

A Report on the Junior Doctor Allocations in South Australia

for positions commencing in the
2020 clinical year

Jenny Wilckens

Recruitment and Allocation

E: healthsamet@sa.gov.au p:08 8226 3367



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EXECUTIVE SUMMARY

The South Australian Medical Education and Training (SA MET) Unit, within Clinical Collaborative, System Leadership and Design, 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 on behalf of the Local Health Networks (LHN) in South Australia. This report provides an overview of statistical data for the 2019 recruitment and allocations for the 2020 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 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 452 eligible medical graduate applicants for a total of 266 medical internship positions. Intern positions were allocated according to agreed categories which continue to give priority to local, commonwealth supported medical graduates. This commitment is made 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.

PGY2+ application, allocation and offer system

There were 687 eligible applicants for 496 PGY2+ positions in the South Australian LHNs for the 2020 clinical year. These positions were offered to applicants using a merit-based process that takes into consideration the application, referee reports, interviews (if required), applicant training program preferences, 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 2019 recruitment process resulted in 439 positions being filled via the SA MET Unit centralised allocation and offer process.

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

452 eligible applicants applied for a position

266 intern positions across SA Local Health Networks

266 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 2019:

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 2020 medical internships in South Australia opened on Wednesday 8 May 2019 and closed on Friday 7 June 2019. These dates as well as the first round allocation date were agreed by all Australian jurisdictions. 452 eligible applications were received however 23 went on to withdraw prior to receiving an intern allocation.

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 (below) 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.

ELIGIBILITY CRITERIA FOR A 2020 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 2020 you are a medical graduate of the 2018 or 2019 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 electronic medical record (Sunrise EMR and PAS) 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 134 applications were deemed to be incomplete at the time of submission or did not meet the eligibility criteria. 48 applications did not pass the mandatory components of the eligibility criteria, with a further 10 applications assessed as not meeting the criteria during the validation process.

	2019 applications
Total applications commenced	586
Incomplete applications	76
Ineligible applications	58
Eligible applications	429
Withdrawn pre-allocation	23

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.

For 2020 two applicants applied to complete their internship on a part-time basis and were accommodated by their allocated LHN. These applicants applied to work as job-share partners. For 2019 three intern applicants 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 2019, 15 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.

Eleven of the 2019 special consideration requests were approved. Successful applicants were granted a special consideration to either work in a metro or rural location however this did not affect the likelihood of them 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.

Sunrise Electronic Medical Record (EMR and PAS)

Applicants were required to complete basic Sunrise EMR and PAS 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 31 May 2019.

Rural intern pathway

2019 marked the second year of the Rural Intern Pathway in South Australia. The Rural Intern Pathway includes a selection process for applicants who were interested in undertaking their internship (and potentially subsequent years) in rural hospitals within South Australia. 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 3 July 2019 prior to metropolitan intern offers.

Preference analysis of 2020 intern data indicated that a total of 37 applicants preferred the Rural Intern Pathway by nominating either Mt Gambier Districts Health Service or Whyalla Hospital Health Service as their first preference. Mt Gambier Districts Health Service or Whyalla Hospital Health Service worked together to shortlist applicants and undertake interviews either in person or via video conference. Ten offers were made for the seven Mt Gambier Districts Health Service positions and seven offers were made for the five Whyalla Hospital Health Service positions.

Allocations

Eligible applicants were allocated to intern positions in random order within the prescribed category groups and then according to applicant preferences.

The 429 eligible applicants were categorised as detailed below.

Some LHNs were oversubscribed receiving more first preference rankings than there were available positions so 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 first 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 15 July 2019.

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 266 intern positions available for 2020, a slight increase from the previous year.

