

A Report on the Junior Doctor Allocations in South Australia

for positions commencing in the
2019 clinical year

Jenny Wilckens

Recruitment and Allocation

E: healthsamet@sa.gov.au p:08 8226 7231



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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 2018 allocations and recruitment for the 2019 clinical training year.

Medical Officers Appointment Working Group

The Chief Medical Officer formed the Medical Officer Appointment Working Group (MOA) in 2016 to provide operational advice to the Executive Directors of Medical Services on issues relating to the medical officer appointment processes within South Australia. The group consists of representatives from Local Health Networks (LHN), Mental Health Services, SA Health Workforce Services, the SA Medical Education and Training Unit and Doctors in Training Committee.

The Working Group provides a forum for members to share their collective knowledge, provide advice, leadership and guidance on the medical officer appointment processes.

In particular, the members are involved in:

- ensuring the centralised application processes are streamlined, open and transparent for all parties
- developing a joint understanding of the issues facing placement
- providing advice in relation to determining mechanisms for greater coordination and integration between service areas
- providing a forum for increased participation in the decision making process in relation to the allocation of medical officer positions in line with clinical service planning

Intern application, allocation and offer system

There were 456 eligible medical graduate applicants for a total of 262 medical internship positions in 2019. These positions were allocated according to agreed categories which continue to give priority to local, commonwealth supported medical graduates in accordance with the 2006 Council of Australian Governments (COAG) agreement to guarantee every commonwealth supported medical graduate an internship in Australia as internship is a requirement to become a fully registered doctor. For the 2019 clinical year, South Australia's intern positions were filled by 233 local graduates (including one job share couple), 27 interstate and three overseas applicants.

PGY2+ application, allocation and offer system

There were 674 eligible applicants for 493.5 PGY2+ positions in the South Australian LHNs for the 2019 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 2018 recruitment process resulted in 422 positions being filled via the SA MET Unit centralised allocation and offer process.

To assist selection panels with employee selection, 2247 referees were nominated by applicants with 77% 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 1377.

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



INTERNS

456 eligible applicants applied for a position

262 intern positions across SA Local Health Networks

262 intern positions filled in SA

Applications for intern positions in South Australia were received online through 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 2018:

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

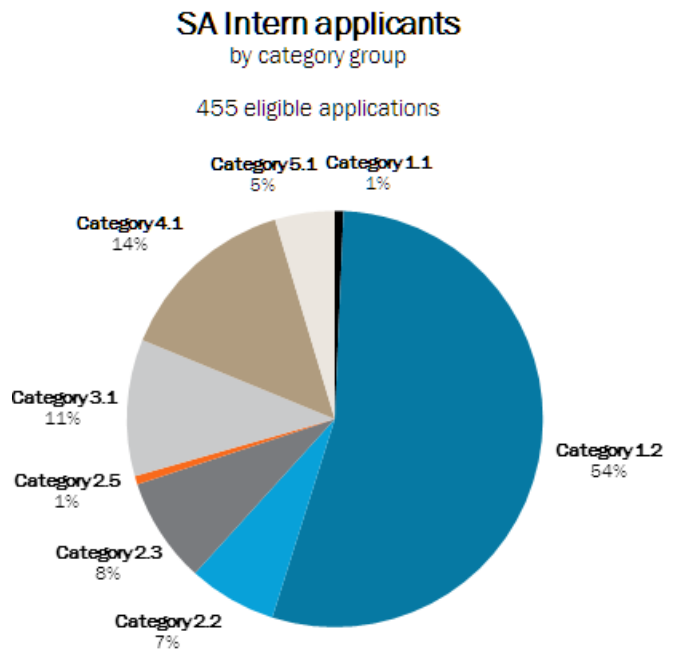
Applications

Applications for 2019 medical internships in South Australia opened on Monday 7 May 2018 and closed on Friday 1 June 2018. The application closing date and the first round allocation date was 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, see [category groups](#). 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 617 applications were commenced with 481 of these submitted by the specified closing date. Following the verification process 462 were determined to have completed their application and met the eligibility criteria. Six eligible applicants then withdrew prior to allocation.

For the 2019 intern year, there were 250 category 1 applications, 73 category 2 applications, 48 category 3 applications, 64 category 4 applications and 21 category 5 applications received. This can be seen broken down in the chart above.



ELIGIBILITY CRITERIA FOR A 2019 INTERNSHIP POSITION IN SOUTH AUSTRALIA

To apply for an internship in South Australia you must comply with the following criteria:

- Have graduated from a medical school in the last two years (to start internship in 2019 you are a medical graduate of the 2017 or 2018 cohort)
- 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 before
- 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
- 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
- Late applications will not be accepted

Ineligible/Incomplete applications

A total of 155 applications were deemed to be incomplete at the time of submission or did not meet the eligibility criteria. Seventy seven 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 six 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.

Part-time applications

SA Health believes that with the right support and working arrangements, staff are better prepared to help build and deliver sustainable high quality health care services. SA Health promotes diversity and flexible ways of working including part-time work arrangements. Applicants are encouraged to apply for flexible working arrangements if required. The Medical Board of Australia states that internship may be undertaken part-time, but once started must be completed within three years.

In 2018 three applicants applied to complete their internship on a part-time basis and were accommodated by their allocated LHNs. Two of these applied to work as job-share partners. In 2017 one applicant applied to work on a part-time basis and was accommodated accordingly. Applicants generally request to work between 0.5FTE and 0.8FTE.

Part time intern appointments may be considered by some health networks, however are not guaranteed. During the allocation process, part time applications are discussed with the relevant health networks and each case considered on an individual basis.

Special Considerations

Applicants are given the opportunity to apply for a special consideration if they can demonstrate they have exceptional circumstances. In SA, three of the four training networks are located in the metropolitan region. As a result, special consideration requests based on transport issues are not considered.

