

# A Report on the Junior Doctor Allocations in South Australia

for positions commencing in the  
2018 clinical year

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Recruitment and Allocation

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## Table of Contents

EXECUTIVE SUMMARY .....	3
Intern application, allocation and offer system.....	3
Data collection and analysis.....	3
PGY2+ application, allocation and offer system .....	3
INTERNS .....	5
Applications.....	6
Ineligible/Incomplete applications .....	7
Enterprise Patient Administration System.....	7
Allocations.....	7
Quality assurance.....	7
Allocation data .....	8
Intern declines .....	9
Preference analysis .....	10
South Australian trained International Medical Graduates.....	10
Rotation selection .....	10
National Audit of Intern Acceptances.....	11
Late Vacancy Management Process .....	11
National intern positions .....	11
POSTGRADUATE YEAR 2 AND BEYOND (PGY2+) .....	13
Applications.....	13
International Medical Graduates (IMG).....	14
Referee reports.....	15
Interviews.....	15
Allocations.....	16
Allocation data .....	16
PGY2+ declines.....	17
Applicant preferences.....	19
Evaluation .....	20
Analysis of the PGY2+ applicant feedback survey .....	21
Analysis of PGY2+ selection panels/LHN feedback survey .....	22
Appendices:.....	23
1. Evaluation results of State-Wide PGY2+ General Trainee & General Practice Recruitment	23
2. Graphical PGY2+ preference analysis per position discipline .....	23

## **EXECUTIVE SUMMARY**

The South Australian Medical Education and Training (SA MET) Unit, within Public Health and Clinical Systems, SA Health, continues to administer the centralised application, allocation and offer systems for intern (Postgraduate Year 1) and Postgraduate Year 2+ (PGY2+, Resident Medical Officer) positions in South Australia. This report provides an overview of statistical data for the 2017 allocations and recruitment for the 2018 training year.

### **Intern application, allocation and offer system**

There were 515 eligible medical graduate applicants for a total of 255 medical internship positions in 2018. These positions were allocated according to agreed categories which continue to give priority to local, Commonwealth-supported Medical graduates. For the 2018 clinical year, South Australia's intern positions were filled by 254 local Commonwealth-supported graduates and one interstate applicant.

### **Data collection and analysis**

A secondary data collection was undertaken following the allocation of intern positions to obtain information about successful intern applicants' preferred rotations, leave preferences and career pathways. This information is useful to Local Health Networks (LHNs) for rostering, career planning and assists with future medical workforce and education planning in South Australia.

### **PGY2+ application, allocation and offer system**

There were 645 eligible applicants for 464.5 PGY2+ positions in the South Australian LHNs for the 2018 clinical year. These positions were offered to applicants using a merit-based process that takes into consideration applicant training program preferences, interviews (if required) and applicant ranking by the selection panels. The selection criteria for each advertised position differed; each position provided an information pack so applicants knew the job specifics and selection criteria. The 2017 recruitment process resulted in 415 positions being filled via the SA MET Unit centralised allocation and offer process.

To assist selection panels with employee selection, 1,909 referees were nominated by applicants with 80% of these referees completing their online referee reports. Applicants were required to nominate a minimum of two referees, but could nominate up to three. Referee reports were sent to referees via email shortly after an application was submitted and referees were given an additional two weeks after the application close date to complete their reports. A number of referees were nominated to complete multiple referee reports with the total number of unique referees that were nominated being 1108.

It is important to note that outside of this centralised PGY2+ application process some PGY2+ positions are filled directly by LHNs such as positions in emergency medicine and advanced training.

# Interns

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## INTERNS

515 eligible  
applicants applied for  
a position

255 intern positions  
across SA Local  
Health Networks

255 intern positions  
filled in SA

Applications for intern positions in South Australia were received online through [www.sahealthcareers.com.au](http://www.sahealthcareers.com.au). Interns are matched to positions using a formula that considers the applicant's residency status, university, LHN preferences (preferred place of work) and the number of available intern positions. When the number of applications received for a LHN exceeds the number of available intern positions, a randomised ballot is used to allocate applicants to intern positions. Offers are made in order of applicant category group until all positions are full.

### South Australia Intern Category Groups:

#### Category 1

Australian Citizens, Australian Permanent Residents and New Zealand Citizens

- 1.1: Medical graduates from a South Australian university who identify as Aboriginal or Torres Strait Islander (ATSI),
- 1.2: Medical graduates from a South Australian university - Commonwealth-supported (HECS-HELP) or SA Bonded Medical Scholarship Scheme (SABMSS)
- 1.3: Medical graduates from a South Australian university - full-fee paying

#### Category 2

Australian Citizens, Australian Permanent Residents and New Zealand Citizens

- 2.1: Medical graduates from an interstate or New Zealand university who identify as Aboriginal or Torres Strait Islander (ATSI)
- 2.2: Medical graduates from an interstate or New Zealand university who completed Year 12 in South Australia.
- 2.3: Medical graduates from an interstate or New Zealand university
- 2.4: Medical graduates from an overseas university who completed Year 12 in South Australia.
- 2.5: Medical graduates from an overseas university

#### Category 3

Australian Temporary Residents and New Zealand Permanent Residents

- 3.1: Medical Students from a South Australian University

#### Category 4

Australian Temporary Residents and New Zealand Permanent Residents

- 4.1: Medical graduates from an interstate or New Zealand University

#### Category 5

Australian Temporary Residents and New Zealand Permanent Residents

- 5.1: Medical graduates who have spent two or more semesters in an overseas campus of an Australian or New Zealand University (eg Monash Sunway campus, UQ New Orleans campus)
- 5.2: Medical graduates of an overseas university