INTERN POSITIONS IN SOUTH AUSTRALIA (Intern training years 2016 – 2020)					
LOCAL HEALTH NETWORK (LHN)	2016	2017	2018	2019	2020
Central Adelaide LHN*					
> Royal Adelaide Hospital					
> The Queen Elizabeth Hospital	129	130	131	130	131
<i>*Includes rotations to the Women's and Children's Hospital and Hampstead Rehabilitation Centre</i>					
Southern Adelaide LHN					
> Flinders Medical Centre					
> Repatriation General Hospital	69	69	69	70	69
> Noarlunga Health Service					
Northern Adelaide LHN					
> Modbury Hospital	47	47	50	50	54
> Lyell McEwin Hospital					
Limestone Coast LHN					
> Mount Gambier Districts Health Service	5	5	5	7	7
Flinders and Upper North LHN					
> Whyalla Districts Health Service	0	0	0	5	5
Total	250	251	255	262	266

National intern positions

For the 2020 medical intern year across all states and territories there was a total of 3570 intern positions; this was an increase of 135 positions from the 2019 medical intern training year.

Currently South Australia has 7.5% of all Australian intern positions, in comparison to having 6.9%¹ of the Australian population¹

Allocation data

A total of 343 offers were made for intern positions in South Australia across all category groups; A further 17 offers occurred after the allocation process was finalised via the Late Vacancy Management Process (LVM).

Resulting allocation data by location of study provided below:

University location	Successful graduates
South Australia	221
Interstate	33
Malaysia	6
Overseas - other	6
TOTAL	266

Allocation breakdown by Category Group below:

Category Group	Eligible Applicants	Total Offers Made (including LVM*)	Total LVM offers made	Acceptances	Declines	Accept then withdrawn
Category 1.1	0	0	0	0	0	0
Category 1.2	229	230	1	200	5	25
Category 1.3	3	3	0	3	0	0
Category 2.1	0	0	0	0	0	0
Category 2.2	30	30	0	19	7	4
Category 2.3	34	34	0	11	12	11
Category 2.4	0	0	0	0	0	0
Category 2.5	7	7	0	5	1	1
Category 3.1	47	24	9	18	6	0
Category 4.1	46	7	4	3	0	4
Category 5.1	32	7	2	6	1	0
Category 5.2	1	1	1	1	0	0
TOTAL	429	343	17	266	32	45

*LVM - Late Vacancy Management Process - may include offers to applicants who did not apply for a position in SA and as such may not be included in the 'Eligible Applicants' figures.

¹ Population data from Australian Bureau of Statistics, 3101.0 - Australian Demographic Statistics, March 2019.

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 internship offer in any jurisdiction across Australia are the only applicants to receive further offers that arise after the last National Audit. This process provides better opportunities to fill late vacancies with applicants who are yet to receive a 2020 internship offer. It also reduces the risk for employers of losing applicants to late offers from other jurisdictions.

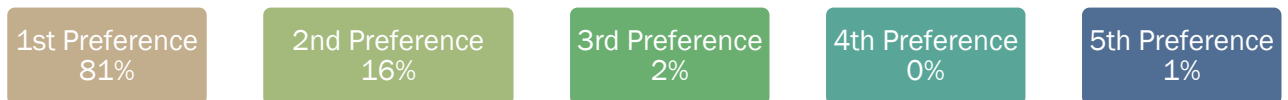
The LVM process runs as a supplementary process from 25 November 2019 to 20 March 2020.

Seventeen South Australian internship offers were made to applicants after the LVM had commenced, nine of these accepted. Offers were made to seven applicants from the LVM who did not originally apply to work in SA, four of these accepted.

Preference analysis

A preference analysis was undertaken on all applicants who received an internship offer. Eighty one percent of applicants who received an offer of internship in South Australia received their first preference, two percent or under received their third, fourth or fifth preference allocations.