Criteria that may be considered as exceptional circumstances include:

- Major health problems requiring frequent and ongoing highly specialised treatment only available in certain locations;
- Responsibility for dependants who are unable to relocate to regional SA with the applicant;

In 2018, 11 applicants submitted an application for special consideration. The Medical Officers Appointment Working Group assessed all deidentified special consideration requests and made a determination accordingly. These decisions were provided to SA MET who facilitated the allocation. Nine of the 2018 requests were approved. Successful applicants are granted a special consideration to either work in a metro or rural location however this does not affect their likelihood of receiving an offer. i.e. offers are made to all category 1 applicants prior to commencing offers to category 2 applicants irrespective of a special consideration request.

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; 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 29 May 2018.

Rural intern pathway

2018 marked the first year of the Rural Intern Pathway in South Australia. The Rural Intern Pathway included a selection process for applicants who were interested in undertaking their internship (and potentially subsequent years) in rural hospitals within Country Health SA (CHSA). Rural intern positions provide broad opportunities in unique settings and are best suited for medical graduates with a history of living or working in a rural areas or a desire to commence a career in these areas. Applicants were asked to provide written answers to some short questions within their application and were invited to attend an interview if shortlisted.

The key drivers behind the implementation of the Rural Intern Pathway were:

- To attract quality candidates who had a genuine interest in working in those locations
- Increase rural medical workforce sustainability
- Increase the number and capability of rural doctors
- Support workforce recruitment and retention
- Respond to an increase in medical school graduates

Offers for rural intern positions commenced on 27 June 2018 prior to metropolitan intern offers.

Preference analysis of 2019 intern data indicates that a total of 36 applicants preferred the Rural Intern Pathway by nominating either Mt Gambier Districts Health Service or Whyalla Hospital Health Service as their first preference. CHSA shortlisted applicants and undertook 22 interviews either in person or via video conference.

Allocations

Eligible applicants were allocated to intern positions in line with prescribed category groups and their preferences using a randomisation matching process, see [category groups](#).

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.

Offers commenced on the nationally agreed date of 9 July 2018.

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.

Internships available

There were 262 intern positions available for 2019, an increase by 3.04% from the previous year. For 2019 seven additional intern positions have been created across the Country Health SA Local Health Network (CHSA) due to a Commonwealth funding grant being won by CHSA. Additional positions were created at Mount Gambier Districts Health Service and new positions created at Whyalla Districts Health Service.

INTERN POSITIONS IN SOUTH AUSTRALIA		(Intern training year 2015 – 2019)				
LOCAL HEALTH NETWORK (LHN)	2015	2016	2017	2018	2019	
Central Adelaide LHN*	133	129	130	131	130	
> Royal Adelaide Hospital						
> The Queen Elizabeth Hospital						
<i>*Includes rotations to the Women's and Children's Hospital and Hampstead Rehabilitation Centre</i>						
Southern Adelaide LHN	68	69	69	69	70	
> Flinders Medical Centre						
> Repatriation General Hospital						
> Noarlunga Health Service						
Northern Adelaide LHN	48	47	47	50	50	
> Modbury Hospital						
> Lyell McEwin Hospital						
Country Health SA LHN	5	5	5	5		
> Mount Gambier and Districts Health Service					7	
> Whyalla Districts Health Service					5	
Total	254	250	251	255	262	

Currently South Australia has 7.7% of all Australian intern positions, in comparison to having 7.0 %¹ of the Australian population¹.

National intern positions

For the 2019 medical intern year across all states and territories there was a total of 3435 intern positions; this was an increase of 79 positions from the 2018 medical intern training year.

¹ Population data from Australian Bureau of Statistics, 3101.0 - Australian Demographic Statistics, March 2018.

Allocation data

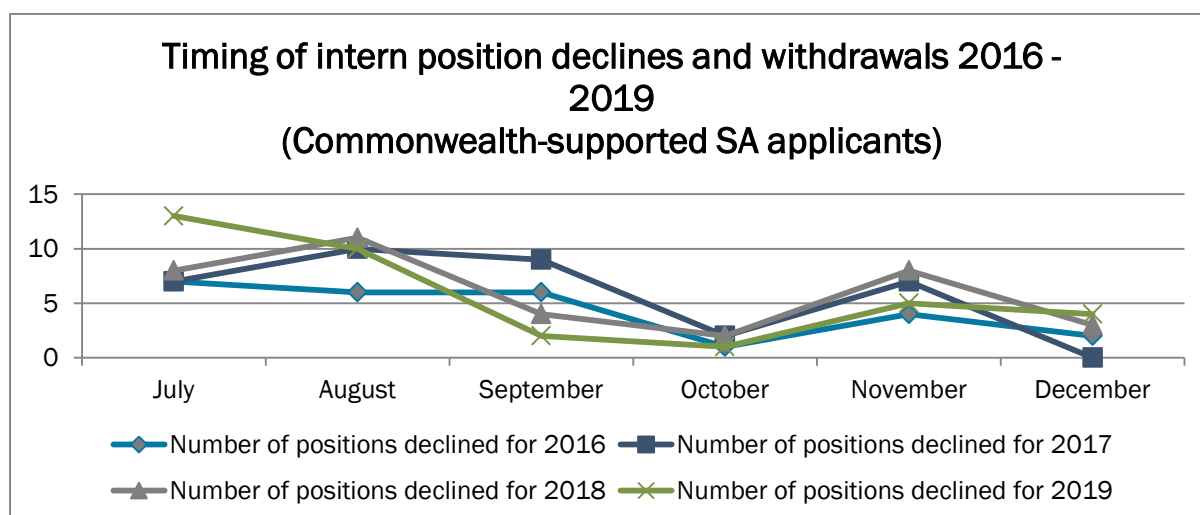
A total of 349 offers were made for intern positions in South Australia across category groups 1, 2, 3 and 4. 215 Commonwealth supported graduates from South Australian universities, 24 interstate applicants, 21 international students and three Australian citizens who studied overseas accepted their offers, refer [category groups](#).

Applicant category group	Eligible Applicants	Total Offers	Acceptances	Declines	Accept then withdrawn
Category 1.1	3	3	1	0	2
Category 1.2	245	245	212	6	27
Category 1.3	2	2	2	0	0
Category 2.1	1	1	0	1	0
Category 2.2	31	31	17	12	2
Category 2.3	37	37	7	27	3
Category 2.4	0	0	0	0	0
Category 2.5	4	4	3	0	1
Category 3.1	48	21	18	1	2
Category 4.1	64	5	3	0	2
Category 5.1	21	0	0	0	0
Category 5.2	0	0	0	0	0
TOTAL	456	349	263	47	39

Intern declines

Over past years South Australia has experienced an 11% to 14% decline/withdrawal rate from its category 1 applicants. Recruitment for the 2019 intern year saw a 14% 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.