*\* Category 1.1 & 1.2 applicants – an intern place is currently guaranteed in SA under the 2006 COAG commitment*

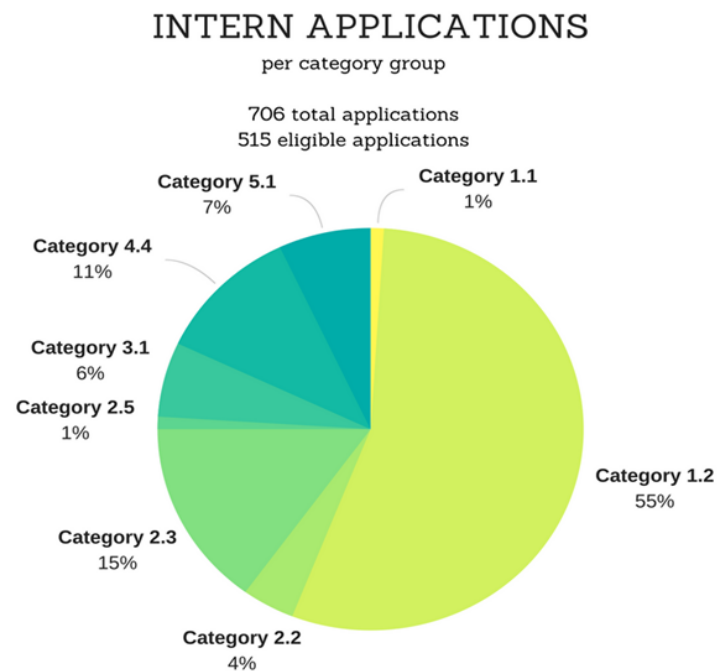
## Applications

Applications for 2018 medical internships in South Australia opened on Monday 8 May 2017 and closed on Friday 2 June 2017. The application closing date and the first round allocation date were agreed by all Australian jurisdictions.

Applicants were required to provide personal and contact information, residency status and demographic data. Applicants uploaded requested documentation and ranked their preferred LHNs. All applications were manually reviewed, cross-checked and verified by SA MET Unit staff to ensure the eligibility criteria had been met and applicants were categorised correctly. Applicants who did not meet the eligibility criteria were marked as ineligible, provided with an explanation for their ineligibility and excluded from the allocation.

A total of 706 applications were commenced with 535 of these submitted by the specified closing date. Following the verification process 515 were determined to have completed their application and met the eligibility criteria.

For the 2018 intern year, there were 290 category 1 applications, 102 group 2 applications, 30 group 3 applications, 59 group 4 applications and 34 group 5 applications received. This can be seen in the graph above.



### ELIGIBILITY CRITERIA FOR A 2018 INTERNSHIP POSITION IN SOUTH AUSTRALIA

#### To apply for an internship in South Australia you must:

- have graduated from a medical school in the last two years
- have successfully completed AMC Part 1 if you are an international medical graduate
- be able to demonstrate that you will meet the requirements for registration with AHRPA
- have **NOT** commenced or completed an internship or worked as a doctor
- be an Australian Citizen, Australian Permanent Resident, Australian Temporary Resident, New Zealand Citizen, New Zealand Permanent Resident
- have a visa or residency status that allows you to work unrestricted in Australia for the duration of your prevocational training
- be able to begin working on the January start date, which includes compulsory orientation, and fulfil the minimum 12 month contract
- have met the English Language Skills Registration standard set by the Medical Board of Australia
- have completed Enterprise Patient Administration System (EPAS) training
- have completed and submitted an online application, including the provision of valid supporting documentation, by the application closing date

## **Ineligible/Incomplete applications**

A total of 191 applications were deemed to be incomplete at the time of submission or did not meet the eligibility criteria. Ninety two applications did not pass the mandatory components of the eligibility criteria, with a further 20 applications assessed as not meeting the criteria during the validation process. A further two applicants withdrew their application prior to receiving an offer.

Ineligible/incomplete applications were excluded from the allocation. Where there was any doubt regarding an applicant's eligibility, the applicant was given the opportunity to provide supporting evidence prior to being marked as ineligible.

## **Enterprise Patient Administration System (EPAS)**

Applicants were required to complete basic EPAS training to ensure work readiness for the South Australian health system. South Australian graduates complete this training as part of their University studies and other graduates were required to complete the training online via the eLearning system OTIS (Online Training and Information System) prior to submitting their application. The final date that applicants could register for an OTIS account was 30 May 2017.

## **Allocations**

Suitable applicants were allocated to intern positions in line with prescribed category groups and their preferences using a randomisation matching process.

Due to the preferences of applicants, some LHNs received more first preference rankings than there were available positions, a formula was used to randomly determine which applicants were offered the available positions. Applicants were allocated to their second or subsequent preferences once it was no longer possible to match them to their higher preference.

Notifications were sent to successful applicants by email with applicants required to respond online within a specified timeframe. If a position was declined, that position was reallocated to an applicant from the same or next category group who had not yet received an offer of an intern position in South Australia.

## **Quality assurance**

Prior to initial offers being made, a comprehensive quality assurance analysis was undertaken to validate the allocation process. This showed that:

- > all offers were made to applicants who met the eligibility criteria;
- > published category groups were adhered to; and
- > ballot outcomes, where required, were random with no significant association between applicant surname, application submission date or application validation/verification date and allocation outcome.



## Allocation data

2017 saw the largest medical graduate cohort in South Australia in six years with 290 Commonwealth-supported applicants applying for a 2018 internship, this was a 16% increase from the previous year. There were 255 intern positions available, an increase by 1.5% from the previous year. The progress of offers was slower than in previous years due to the large number of local graduates who applied for an internship as positions only became available when an offer was declined or withdrawn from.

