asked
- While the use of interviews is appropriate I feel it would be difficult to differentiate between the large number of candidates based on the current interview
- I feel that this certainly gives a much more honest and transparent reflection of an individual's character and dispositions compared to the traditional, set questions. It came to my attention and the attention of my colleagues after everyone had finished their interview questions had not differed on both days. If the purpose of the MMIs was to catch an instinctual response rather than rehearsed answers then perhaps this needs to be redressed through having a variation in the scenarios on different days or at least some official binding agreement of involved applicants to not disclose/discuss the scenarios until the proceedings were entirely over.
- This OSCE type system is probably not the most effective means to assess applicants. The questions were very similar to previous years
- Extra time in the mini-interviews would be preferable. Also knowing if a second follow up question would be asked would also be beneficial for time management purposes
- The interview questions were generic to the point of pointlessness.
- The question involving two scenarios was too long to fit into the allocated time to answer the page 4 / 8 Quick statistics Survey 542794 '2018 General Training Interview Evaluations' question. It is appropriate to have only one scenario per station given the length of time it takes to accurately describe a scenarios
- However I did wonder how much candidates answers could have differed in 2 of the 3 stations.
- There should be more stations. 3 stations are not enough.

Graph 5.0

For those preferring Women's and Childrens General Training these questions refer to the two short answer questions submitted with your application

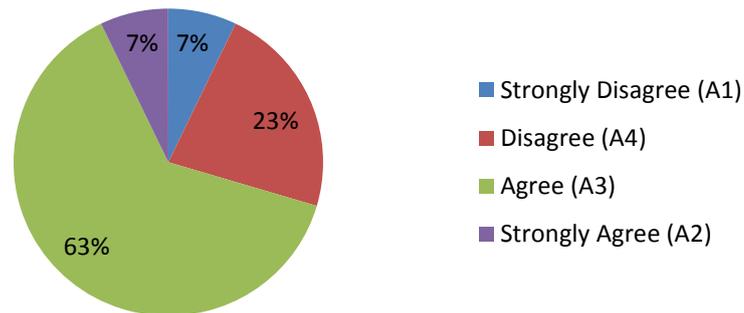
This task seemed to be an appropriate way to make decisions about selection into paediatric training



Graph 5.10

For those preferring Women's and Childrens General Training, these questions refer to the two short answer questions submitted with your application

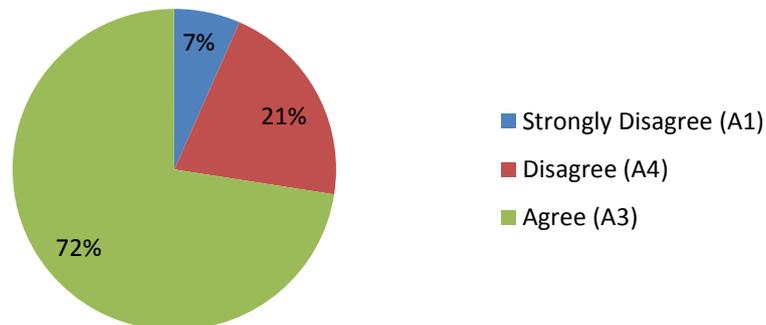
I had the opportunity to demonstrate my skills and abilities



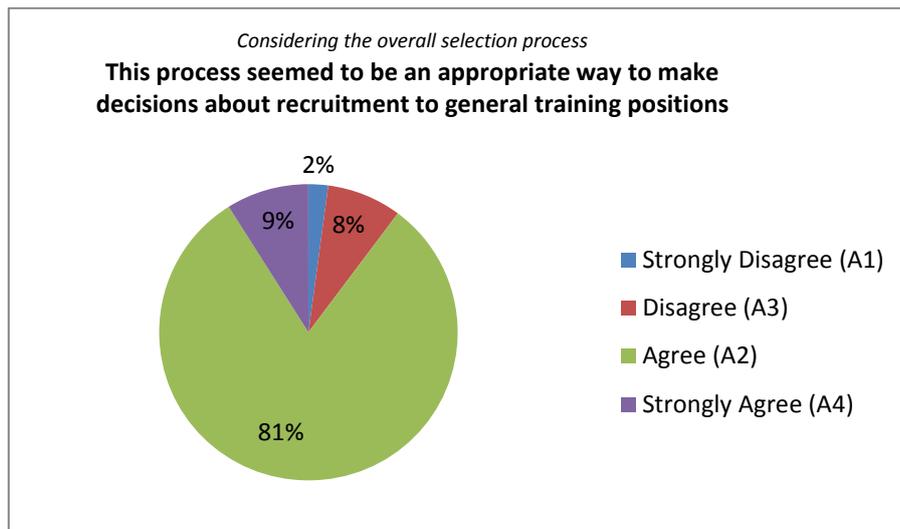
Graph 5.20

For those preferring Women's and Childrens General Training, these questions refer to the two short answer questions submitted with your application