July experienced the highest number of declines and withdrawals during the 2019 intern recruitment while August and November continued to experience higher numbers of withdrawals during the 2019 intern recruitment. In 2018 the national Late Vacancy Management Process, whereby applicants who have already received an intern offer in Australia can no longer receive any further offers, commenced slightly earlier in the year in order to stabilise the allocation results and provide certainty to LHNs and applicants earlier in the year. There were however late withdrawals received in December after university results were released.



Preference analysis

A preference analysis was undertaken on all applicants who received an internship offer. Seventy nine percent of applicants who received an offer of internship in South Australia received their first preference, this was a decrease from 2017 where 86% accepted an offer for their first preference. Sixteen percent of medical graduates accepted an offer for their second preference compared to 10% the previous year and 5% of medical graduates accepted an offer for their third preference compared to 3.4% 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



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 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.

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.

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 withdrawn² 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 2018, four 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 is 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 provides better opportunities to fill late vacancies with applicants who are yet to receive a 2019 internship offer. It also reduces the risk for employers of losing applicants to late offers from other jurisdictions.

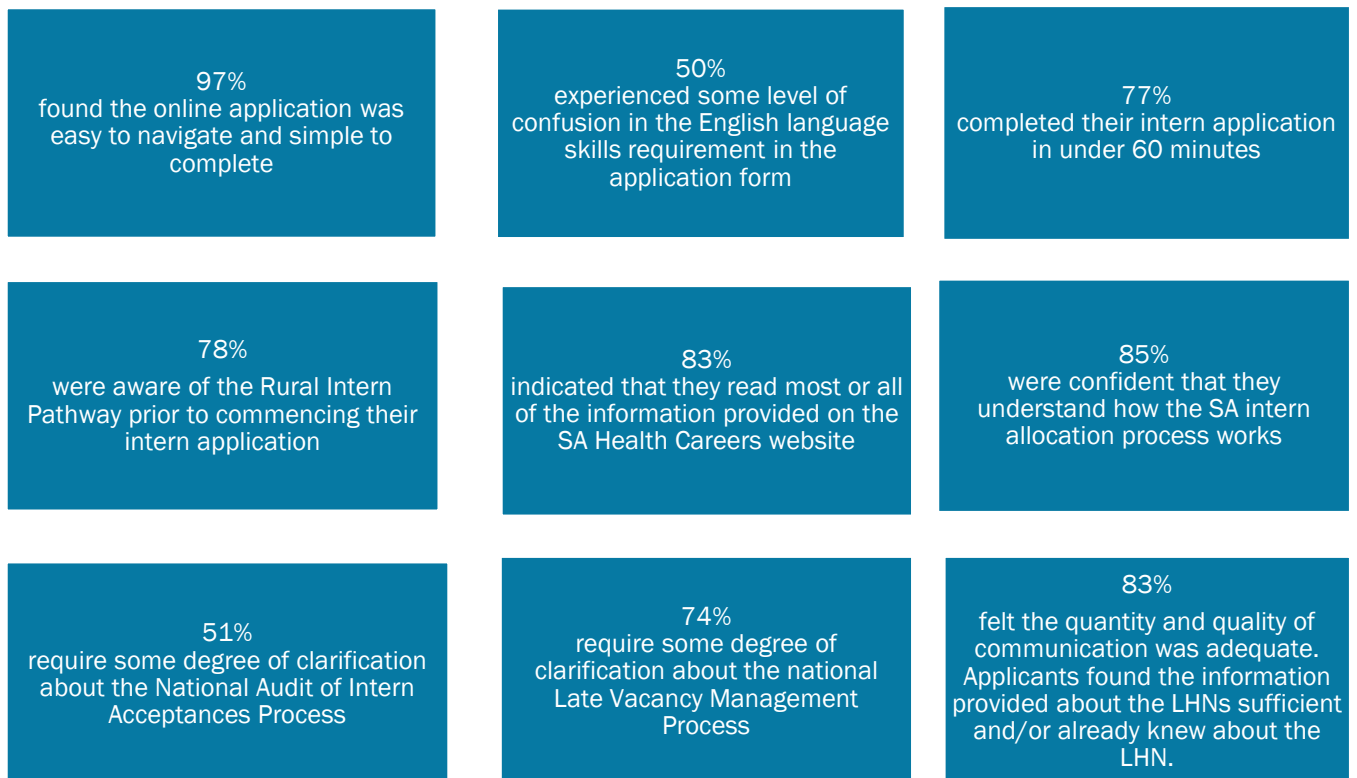
The LVM process runs as a supplementary process from 26 November 2018 to 22 March 2019.

² *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.*

Evaluation

After the 2019 intern allocation process the SA MET Unit invited applicants to complete an evaluation survey about their experience of the South Australian intern recruitment process. The below is a summary of their feedback which includes some areas identified as requiring improvement. A full copy of the survey results is available in [Appendix One](#).

The evaluation was undertaken via online survey to investigate where improvements and efficiencies could further enhance the selection and recruitment of intern positions in South Australia. Ninety nine applicants who submitted an intern application for the 2019 recruitment campaign completed the application system feedback survey.