PREFERENCE ANALYSIS FOR INTERN APPLICANTS WHO RECEIVED AN OFFER IN SA



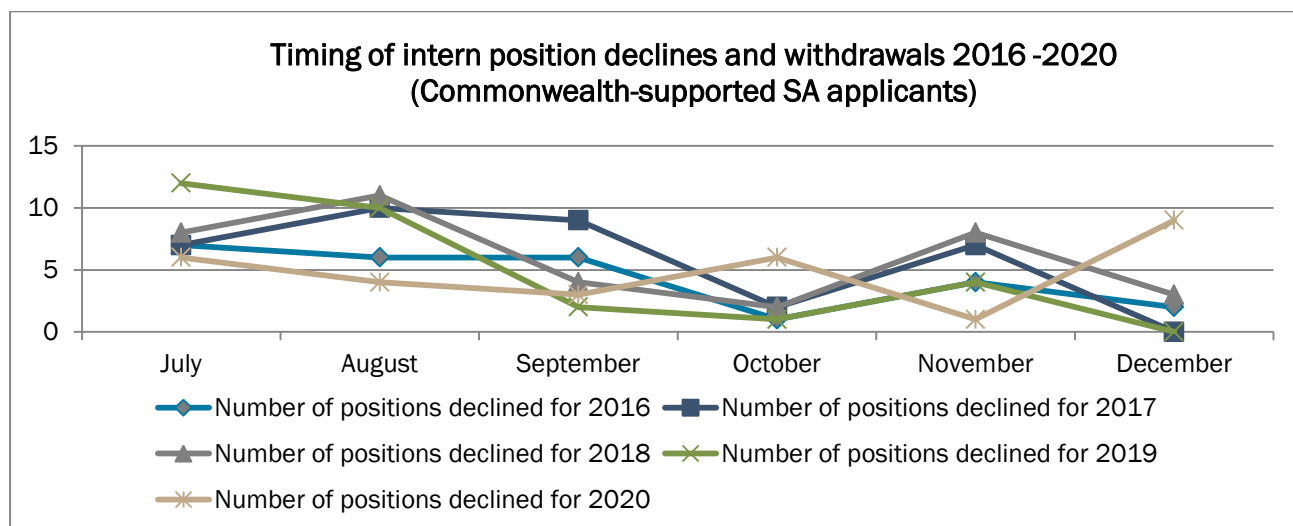
Intern declines

Over the past four years South Australia has experienced an 11% to 14% decline/withdrawal rate from its category 1 applicants. Recruitment for the 2020 intern year saw a 13% decline rate from category 1 applicants.

Declines and withdrawals from this group of applicants allow for any unmatched 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 and October experienced a high number of declines and withdrawals during the 2020 intern recruitment however there were a number of late withdrawals received in December after university results were released which resulted in December having the highest number of withdrawals from the Commonwealth Supported SA applicants.

The national Late Vacancy Management Process commenced in November with the goal of stabilising the allocation results and providing certainty to the LHNs and applicants earlier in the year. Receiving withdrawals after the Late Vacancy Management process had commenced had the consequence of South Australia having to recruit applicants from interstate and overseas as all other medical graduates who applied to SA had already received an offer of an intern position at another Australian location.



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 2019, four audits of intern acceptances were undertaken.

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.*

POSTGRADUATE YEAR 2 AND BEYOND



POSTGRADUATE YEAR 2 AND BEYOND (PGY2+)

687 eligible applicants applied for a position

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

496 PGY2+ positions across SA Local Health Networks

439 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 2020 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

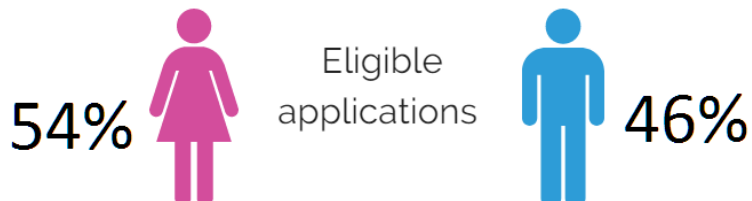
Applications for 2020 PGY2+ positions in South Australia opened on Monday, 10 June 2019 and closed at 11:55pm (ACST) on Monday, 1 July 2019. The SA MET Unit utilises an online application system for PGY2+ positions, which allows applicants to submit employment applications, nominate referees and select 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 according to applicant preferences, selection panel ranking and the number of available positions.