This task was a fair assessment



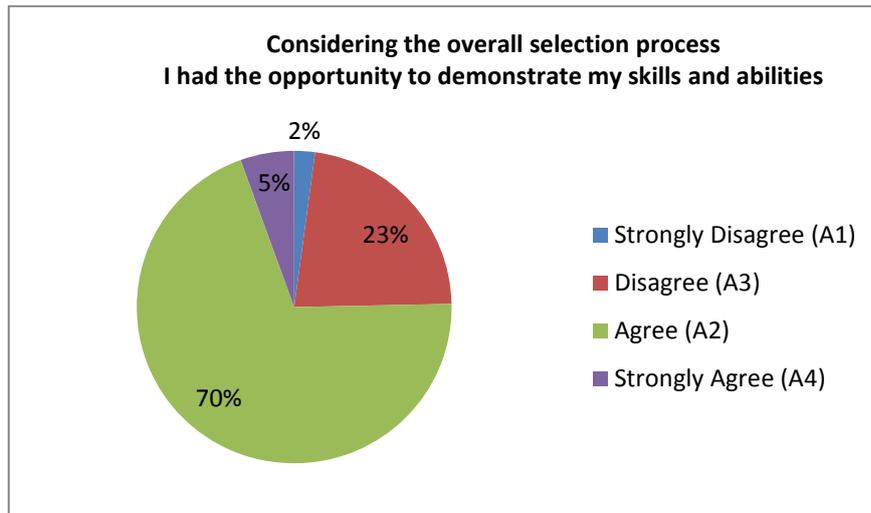
Graph 5.30



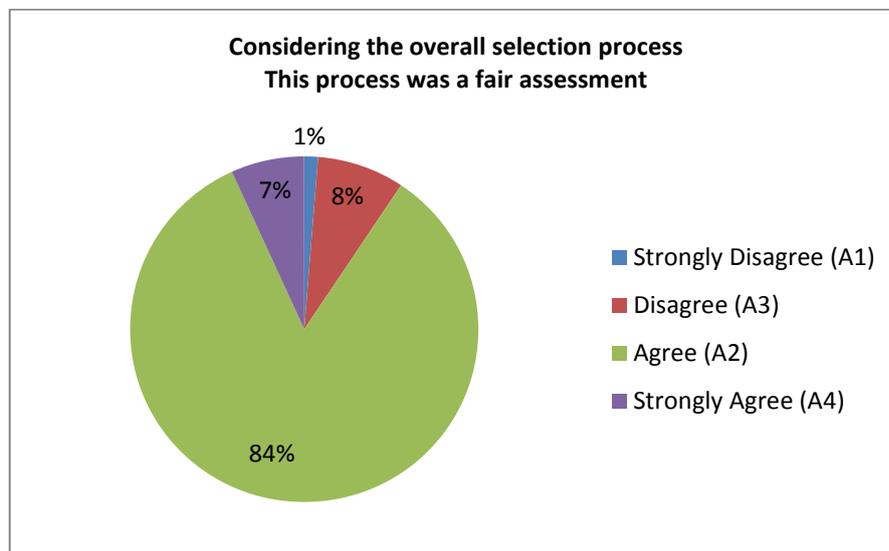
Additional Comments – Question 5, WCHN

- Paediatrics is a difficult field to enter. I was disappointed to not have the opportunity to directly communicate to staff from the WCH my career development thus far, my career goals. I feel the current interviews would not reflect well on people who are best suited to the paediatric training
- These scenario questions were very generic, and due to the short word limit I found that it was difficult to give complete and stand-out answers that clearly defined the scenario, actions taken, and ultimate outcomes. The main reason this was tricky was because often a lot of the context and details of the cases (the nitty gritty that made them impressive or worth sharing) was lost in honour of the word count. Due to this, I felt it was difficult to adequately portray skills/abilities that separated me as a candidate from others. This did not bother me much until after the interview (as I had expected to have further opportunity to elaborate on my skills, knowledge and experiences etc. during the interview). If the interview was significantly improved, I think that a task like this would be adequate as part of the selection process.
- Not specific to paediatrics in particular
- I preference Women's and Children's General Training and I have no idea what the "task" refers to.
- There should be a separate interview for this position as it is so competitive and you cannot fairly demonstrate your skills in a written statement that small.