Rural Intern Pathway

Eleven survey respondents indicated that they applied for the 2019 Rural intern Pathway. Some comments for improvement included:

- > *“There was a very short period of time between when they announced interviews and the actual interview date. Not really the rural stream - but more generally: the job pack said that applicants would be notified after the first round of offers if they were unsuccessful - I received no such notification that offers had been released. A courtesy email would have been appreciated.”*
- > *“Although I received notification of my interview offer in a timely manner, I was very disappointed in the communication in regards to the job offer. I was emailed after the interview and told that decisions would be communicated in X number of days, then did not receive any further communication. It was not until I contacted SAMET myself that I was aware I did not receive the position. In my opinion, it is better to communicate to an applicant that they have not received a position, rather than to leave them waiting anxiously and leave them to ultimately assume they were unsuccessful.”*
- > *“...there was little time between being offered an interview and the interview date. This made it a little challenging to gain permission to leave rotations at relatively short notice.”*

82%
rate the communications received
from Country Health as either good
or excellent

100%
indicated that the information
provided in the intern job pack
about the Rural Intern Pathway
was adequate for their needs

50%
rated the interview process i.e.
invitation to attend, notice to
interview date, structure of
interview, professionalism as
either good or excellent

POSTGRADUATE YEAR 2 AND BEYOND



POSTGRADUATE YEAR 2 AND BEYOND (PGY2+)

570 eligible applicants applied for a position

104 International Medical Graduates still requiring General Registration applied for a position

493.5 PGY2+ positions across SA Local Health Networks

422 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.

ELIGIBILITY CRITERIA FOR A 2019 PGY2+ POSITION IN SOUTH AUSTRALIA

To apply for an PGY2+ position in South Australia:

- You must be eligible for **general registration** as a medical practitioner in Australia issued by the Medical Board of Australia on or before the February start date
- 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.

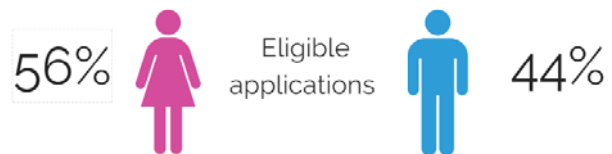
Applications

Applications for 2019 PGY2+ positions in South Australia opened on Friday, 8 June 2018 and closed at 11:55pm (ACST) on Sunday, 1 July 2018. 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 885 applications, which included 211 applications that did not meet the eligibility criteria or were incomplete and were ultimately excluded from the recruitment and allocation process. The total eligible applications received comprised of 469 South Australian applicants, 101 interstate applicants and 104 International Medical Graduate (IMG) applicants who do not have yet have general registration.

Fifty six percent of eligible applicants (including IMGs) were female and 44% male. Thirty four eligible applicants and three IMGs later withdrew their application prior to receiving a job offer.



In 2018 there was an 11% (75) decline in eligible applications received compared to the previous year. In 2017 the total applications received comprised 497 South Australian applicants, 148 interstate applicants and 156 IMG applicants.

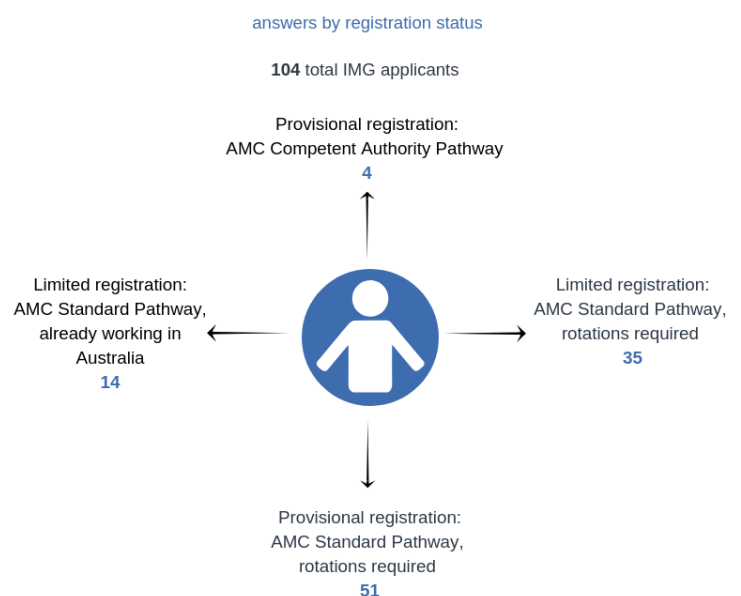
International Medical Graduates (IMG)

Applications were accepted from IMGs with varying levels of registration. These were grouped as those on the AMC Competent Authority pathway, those on the AMC Standard pathway who have completed AMC part 1, those on the AMC Standard pathway who have completed AMC part 1 and part 2 and finally those already working in an Australian hospital with limited registration.

Although these applicants did not have General Registration they may have been suitable for appointment in alternative positions.

The selection panels for the training programs were provided with the IMG applicant details at the same time as other non-IMG eligible applications giving them the opportunity to rank their applications at the same time.

PGY2+ IMG APPLICATIONS



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 17 IMGs were interviewed, eight were offered a 2019 position and seven accepted a position.

Unsuccessful IMGs were advised that their details would be retained in a centralised database and distributed to the LHNs to fill appropriate vacancies.

SA MET will continue to collect IMG applications in future years.

Part time applications

Applicants are encouraged to apply for flexible working arrangements if required. In 2018 ten eligible applicants and seven IMG applicants indicated within their PGY2+ application that they wished to work on a part time basis. Two of these applied to work as job-share partners. Applicants generally request to work between 0.4FTE and 0.9FTE. Five of these applicants accepted a PGY2+ position and were accommodated to work part time.

Part time appointments may be considered by some health networks, however are not guaranteed. During the allocation process, part time applications are flagged with the relevant programs and each case considered on an individual basis.

Statewide selection

Recruitment into a number PGY2+ positions occurs via a statewide approach. This means that applications are assessed by panel members from each metro LHN for that position type in regard to short-listing, interviewing and ranking. Example: rather than being interviewed three separate times if you preferenced Basic Physician Training at Northern Adelaide LHN (NALHN), Central Adelaide LHN (CALHN) and Southern Adelaide LHN (SALHN) you would have one single interview for BPT.

Using statewide selection effectively reduces the amount of applications that have to be assessed by each LHN, refer table below. For Basic Physician Training, if selection and ranking was performed at each LHN individually based on applicant preferences CALHN and SALHN would have 92 applicants to review and NALHN 66 applicants and all LHNS would potentially be assessing the same applicants. Using a statewide process there were only 132 unique applicants and if divided evenly amongst the metro LHNs, they would only have to assess 44 applications each.

The main advantages of using a statewide selection process are that it reduces double handling of applications amongst the LHNs, reduces inconvenience for applicants and promotes comradery between the different sites.