	2018 applications	2019 applications
Total applications received	885	1054
Ineligible/incomplete application	211	165
International Medical Graduates requiring General Registration	101	192
Eligible South Australian* applicants	469	497
Eligible Interstate* applicants	101	110
Withdrawn pre-allocation - SA	19	45
Withdrawn pre-allocation - interstate	15	35
Withdrawn pre-allocation - IMG	3	10

**based on State of residential address*

Fifty four percent of eligible applicants (non-IMG) were female and 46% male.



International Medical Graduates (IMG)

Applications from IMGs were identified as those applicants who did not yet have General Registration. These applicants have varying levels of registration prior so 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 or provisional registration.

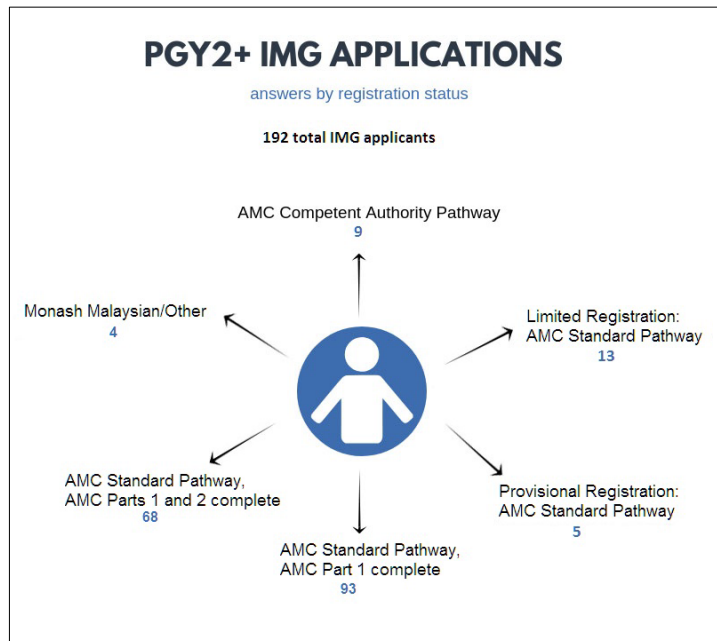
Although these applicants did not have General Registration they may have been suitable for appointment in alternative positions.

Sixty eight percent of eligible IMG applicants were female and 32% male.

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.

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 2019 four eligible applicants indicated within their PGY2+ application that they wished to work on a part time basis. Applicants generally request to work between 0.4FTE and 0.9FTE. These applicants accepted a PGY2+ position and negotiated with their allocated to LHN 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 an applicant preferred Basic Physician Training at Northern Adelaide LHN (NALHN), Central Adelaide LHN (CALHN) and Southern Adelaide LHN (SALHN) they would have one single interview for BPT. For 2020, there were 25 different position types on offer across the LHNs; 15 of these operated using a statewide recruitment process.

Using statewide selection effectively reduces the amount of applications that have to be assessed by each LHN.

For Basic Physician Training across the metropolitan hospitals, a total of 271 preferences were received. If selection and ranking was performed at each LHN individually, CALHN would have had 103 applications to review, SALHN would have had 96 applications to review and NALHN 72 applications to review and all LHNs would likely be assessing the same applicants.

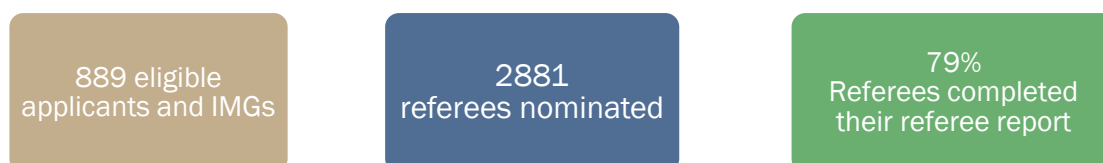
Using a statewide process there were only 112 unique applicants and if these are divided evenly amongst the metropolitan LHNs, they would only have to assess 37 applications each, refer table below.