SA Health remains committed to meeting the 2006 Council of Australian Governments (COAG) agreement to guarantee all South Australian Commonwealth-supported medical graduates an intern position so the rate of decline and withdrawal was monitored carefully. Offers for category 1.2 applicants continued into November, some months later than historically experienced.

A total of 292 offers were made for intern positions in South Australia across category groups 1 and 2. 254 Commonwealth supported graduates from South Australian universities and one interstate applicant accepted their offers.

INTERN POSITIONS IN SOUTH AUSTRALIA		(Intern training year 2014 – 2018)				
LOCAL HEALTH NETWORK (LHN)	2014	2015	2016	2017	2018	
Central Adelaide LHN*	148	133	129	130	131	
> <b>Royal Adelaide Hospital</b>						
> <b>The Queen Elizabeth Hospital</b>						
<i>*Includes rotations to the Women’s and Children’s Hospital and Hampstead Rehabilitation Centre</i>						
Southern Adelaide LHN	74	68	69	69	69	
> <b>Flinders Medical Centre</b>						
> <b>Repatriation General Hospital</b>						
> <b>Noarlunga Health Service</b>						
Northern Adelaide LHN	50	48	47	47	50	
> <b>Modbury Hospital</b>						
> <b>Lyell McEwin Hospital</b>						
Country Health SA LHN	6	5	5	5	5	
> <b>Mount Gambier and Districts Health Service</b>						
Total	278	254	250	251	255	

Currently South Australia has 7.8% of all Australian intern positions, in comparison to having 7.0 %<sup>1</sup> of the Australian population<sup>1</sup>.

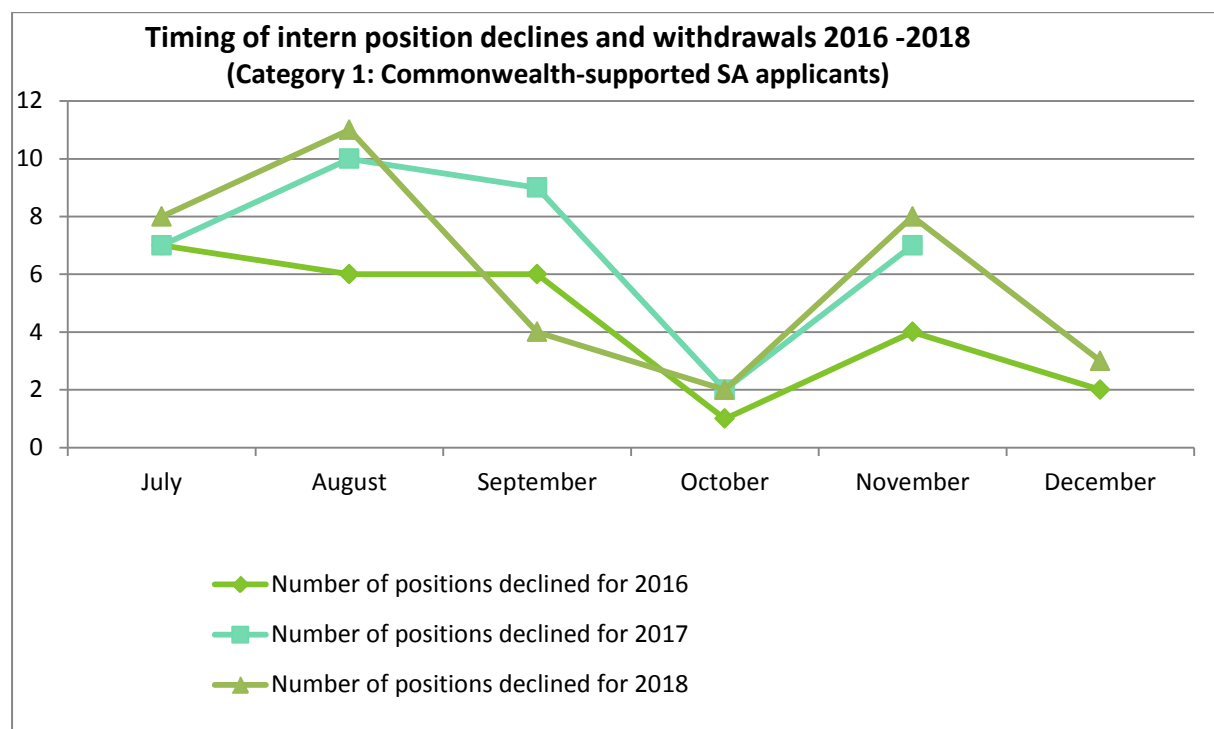
<sup>1</sup> Population data from Australian Bureau of Statistics, 3101.0 - Australian Demographic Statistics, March 2017.



## Intern declines

Over past years South Australia has experienced an 11% to 14% decline/withdrawal rate from its category 1 applicants. Recruitment for 2018 saw a 12% decline rate from these applicants which allowed for all category 1 applicants to be allocated to an intern position. Historical decline rates are used by SA Health to predict whether the 2006 COAG agreement to guarantee all Commonwealth-supported applicants with an intern position will be met in a timely manner. South Australian graduates were well prepared to expect that intern offers would occur later than usual due to the high number of 2017 graduates.

August and November continued to experience higher numbers of withdrawals during the 2018 intern recruitment. SA Health will make recommendations to the National Audit to commence the Late Vacancy Management Process earlier in the year in order to stabilise the allocation results and provide certainty to LHNs and applicants earlier in the year.