Position	Number of unique applicants	Number of individual preferences
Statewide General Training/General Practice Training	541	
CALHN 1-100 General Training/General Practice Training		373
NALHN 5-100 General Training/General Practice Training		277
SALHN 3-100 General Training/General Practice Training		340
		990
Statewide Basic Physician Training - Adult Medicine	132	
CALHN 1-300 Basic Physician Training - Adult Medicine		92
NALHN 5-300 Basic Physician Training - Adult Medicine		66
SALHN 3-300 Basic Physician Training - Adult Medicine		92
		250
Statewide Surgical RMO Rotations	121	
CALHN 1-400 Surgical RMO Rotations		88
NALHN 5-400 Surgical RMO Rotations		59
SALHN 3-400 Surgical RMO Rotations		81
		228
Statewide Obstetrics & Gynaecology (12 Months)	50	
NALHN 5-500 Obstetrics & Gynaecology (12 Months)		33
WCH 4-500 Obstetrics & Gynaecology		33
		66
Statewide Medical Service Resident	81	
NALHN 5-600 Medical Service Resident		22
SALHN 3-400 Surgical RMO Rotations		81
		103
NALHN ENT Surgery Service Posts	16	
NALHN 6-460 ENT Surgery Service Post - Modbury		11
NALHN 5-460 ENT Surgery Service Post - Lyell McEwin		12
		23
TOTAL	941	1660

Referee reports

674 eligible
applicants and IMGs

2247
referees nominated

77%
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.

2247 referees were nominated by applicants with 77% of these referees completing their referee reports. Some referees were nominated to complete reports for multiple applicants; of the 2247 nominations, 1377 were unique referees. In 2018, referee report requests were also sent to the nominated referees for IMGs who applied to assist in shortlisting processes for these applicants.

Interviews

The majority of training positions nominated to interview their candidates prior to ranking them. The selection criteria for each program was specified in the individual job packs which were available through the SA Health careers website. 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 published in the program job packs when known and circulated via CE Check to all LHN staff advising them of approximate dates. A commitment to offer interviews via video conference where possible so that interstate and regional applicants would not be disadvantaged was also continued in 2018.

The Statewide recruitment team for the metropolitan General Training/General Practice positions shortlisted 464 applicants and invited them to participate in a taped video interview process which was piloted in 2018. Previously applicants were interviewed in a face to face multiple mini-interview (MMI) format. 426 applicants successfully completed the taped video interview process. At the end of the recruitment period, the recruitment team collected applicant feedback on the interview process via an online survey, see [appendix 1](#) for survey results.

Allocations

The allocation of PGY2+ applicants is undertaken in rounds based on applicants' preferences and the training programs' ranking. The SA MET Unit makes all offers to applicants and collects their responses. Offers continue until all positions are full or the ranked lists are exhausted.

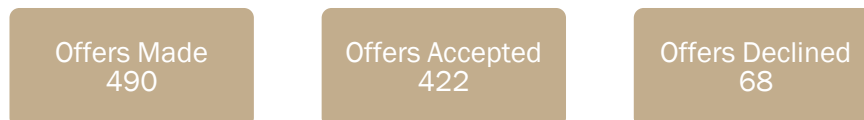
Offers for general training positions (except first preferences) occur after the other training streams have received their offers to maximise applicants' chances of getting their highest preference and reducing the amount of withdrawals in general training. This change was initially implemented in 2016.

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.

Amendments to the 2018 allocation process were proposed and discussed by the Medical Officers Appointment Working Group who report to the Chief Medical Officer and the Executive Directors of Medical Services at the Local Health Networks. No amendments were implemented in 2018 however as the LHNs could not agree on a process.

First preference offers commenced on 6 September 2018 and continued on a weekly basis until all positions were full or applicants were exhausted.

Allocation data



For positions commencing in 2019, there were 23 position types across the LHNs, with 11 of these operating using a statewide recruitment process.

Across the 23 position types there were 493.5 positions available (a 6% (29) increase from the previous year). A total of 490 offers were made, 422 (86%) accepted an offer, 68 (14%) of applicants declined their offer. See 2018 PGY2+ allocation results table below for a breakdown of preferences, acceptances and declines by available position.

A further four of these positions were filled through the Late Vacancy Management (LVM) Process.

PGY2+ declines

25 applicants withdrew from their position after initially accepting it while 43 declined their initial offer. This theme continued throughout October 2018 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 SA position that is more in line with career goals
- Stayed in current role
- Accepted a more advanced position or entered a College training program
- Changes in personal circumstances
- Personal reasons

2018 Allocation results for the 2019 clinical year

Position	2019 Positions	Number of preferences** (Non - IMG)	Offers Made (standard rounds)	LVM offers made	Acceptances / Positions filled	Declines	Accept then withdrawn	Positions still available
CALHN 1-100 General Training/General Practice Training	118	373	129	0	113	13	3	5
CALHN 1-300 Basic Physician Training - Adult Medicine	31	92	35	0	31	1	3	0
CALHN 1-400 Surgical RMO Rotations	20	88	22	0	18	2	2	2
MGDHS 10-100 General Training/General Practice Training	4	22	3	0	3	0	0	1
MGDHS 10-110 DRANZCOG	0.5	3	1	0	0.5	0	0	0
MGDHS 10-160 Advanced Rural Skills Anaesthetics	1	7	1	0	1	0	0	0
MGDHS 10-600 Emergency Medicine ACRRM Advanced Specialised Training	2	2	3	0	2	0	1	0
TAPPP 7-700 The Adelaide Prevocational Psychiatry Program	33	23	18	0	12	6	0	21
NALHN 5-100 General Training/General Practice Training	76	277	64	3	59	5	3	17
NALHN 5-300 Basic Physician Training - Adult Medicine	17	66	20	0	16	3	1	1
NALHN 5-400 Surgical RMO Rotations	4	59	4	0	4	0	0	0
NALHN 5-500 Obstetrics & Gynaecology (12 Months)	9	33	10	0	9	0	1	0
NALHN 5-550 Obstetrics & Gynaecology (6 Months) with Paediatrics (6 months)	4	44	5	0	4	1	0	0
NALHN 5-600 Medical Service Resident	5	22	4	0	4	0	0	1
NALHN 6-450 General Surgery Service Post - Modbury	4	24	5	1	4	1	1	0
NALHN 6-460 ENT Surgery Service Post - Modbury	1	11	1	0	1	0	0	0
NALHN 5-460 ENT Surgery Service Post - Lyell McEwin	1	12	1	0	1	0	0	0
Port Augusta 12-110 DRANZCOG	0	3	0	0	0	0	0	0
SALHN 3-100 General Training/General Practice Training	91	340	80	0	73	4	3	18
SALHN 3-300 Basic Physician Training - Adult Medicine	15	92	15	0	15	0	0	0
SALHN 3-400 Surgical RMO Rotations	25	81	27	0	22	1	4	3
SALHN 3-600 Medical Service Resident	5	36	5	0	4	0	1	1
WCH 4-100 Prevocational Resident Program	16	49	19	0	16	3	0	0
WCH 4-500 Obstetrics & Gynaecology	10	33	14	0	9	3	2	1
Whyalla 11-100 General Training/General Practice Training	0*	7	0	0	0	0	0	0
Berri 13-700 Psychiatry Training	1	5	0	0	0	0	0	1
Berri 13-600 RiverDocs Emergency Medicine ACRRM Advanced Specialised Training	1	0	0	0	0	0	0	1
TOTAL	493.5	1804	486	4	422	43	25	70.5