Position	Number of unique applicants	Number of individual preferences
Statewide General Training/General Practice Training	499	
CALHN 1-100 General Training/General Practice Training		448
NALHN 5-100 General Training/General Practice Training		316
SALHN 3-100 General Training/General Practice Training		389
		1153
Statewide Basic Physician Training - Adult Medicine	112	
CALHN 1-300 Basic Physician Training - Adult Medicine		103
NALHN 5-300 Basic Physician Training - Adult Medicine		72
SALHN 3-300 Basic Physician Training - Adult Medicine		96
		271
Statewide Surgical RMO Rotations	101	
CALHN 1-400 Surgical RMO Rotations		89
NALHN 5-400 Surgical RMO Rotations		58
SALHN 3-400 Surgical RMO Rotations		89
		236
Statewide Obstetrics & Gynaecology (12 Months)	36	
NALHN 5-500 Obstetrics & Gynaecology (12 Months)		29
WCH 4-500 Obstetrics & Gynaecology		32
SALHN 3-500 Obstetrics & Gynaecology (12 Months)		26
		87

NALHN ENT Surgery Service Posts	14	
NALHN 6-460 ENT Surgery Service Post – Modbury		12
NALHN 5-460 ENT Surgery Service Post - Lyell McEwin		13
		25
TOTAL	762	1772

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.

Referee reports



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.

2881 referees were nominated by applicants with 79% of these referees completing their referee reports. Some referees were nominated to complete reports for multiple applicants; of the 2881 nominations, 1825 were unique referees. In 2019, 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 arranged 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 2019.

In 2018, interviews for the metropolitan General Training/GP training positions were transitioned from a face to face timed Multiple Mini Interview format to a taped video interview format. Mixed responses were received about the usability of the system in 2018, however in 2019 when applicants were surveyed, the results were more positive with 44% of respondents finding the taped video interview better than face to face as they could complete it in their own time and 48% indicating that they preferred face to face interview. Eight percent commented that they experienced technical issues with the video system. See [Evaluation](#) for further survey results.

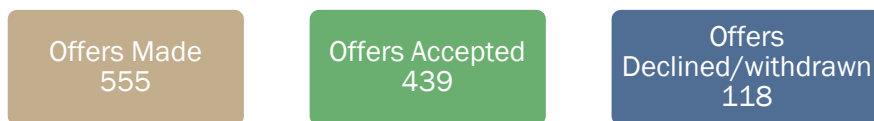
Allocations

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 specialties 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.

Allocation data



50 applicants withdrew from their position after initially accepting it while 68 declined their initial offer.

Refer to table below for full breakdown of allocation process and offers.

2019 Allocation results for the 2020 clinical year

Position	2020 Positions	Number of preferences ** (Non - IMG)	Offers Made (standard rounds)	LVM offers made	Acceptances / Positions filled	Declines	Accept then withdrawn	Positions available
CALHN 1-100 General Training/General Practice Training	120	448	148	0	108	20	21	12
CALHN 1-300 Basic Physician Training - Adult Medicine	31	103	33	0	31	0	2	0
CALHN 1-400 Surgical RMO Rotations	24	89	30	0	24	3	4	0
MGDHS 10-100 General Training/General Practice Training	6	21	5	1	4	2	0	2
MGDHS 10-110 DRANZCOG	1	3	1	0	1	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	1	0	0	1	0	2
TAPPP 7-700 The Adelaide Prevocational Psychiatry Program	33	32	19	0	17	2	0	16
NALHN 5-100 General Training/General Practice Training	80	316	94	0	75	11	8	5
NALHN 5-300 Basic Physician Training - Adult Medicine	20	72	16	0	13	2	1	7
NALHN 5-400 Surgical RMO Rotations	4	58	4	0	4	0	0	0
NALHN 5-500 Obstetrics & Gynaecology (12 Months)	8	29	5	1	6	0	0	2
NALHN 5-550 Obstetrics & Gynaecology (6 months) with Paediatrics (6 Months)	4	29	5	0	4	1	0	0
NALHN 5-600 Medical Service Resident	8	24	8	0	7	0	1	1
NALHN 6-450 General Surgery Service Post - Modbury	4	21	6	0	4	2	0	0
NALHN 5-460 ENT Surgery Service Post - Lyell McEwin	1	13	1	0	1	0	0	0
NALHN 6-460 ENT Surgery Service Post - Modbury	1	12	1	0	1	0	0	0
Port Augusta 12-110 DRANZCOG	1	2	1	0	0	1	0	1
SALHN 3-100 General Training/General Practice Training	78	389	104	0	78	19	7	0
SALHN 3-300 Basic Physician Training - Adult Medicine	15	96	17	0	15	1	1	0
SALHN 3-400 Surgical RMO Rotations	22	89	24	0	22	1	1	0
SALHN 3-500 Obstetrics & Gynaecology (12 months)	2	26	2	0	2	0	0	0
WCH 4-100 Prevocational Resident Program	14	55	17	0	14	2	1	0
WCH 4-500 Obstetrics & Gynaecology	10	32	10	0	9	0	1	1
Spencer Gulf 11-100 General Training	4	4	0	0	0	0	0	4
TOTAL	496	1975	553	2	441	68	48	53