Graph 6.0



Graph 6.10

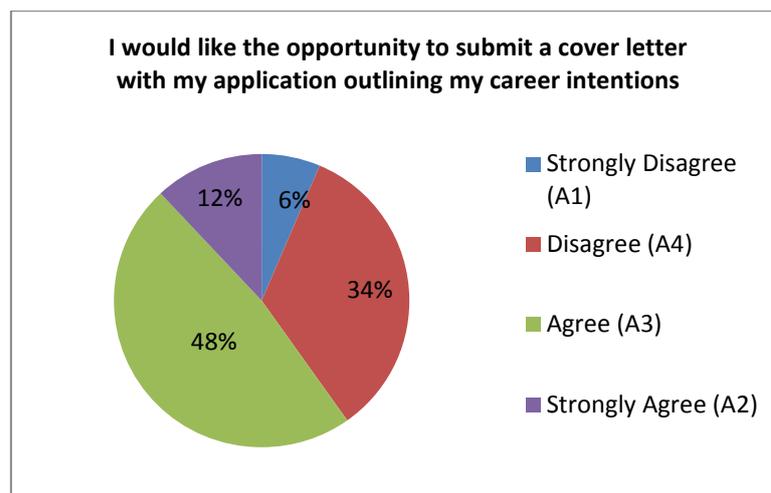


Additional Comments – Question 6, Overall process

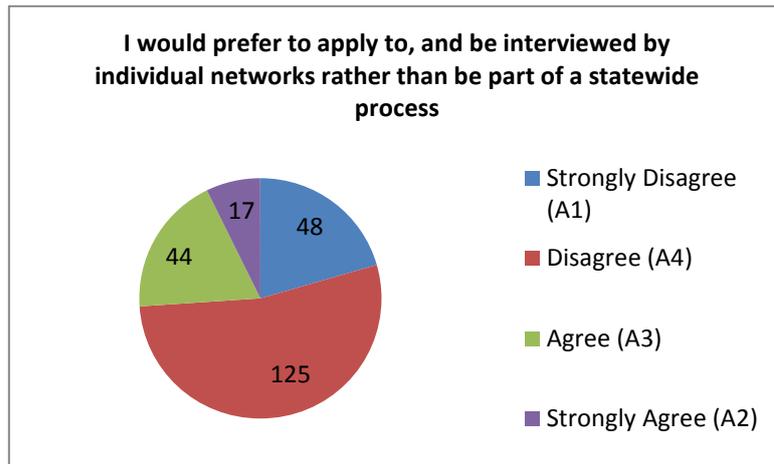
- The CV and referees are fair recruitment tasks. The interviews are poorly suited to differentiating applications, particularly with regards to WCH applications.
- While fair, I felt that I was given zero opportunity to demonstrate the aspects of my character/training/experiences which I feel make me stand out above other candidates.
- The process is fair as it is standardised.
- Lacked a personal component
- Leaking of interview questions
- The process is grossly inadequate. An OSCE would be useful. 3 brief questions seem inadequate to differentiate the top candidates.

- same questions for each student were used which meant some people who were interviewed on a later date knew the questions before hand
- This process was not really the best or fairest way to pick candidates for competitive positions because there was such limited opportunity to actually demonstrate skills and abilities. I suspect this is particularly true for PGY1 candidates who were less likely to have done much professional development to bulk their CVs (due to barely starting their medical careers when the application process began), and who were only in their second rotation at the time of the SA Health job application period (hence limiting their options for suitable referees to write referee reports, which was potentially a significant part of the application process!).
- I was not informed of the MMI until I showed up for the interview. It would have been useful to understand the format of the interview in order to prepare beforehand.
- Personally, I am not a firm believer in the traditional style of interviewer where, it would seem, those disposed to speak highly of themselves - or at least are very comfortable doing so - win out. As people, we are diverse in temperaments and personalities, and we really shouldn't have to resort to having people toot their own horn as a only means of assessing their abilities, achievements or potential. The way these interviews were conducted was certainly a refreshing and positive experience.
- The whole process was a waste of time. It did not delineate one candidate from the next. I don't believe an interview is necessary at all for general training. If for example someone is applying for a training programme/specific stream, then well-structured interview process is required - not like the one for general training.

Graph 7.0



Graph 7.10



Additional Comments – Question 7, Other Questions

- I believe general training can easily be centralised for CALHN, SALHN and NALHN as they differ primarily in location only. However, I do NOT believe that the application for the WCH should be centralised, as it is competitive and unique
- A cover letter would allow me to demonstrate my qualities, but as I don't anticipate strong competition for general training it would be unnecessary effort
- It would be fantastic to be interviewed by the individual networks, but being from interstate, there is almost no way I could afford the time or the cost of coming back and forth for in person interviews.
- It would allow me to tailor my CV better. However I do like only having to do one interview, rather than 3-4 100 when applying for multiple networks I would like to know which networks I am being interviewed for.
- I think that for SALHN, CALHN and NALHN general years a joint interview is a great idea, as the jobs are all quite similar and have similar numbers of positions. I think that for the WCHN there should be a separate and more targeted interview, as this job is highly competitive compared to other general training positions and needs a better way to differentiate candidates.
- I think applying to individual networks could create smaller candidate pools, allowing for a more personalised process. I think this particularly applies to WCHN as different values/professional development may be valued higher
- As an interstate applicant, it was much more achievable for me to make the trip over for just one interview session.