* Preferences for Whyalla 11-100 were removed when the positions were discontinued

**Preference data does not include those applicants who withdrew prior to allocation

Applicant preferences

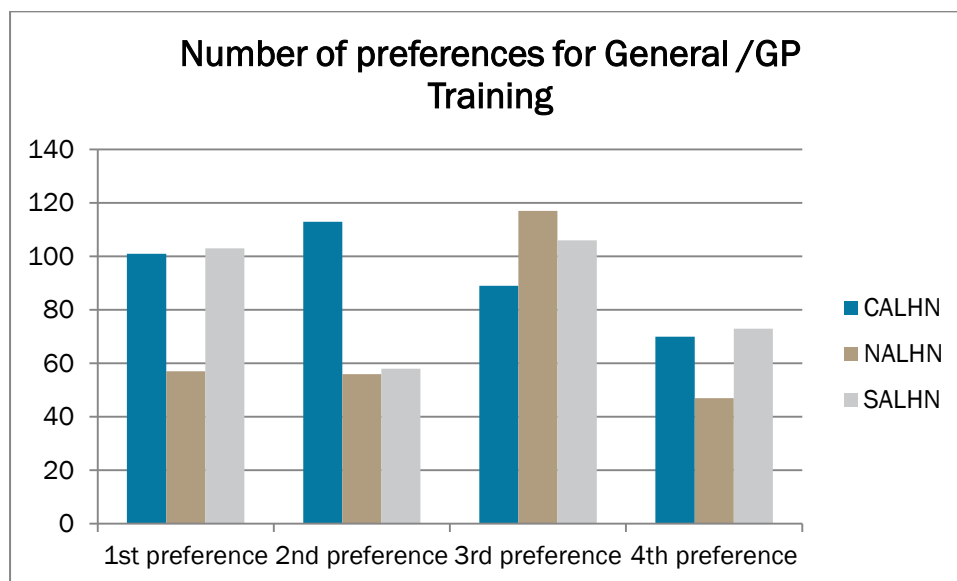
By implementing a staggered approach to the timing of PGY2+ offers more applicants were offered their first preference as there was an increased opportunity for declines to be collated prior to making further offers.

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



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 2019 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 and IMG applicants, who had not been matched to a position. The LHNs notified the SA MET Unit if they would like to make an LVM offer and this person would be removed from the LVM list.

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. SA MET in collaboration with the Medical Officers Appointment Working Group implemented the following changes to the 2019 PGY2+ recruitment process:

- Implementation of paid advertising through a variety of platforms including social media, recruitment websites and through some of the specialty colleges as well as unpaid advertising through, SA Health screen savers and I Work for SA
- The option for applicants to re-order their preferences was reintroduced
- Timely referee status updates were incorporated so that applicants could track the completion of their referee reports.
- Implementation of taped video interviews for General Training/General Practice Training applicants.

Despite the PGY2+ advertising campaign being very effective at driving traffic to the SA Health Careers website, it did not translate to an increase in the number of applications received.

In 2018 there was an 11% (75) decline in eligible applications received and a 6% (29) increase in available positions which inevitably led to unfilled vacancies at the end of the allocation process. This was an anticipated issue prior to the application process and strategies to address this were discussed with the LHNs and Medical Officers Appointment Working Group. Some strategies that were well received were to reintroduce a Ready to Work program for IMGs to bring them up to speed with the Australian healthcare system and introducing an ongoing expression of interest application available on the SA Health Careers website. At this stage these strategies cannot be facilitated until additional resources are made available to do so.

After the 2019 PGY2+ allocation and appointment process SA MET undertook an evaluation via survey with selection panels and applicants to investigate where improvements and efficiencies could further enhance the selection and recruitment of PGY2 positions in South Australia.

49% of general training applicants preferred face to face interviews over taped video interviews

92% valued the referee report completion tracking feature

95% valued the ability to change the order of their preferences after application submission