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

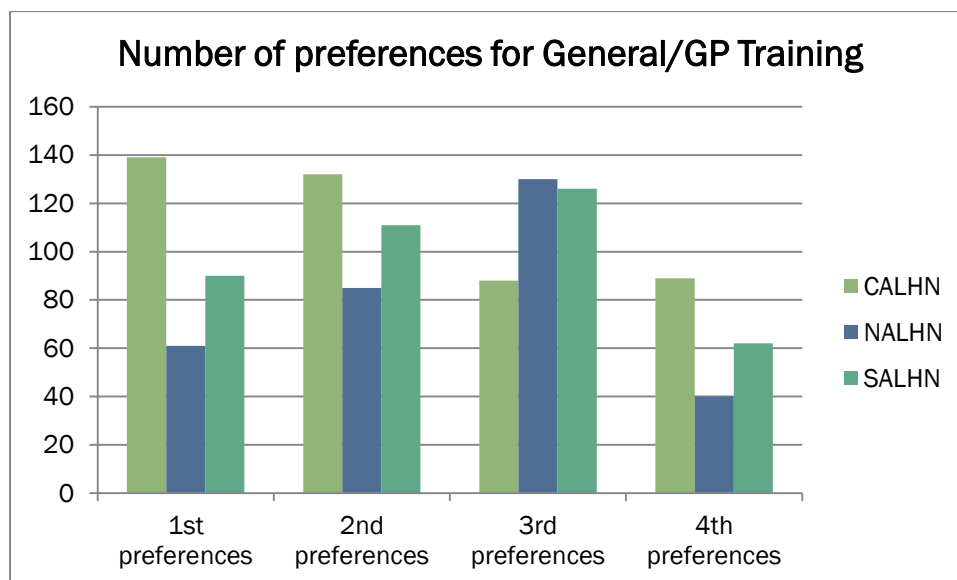
Applicant preferences

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 seven percent of applicants received an offer for their first preference.



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 could be filled by applicants who had not received an offer yet.

Applicants were notified by email if they had been unsuccessful in securing a 2020 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