## Preference analysis

A preference analysis was undertaken on all applicants who received an internship offer. Eighty six percent of applicants who received an offer of internship in South Australia received their first preference, this was a decrease from 2016 where 91.2% accepted an offer for their first preference. Ten percent of medical graduates accepted an offer for their second preference compared to 2.8% the previous year and 3.4% of medical graduates accepted an offer for their third preference compared to 5.6% the previous year. Similar to the previous year 0.4% of medical graduates accepted an offer for their fourth preference.

### PREFERENCE ANALYSIS FOR INTERN APPLICANTS WHO RECEIVED AN OFFER



## South Australian trained International Medical Graduates

In 2017, 30 applications were received from international medical graduates who studied at the South Australian medical schools. There were insufficient positions available to offer any of these applicants a 2018 internship in SA. These applicants will be eligible to apply for a 2019 internship and were encouraged to apply for a 2018 internship interstate and through the Commonwealth Medical Internship program.

## Rotation selection

Interns are required to undertake a variety of clinical placements during their intern year. These include core rotations in appropriate medical, surgical and emergency units. Non-core rotations are also utilised to make up the required five terms of an intern year. Rotations available vary between the LHNs and are dependent on the health services provided in that area.

Applicants who accepted an offer were asked to complete an online rotation preference form for most of the South Australian LHNs. The relevant LHN rotation list was provided via a secondary online data collection for applicants to preference the available rotations and to provide a brief statement regarding their career pathway intentions (if known). They were also asked to request any specific annual leave dates.

The rotation and leave information is collected and provided to medical administrative staff at the LHNs to assist with developing intern rotation rostering.

## National Audit of Intern Acceptances

An annual audit to manage the number of applicants who accept intern positions in multiple jurisdictions is undertaken by the National Medical Intern Data Management Working Group (NMIDM WG).

The National Audit of Intern Acceptances (the audit) uses data provided by the jurisdictions to identify applicants who have accepted multiple intern positions across Australia. Those applicants are contacted and given a specified timeframe to decide which position they will ultimately accept. Applicants who do not make a timely decision are withdrawn<sup>2</sup> from all accepted positions, except the first one that was offered to them.

The purpose of the audit is to ensure that applicants have the most equitable and timely opportunity to obtain an intern position in Australia. It does not aim to prevent applicants receiving multiple offers but rather clarify and resolve which offer an applicant truly intends to accept when two or more offers have been accepted in different jurisdictions. In 2017, five audits of intern acceptances were undertaken.

## Late Vacancy Management Process

A Late Vacancy Management (LVM) process to manage vacant positions after the last National Audit was undertaken by the National Medical Intern Data Management Working Group (NMIDM WG).

The purpose of the LVM process is to ensure applicants who have not yet received an offer in any jurisdiction across Australia can fill positions that arise after the last National Audit. This process provided better opportunities to fill late vacancies with applicants who are yet to receive a 2018 internship offer. This also reduces the risk for employers of losing applicants to late offers from other jurisdictions.

The LVM process runs as a supplementary process from 4 December 2017 to 23 March 2018.

## National intern positions

For the 2018 medical intern year across all states and territories there was a total of 3356 intern positions; this was a decrease of 18 positions from the 2017 medical intern training year.

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<sup>2</sup> *The Terms of Use that are accepted by applicants when applying for a position allow positions to be withdrawn from applicants in order ensure timely management of multiple acceptances or in the event that an applicant is subsequently found to be ineligible.*

# POSTGRADUATE YEAR 2 AND BEYOND

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## POSTGRADUATE YEAR 2 AND BEYOND (PGY2+)

645  
eligible applicants  
applied for a position

464.5  
PGY2+ positions  
across SA Local  
Health Networks

415  
positions filled in SA

Following the successful completion of a medical intern year, junior doctors may begin pre-specialist training or undertake general training. This subsequent training year provides junior doctors with further clinical experience allowing them to establish networks and provides the opportunity to explore the various medical specialties in depth prior to choosing a medical career as a generalist or specialist.

General training positions within hospitals provide junior doctors with further general hospital experience and clinical exposure. These positions provide rotations through a range of medical, surgical and emergency units, and are suitable for junior doctors who are yet to decide on a medical career pathway, or those who wish to gain more clinical experience prior to specialty training.

Recruitment and allocation of some PGY2+ positions in South Australia is undertaken through a centralised process administered by the SA MET Unit on behalf of SA Health. Some training programs choose to extend existing staff contracts and/or advertise positions outside of this central application and allocation process, and therefore the data presented within this report is not a complete representation of South Australia's PGY2+ workforce.

Allocation of Advanced Training Positions (Registrars) is not undertaken by the SA MET Unit, with recruitment for these positions being coordinated directly by hospitals and/or specialty colleges.

### Applications

Applications for 2017 PGY2+ positions in South Australia opened on Monday, 22 May 2017 and closed at 11:55pm (ACST) on Friday, 16 June 2017. The SA MET Unit utilises an online application system for PGY2+ positions, which allows applicants to submit employment applications, nominate referees and select their four preferred positions. Following the close of applications, all applications were manually reviewed, cross-checked and verified by SA MET Unit staff to ensure that the eligibility criteria had been met. Applicants who did not meet the eligibility criteria were marked as ineligible, provided with an explanation for their ineligibility and excluded from the allocation.

Applicants are ranked on merit by selection panels. The SA MET Unit then matches applicants to positions optimising applicant preferences, selection panel merit ranking and available positions.

SA Health received a total of 939 applications, which included 294 applications that did not meet the eligibility criteria or were incomplete and were ultimately excluded from the recruitment and allocation process.