Analysis of the PGY2+ applicant feedback survey

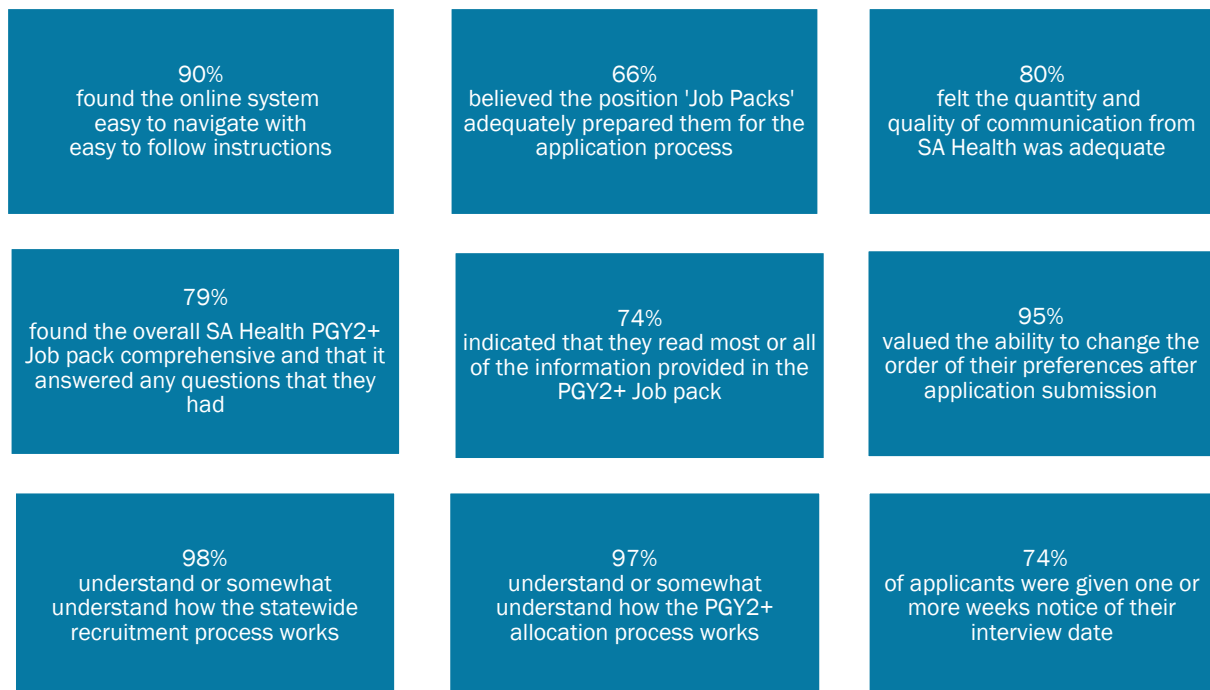
One hundred and thirty nine applicants completed the survey which was an 8% decrease in responses from the previous year.

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

Eighty seven percent of applicants either agreed or strongly agreed that **having a centralised PGY2+ application and recruitment process in SA** is a valuable resource and 70% agreed or strongly agreed that the system is an advantage to seeking employment in SA.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL
Is a valuable resource	2.16% 3	1.44% 2	9.35% 13	55.40% 77	31.65% 44	139
Makes my life easier	2.88% 4	0.00% 0	7.19% 10	52.52% 73	37.41% 52	139
Saves me time, in comparison to if I had to apply to each position separately	2.88% 4	0.00% 0	2.16% 3	43.17% 60	51.80% 72	139
Met my expectations	3.62% 5	7.25% 10	12.32% 17	54.35% 75	22.46% 31	138
Limits my options for employment as I can only have four preferences	8.70% 12	34.06% 47	19.57% 27	24.64% 34	13.04% 18	138
Is an advantage to seeking employment in SA	2.90% 4	3.62% 5	23.19% 32	48.55% 67	21.74% 30	138

The other main areas of feedback from applicants included:



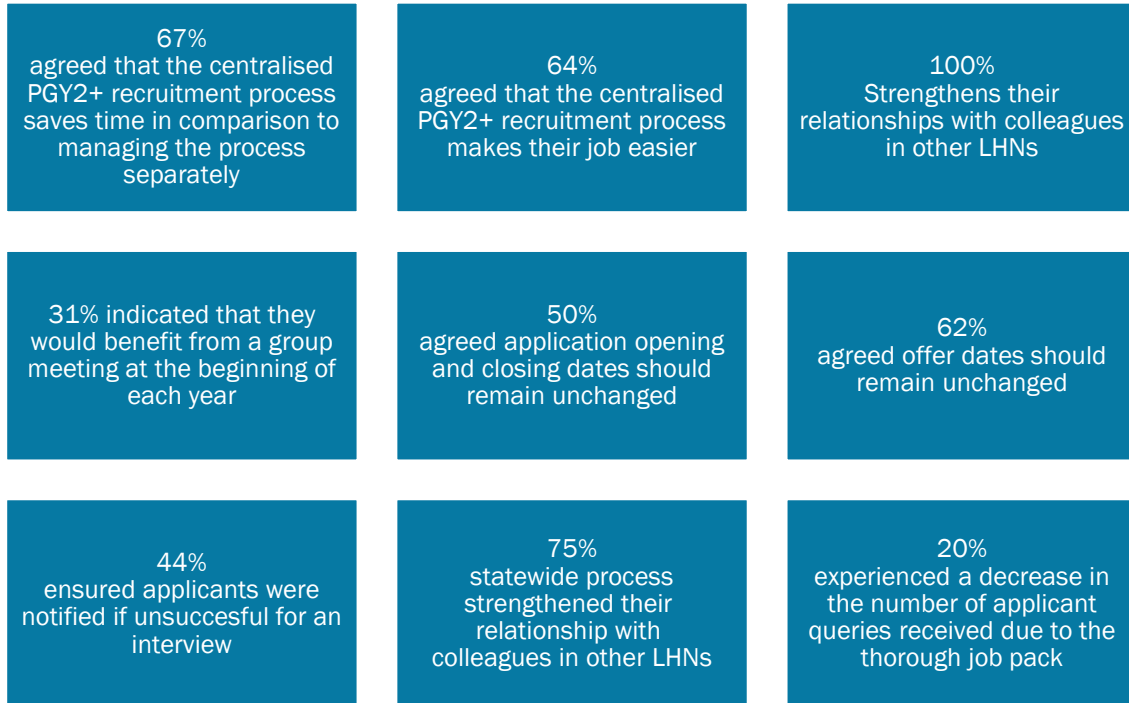
Some comments included:

- > *"I am happy with most of the process but there are few things I didn't like: 1) Referee contact before finalising the candidates for interview 2) I would request to give the time promised to read the questions 3) Make interview questions short so that we can read in the specified time. 4) Provide the result of interview within a week because I didn't receive it even after a month and I had to call to find out the news. 5) Proper feedback for not selecting."*
- > *"The process of recruitment is slow. I gave an interview via teleconference and I was happy with the process. However, the recruitment team has not given any impression about the results. I think they should make the process little quicker and transparent feedback about the results."*
- > *"The PGY2+ application and allocation process are very useful for junior doctors."*
- > *"I personally think that the taped interview would be good to accommodate people who have difficulty in attending interview personally however, I feel a telephone interview would be sufficient as not everyone has accessible excellent internet connection."*

A full copy of the PGY2+ applicant survey results is available in [Appendix Two](#).