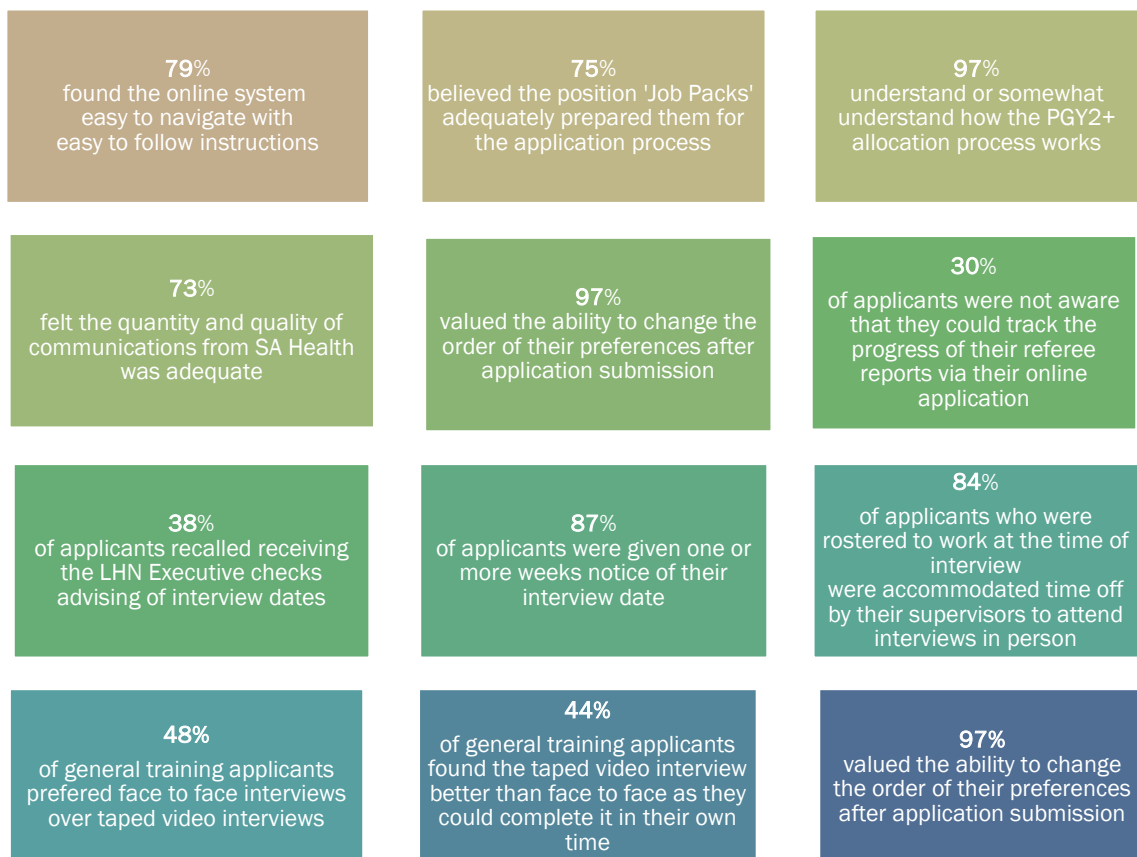
Each year an evaluation of the PGY2+ allocation and appointment process is undertaken in order to allow for revisions to the system to further improve it. After the 2019 PGY2+ allocation and appointment process SA MET undertook an evaluation via survey with selection panels and applicants to investigate where improvements and efficiencies could further enhance the selection and recruitment of PGY2 positions in South Australia.

Analysis of the PGY2+ applicant feedback survey

One hundred and forty four applicants completed the survey which is a very similar response rate from the previous year.

Eighty eight percent of applicants either agreed or strongly agreed that having a centralised PGY2+ application and recruitment process in SA is a valuable resource and 72% agreed or strongly agreed that the system is an advantage to seeking employment in SA.

Other feedback from applicants included:



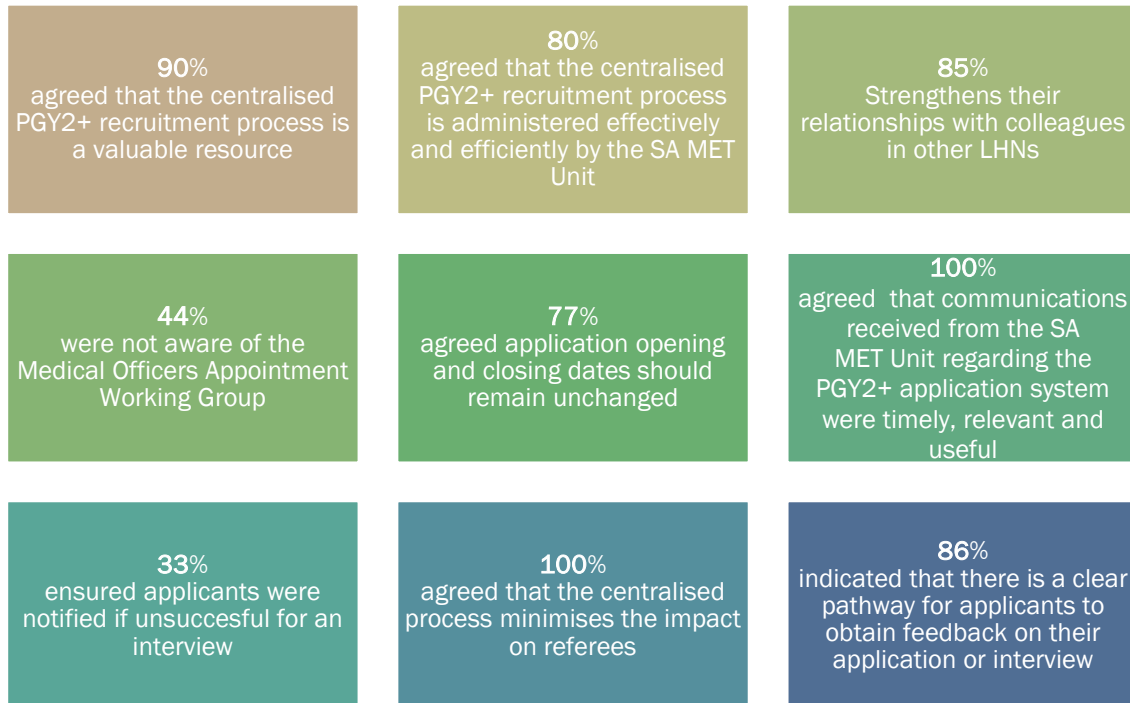
Some common themes identified by PGY2+ applicants related to receiving feedback on their application and/or interview, notification if unsuccessful of shortlisting and more information required about the interview process.

- > *it would be good to know when the shortlist for interviews are made so that an application essentially knows that they will not be getting a specific position.*
- > *Please give proper details in case of an unsuccessful application. I tried so hard and spent lots of money to get my CPD hours and pass the expensive AMC exam, so not giving enough information is quite depressing as the applicant won't know what's needed to being improved*
- > *Would love feedback on my interviews*
- > *Make it quick and candidates should be aware about what's the status of their application. They should be told if they are shortlisted or not.*
- > *Can you inform applicants who were not successful at getting an interview? Instead of not even contacting them until months later? Can you have a confirmation process that everything was received and correct when applying?*
- > *it would be good to know when the shortlist for interviews are made so that an application essentially knows that they will not be getting a specific position. More information on how the interview and CV influence selection into rotation preference.*
- > *Would have been beneficial to have some more information regarding the interview process and time for finding out when you will get an interview and when you will find out if you got offered a position, to facilitate interstate travel and other job applications*
- > *It was an overall swift and efficient process . Happy about the way things worked*
- > *Appreciated the in person info session, was good to be able to ask questions on the spot*
- > *The online application system was fantastic. It was clear, streamlined and efficient. The interview itself with pre-recorded video questions and a set time limit for each question was something I did not enjoy. It felt unnatural and was quite off putting. I'm ok with a video interview, maybe just with a live person rather than a pre-recorded question.*

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

Analysis of PGY2+ LHN/ selection panels feedback survey

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



Survey results indicated that the LHNs find that the centralised online recruitment system works well for the LHNs in terms of how it works, expected outcomes and the service provided by the SA MET Unit. Applicant withdrawals from positions after initial acceptance continues to be an issue so the timing of offers will be reviewed again to align with states and colleges as much as possible. The process for obtaining referees is also streamlined through the SA MET Unit reducing the impact on referees.

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

Appendices:

1. [2020 PGY2+ applicant survey results](#)
2. [2020 PGY2+ LHN/selection panel survey](#)

3. Graphical PGY2+ preference analysis per program discipline