## ELIGIBILITY CRITERIA FOR A 2018 PGY2+ POSITION IN SOUTH AUSTRALIA

### To apply for an PGY2+ position in South Australia:

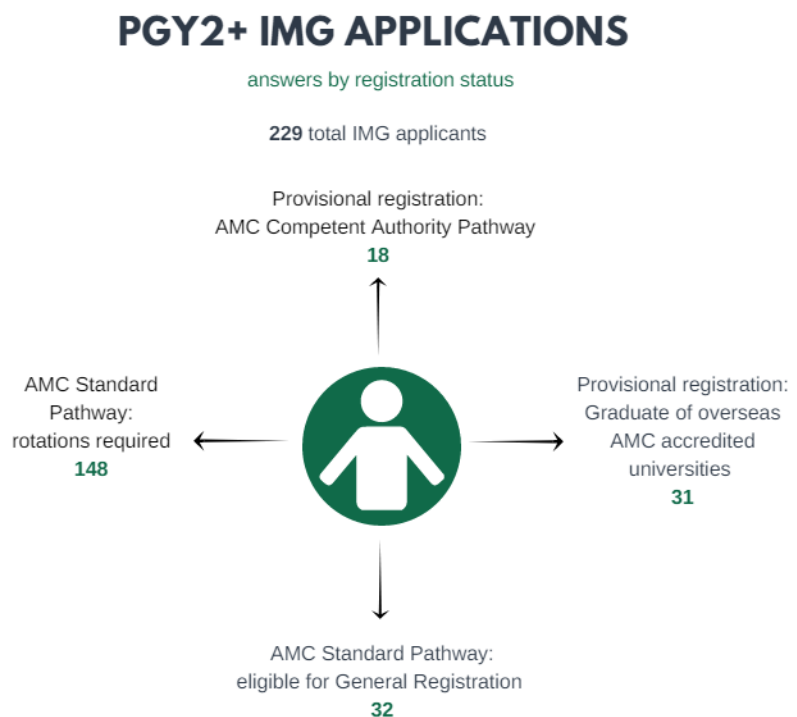
- You must be eligible for registration as a medical practitioner in Australia issued by the Medical Board of Australia on or before the February start date
- There must be no restriction on the rotations that you can complete as part of your supervised training.
- You must be available for a 12 month contract commencing on the February start date.
- You must meet AHPRA and SA Health's recency of practice requirements. SA Health requires applicants to have practiced as a medical officer with paid employment (not an observership) within two years at the time of submitting your application.
- You cannot have accepted a Targeted Voluntary Separation Package from SA Government within the last three years.

### International Medical Graduates (IMG)

SA MET collected applications and grouped them by their AHPRA registration category. Some applicants may not have General Registration but may be suitable for appointment in alternative positions. Applicants who did not have General Registration were informed that they did not meet the criteria of these PGY2+ positions and that they would be added to a database of medical officers seeking employment.

Applications were accepted from IMGs who would have registration by the 2018 commencement date AND could work in unrestricted rotations. IMGs on the Australian Medical Council's (AMC) Competent Authority pathway and those from Overseas AMC accredited universities were eligible while applicants on the AMC Standard Pathway were notified that their application were not successful as they are still required to complete specific supervised terms before they would be eligible for general registration. These IMGs were advised that their details would be retained in a centralised database and distributed to the LHNs to fill appropriate vacancies.

At the end of the allocation process there were general training vacancies at all metro LHNs. Using the database created through the PGY2+ application process 18 IMGs were offered and accepted a 2018 position. SA MET will continue to collect this information in future years.



## Referee reports

645 eligible applicants

1,909  
referees nominated

80%  
Referees completed their  
referee report

PGY2+ applicants are required to nominate referees who can provide referee reports during the selection process. Applicants nominated a minimum of two referees by providing their names, email addresses and phone numbers. Referee report forms were made available via an online form which was emailed to the referee once the applicant completed their application. The referees follow a uniquely generated hyperlink to complete the referee report for the applicant. The referee form collects the following information:

- > **Supervisor's information:** relationship to the applicant, capacity of work, number of clinical encounters with applicant, period of supervision of applicant, hospital and unit location.
- > **Trainee information:** communication skills, clinical competencies, professional and personal conduct.

The referee reports are provided in confidence and copies are not provided to applicants or to any person or institution outside of the SA MET Unit's matching and allocation process. Applicants may check the status of their referee reports by logging onto their SA Health application.

1,909 referees were nominated by applicants with 80% of these referees completing their referee reports. Some referees were nominated to complete reports for multiple applicants; of the 1909 nominations, 1108 were unique referees.

A further 75 referee nominations were made by International Medical Graduates and ineligible applicants however these reports were not forwarded to the referees for completion.

## Interviews

The majority of training positions nominated to interview their candidates prior to ranking them. Selection panels arrange interview times and interviews as part of the selection and ranking procedures independently from SA MET.

Selection panels were asked to provide advanced notice of interview dates so applicants could arrange time to attend. Notices were circulated via CE Check to all LHN staff advising them of known dates. In 2018, in conjunction with the Medical Officers Appointment Working Group a commitment was also made to offer interviews via video conference where possible so that interstate and regional applicants would not be disadvantaged.

The Statewide recruitment team for the metropolitan General Training/General Training positions interviewed 476 applicants in multiple mini-interview (MMI) format. Three hundred ninety five of these applicants were interviewed through face to face MMIs with the remainder participating in a phone or video interview. At the end of the recruitment period, the recruitment team collected applicant feedback on the process via an online survey, see [appendix 1](#) for survey results.