Analysis of PGY2+ LHN/ selection panels feedback survey

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

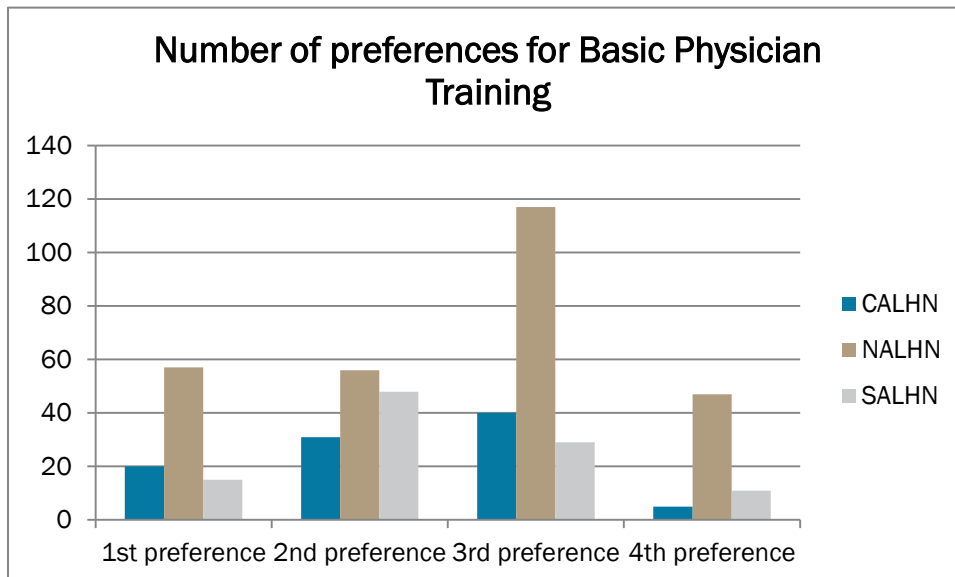


Survey results indicated that the centralised online recruitment system predominantly works well for the LHNs in terms of how it works, comradery and the service provided by the SA MET Unit. In addition using a statewide selection and interview process for ranking eliminates duplication of work for the LHNs and reduces the impact on trainees of having to attend multiple interviews. There does continue to be discussions around whether applicants should be able to receive an offer of a higher preference position after already accepting a position. There are mixed opinions on this topic as the LHNs that have an applicant withdraw to take up a higher preferred position are inconvenienced and are potentially having to source more applicants late in the recruitment process.

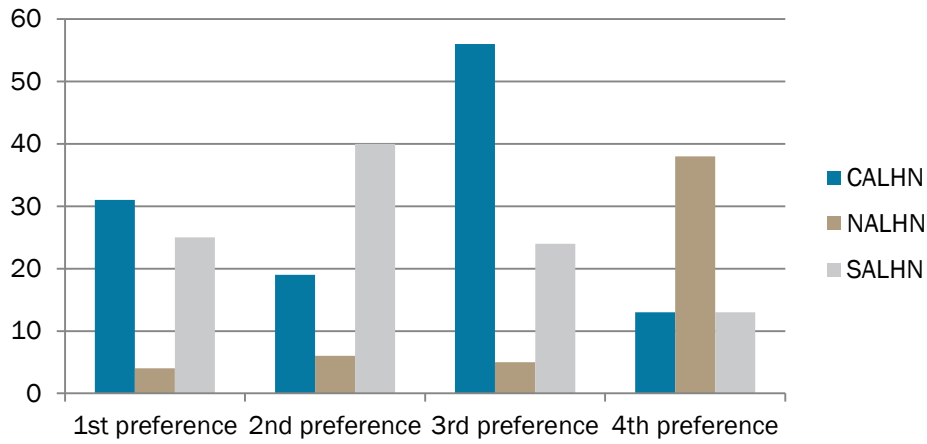
A full copy of the PGY2+ LHN/selection panel survey results is available in [Appendix Three](#).

Appendices:

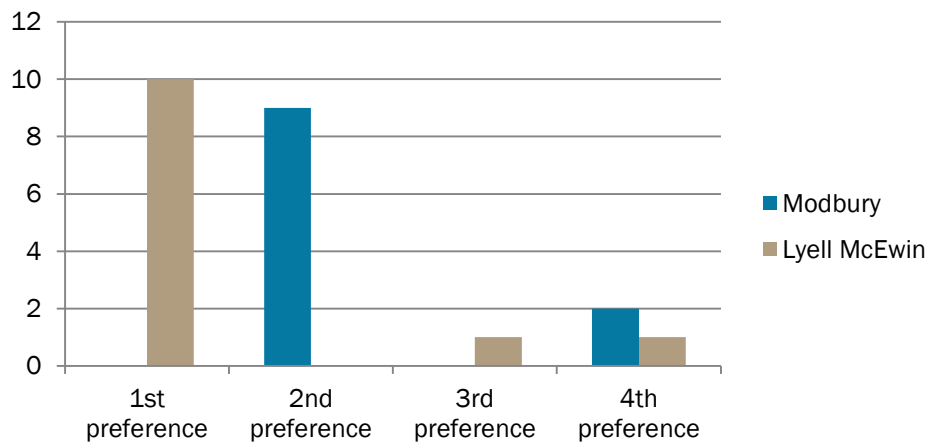
1. [2019 Intern applicant survey results](#)
2. [Evaluation results of State-Wide PGY2+ General Trainee & General Practice Recruitment 2019](#)
3. [2019 PGY2+ applicant survey results](#)
4. [2019 PGY2+ LHN/selection panel survey](#)
5. Graphical PGY2+ preference analysis per program discipline



Number of preferences for Surgical RMO positions



Number of preferences for ENT Surgical Service Post



Preferences for Obstetrics and Gynaecology