## Allocations

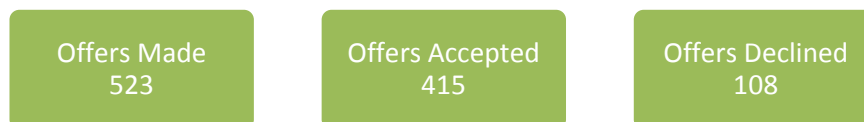
The allocation of PGY2+ applicants is undertaken in rounds and is based on applicants' preferences and training program ranking.

Following consultation with the statewide general training selection group in 2016, a decision was made to offer general training positions after the other training streams have received their offers to maximise applicants' chances of getting their highest pre specialty preferences and reducing the amount of withdrawals in general training. This change was implemented in 2016.

Feedback gathered from PGY2+ applicants following the 2016 allocation process indicated that further improvement was required in relation to the timing of offers for those applicants who preferred general training. Further improvements to the timing of offers were also implemented in 2017 with the hope of addressing the amount of time applicants have to wait to receive an offer for general training and allowing applicants to get their highest possible preferred general training position.

The SA MET Unit undertakes a supplementary allocation process to manage any vacancies that may arise post-allocation, this is referred to as the Late Vacancy Management Process where selection panels may offer unmatched and unranked applicants a position.

## Allocation data



For positions commencing in 2018, there were 23 position types across the LHNs, with 11 of these operating using a statewide recruitment process. In 2017 Obstetrics and Gynaecology opted to undertake their selection and ranking using a joint approach across Women's and Children's Hospital and Lyell McEwin Hospital for the first time.

Across the 23 position types there were 464.5 positions available, of the 523 offers made, 415 (80%) accepted an offer, 108 (20%) of applicants declined their offer. See 2017 PGY2+ allocation results table below for a breakdown of preferences, acceptances and declines by available position.

Further positions were filled through the Late Vacancy Management Process.

## **PGY2+ declines**

22 applicants withdrew from their position after initially accepting it. This theme continued into November 2017 and has predominantly impacted the metropolitan based general training/ general practice positions. Applicants were asked to provide a reason for declining or withdrawing from their PGY2+ offers.

The most common reasons for declines and withdrawals were:

- Offered and accepted a job interstate
- Accepted offer from another hospital that is more in line with career goals
- Accepted a position elsewhere
- Accepted a more advanced position or entered a College training program
- Changes in personal circumstances
- Personal reasons

**2017 PGY2+ Allocation results**

Position	2018 Positions	Number of preferences	Offers Made	LVM offers made	Accepts	Declines	Accept then withdrawn	Positions available
CALHN 1-100 General Training/General Practice Training	122	436	142	1	110	23	10	12
CALHN 1-300 Basic Physician Training - Adult Medicine	25	118	26	0	25	0	1	0
CALHN 1-400 Surgical RMO Rotations	23	98	26	0	23	3	0	0
MGDHS 10-100 General Training/General Practice Training	4	17	4	0	4	0	0	0
MGDHS 10-110 DRANZCOG	0.5	0	0	0	0	0	0	0.5
MGDHS 10-160 Advanced Rural Skills Anaesthetics	1	5	3	0	1	2	0	0
MGDHS 10-600 Emergency Medicine ACRRM Advanced Specialised Training	2	1	1	0	1	0	0	1
MHS 7-700 Mental Health Services	23	35	23	2	17	8	0	6
NALHN 5-100 General Training/General Practice Training	72	314	69	0	57	10	2	15
NALHN 5-300 Basic Physician Training - Adult Medicine	15	70	10	0	10	0	0	5
NALHN 5-400 Surgical RMO Rotations	4	68	5	0	4	1	0	0
NALHN 5-500 Obstetrics & Gynaecology (12 Months)	8	37	9	1	8	1	1	0
NALHN 5-550 Obstetrics & Gynaecology (6 Months) with Paediatrics (6 months)	4	74	6	0	4	2	0	0
NALHN 5-600 Medical Services RMO	4	33	4	0	4	0	0	0
NALHN 6-450 General Surgery Service Post	4	26	8	0	4	3	1	0
NALHN 6-460 ENT Surgery Service Post	1	14	1	0	1	0	0	0
Port Augusta 12-110 DRANZCOG	1	1	1	0	1	0	0	0
SALHN 3-100 General Training/General Practice Training	77	380	90	0	72	18	0	5
SALHN 3-300 Basic Physician Training - Adult Medicine	15	95	17	0	15	2	0	0
SALHN 3-400 Surgical RMO Rotations	32	99	35	0	30	2	3	2
WCH 4-100 General Training/General Practice Training	16	120	23	0	15	6	2	1
WCH 4-500 Obstetrics & Gynaecology	9	38	14	0	9	5	0	0
Whyalla 11-100 General Training/General Practice Training	2	5	2	0	1	1	0	1
TOTAL	464.5	2084	520	4	416	86	22	48.5

## Applicant preferences

By implementing a more staggered approach to the timing of PGY2+ offers more applicants were offered their first preference as there was an increased opportunity for declines to be collated prior to making further offers.

Seventy percent of applicants received an offer for their first preference, a 3% improvement from the previous year.

1st Preference  
70%

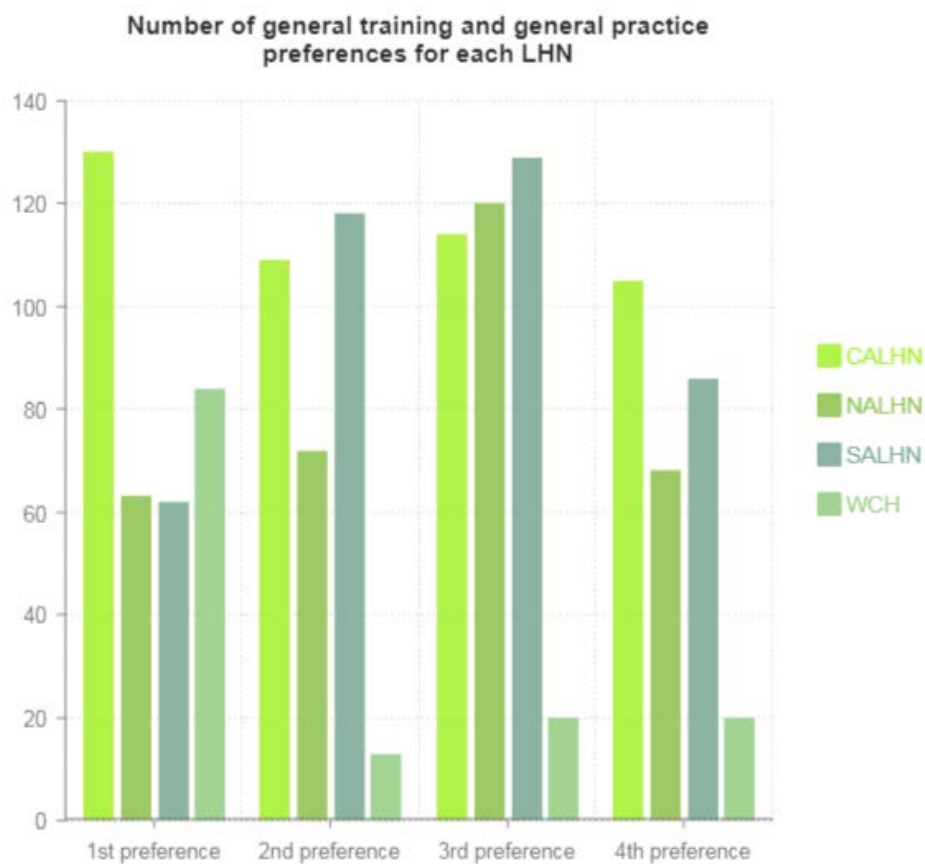
2nd Preference  
17%

3rd Preference  
9%

4th Preference  
4%

An analysis was undertaken on each of the available positions to determine the popularity of these in comparison to like positions at different sites. This analysis may provide an indicator of where additional promotion may be required or collaboration between the LHNs to ensure that they are providing a similar experience across the different sites.

See [appendix 2](#) for further graphical data preference analyses.



### *Late Vacancy Management Process*

A Late Vacancy Management (LVM) process to manage vacant positions after the last round of allocations was undertaken by the SA MET Unit in conjunction with the LHNs. The purpose of the LVM process was to ensure that vacant positions that arose after the allocation process can be filled by applicants who had not yet received an offer.

Applicants were notified by email if they had been unsuccessful in securing a 2018 PGY2+ offer and, were advised that they would be included in the LVM process unless they withdrew their application. The LHNs were provided with applications for these applicants and a spreadsheet containing eligible applicants, who were not matched, and the IMG database.

The LVM process was utilised predominantly to employ IMGs in 2017.

### **Evaluation**

Each year an evaluation of the PGY2+ allocation and appointment process is undertaken in order to allow for revisions to the system to further improve it. The following changes were implemented in the 2018 PGY2+ recruitment process:

- Four preferences available to applicants instead of three.
- Change in timing of General Training offers.
- Prior to moving to Late Vacancy Management Process, SA Health allocated applicants to available positions until position ranked lists are exhausted.
- To ensure the recruitment process is streamlined, open and transparent for all parties Selection Panels were required to provide more comprehensive descriptions about the roles, information on the selection criteria and also provided contact details. This was to ensure the recruitment process is streamlined, open and transparent for all parties.
- Potential interview dates were advertised in advance to allow preparations to attend.
- Interviews by distance were to be undertaken via teleconference rather than phone so as not to disadvantage applicants.

After the 2018 PGY2+ allocation and appointment process SA MET again undertook an evaluation with selection panels and applicants to investigate where improvements and efficiencies could further enhance the selection and recruitment of PGY2 positions in South Australia.

## Analysis of the PGY2+ applicant feedback survey

One hundred and fifty applicants completed the survey which was a 48% increase in responses from the previous year.

Improving the information available about the advertised positions and increasing transparency regarding applicant ranking continues to be a priority for applicants.

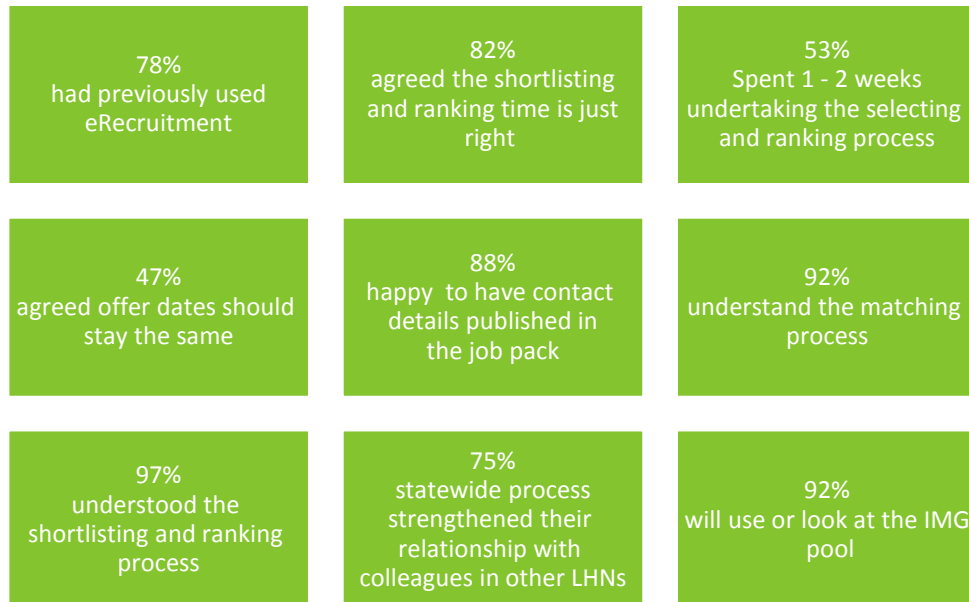
The SA MET Unit will work closely with selection panels to improve the information available to applicants throughout the application and interview process. In particular, changes will focus on providing more information about each specific job, the rotations available, expected interview dates and approximate position numbers.

The other main areas of feedback from applicants included:



## Analysis of PGY2+ selection panels/LHN feedback survey

There were 18 respondents to the LHN survey, the main areas of feedback from selection panels included:



Survey results indicated that the centralised online recruitment system predominantly works well for the Local Health Networks; in addition using a statewide selection and interview process for ranking saves time and eliminates duplication of work. There does however continue to be issues with applicants accepting positions then later declining leaving the LHNs with vacancies to fill very late in the year.

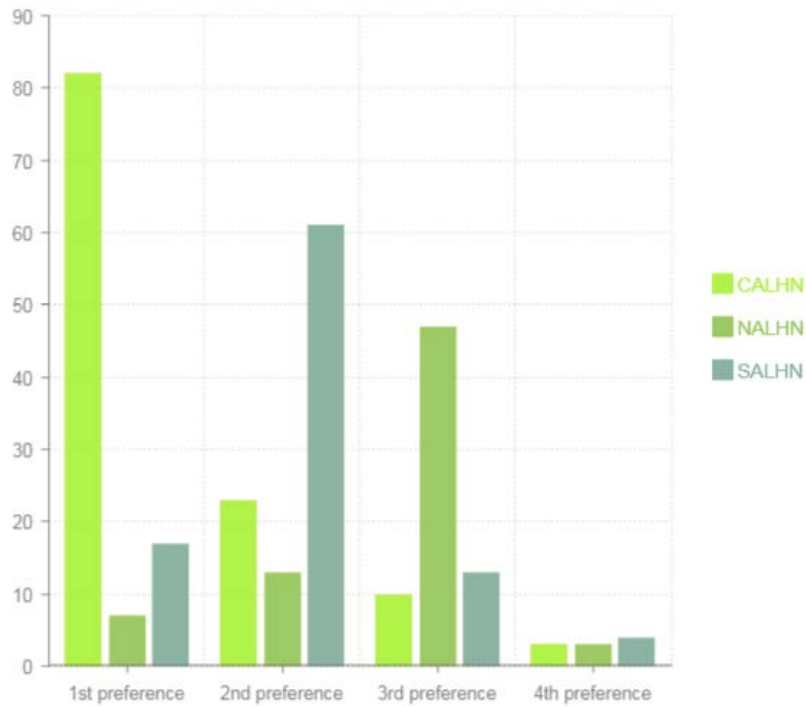
Throughout the feedback process, there were suggestions for changes in regard to promotion of the PGY2+ positions, the timing of ranking and offers and the overall recruitment process. This feedback has been referred to the Medical Officers Appointment Working Group for discussion to arrive at a consensus for implementation in 2018.



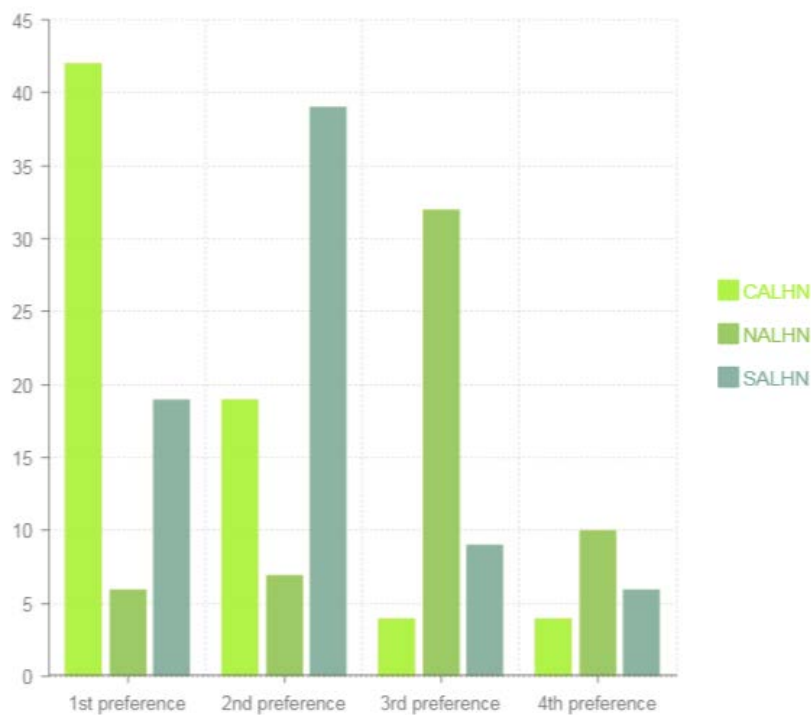
## Appendices:

1. [Evaluation results of State-Wide PGY2+ General Trainee & General Practice Recruitment](#)
2. Graphical PGY2+ preference analysis per position discipline

Number of Basic Physician Training preferences for each LHN



Number of surgical preferences for each LHN



Number of O&G preferences for each LHN

