

National Intern Allocation Process

2021

This document proposes a National Intern Allocation Process (NIAP) for medical internships. The model described here would create significant efficiencies and ensure greater flexibility and certainty for prospective interns and their employers.

1. Background

- 1.1. The prevocational training landscape has changed significantly over the past decade following the 2015 COAG Review of Medical Intern Training¹ and subsequent review of the National Framework for Medical Internship by the Australian Medical Council².
- 1.2. Commonwealth, State and Territory Governments have responded to growing numbers of Australian medical graduates³ by increasing intern places to meet demand and expanding clinical supervision capacity.
- 1.3. However, the process by which prospective interns are allocated to positions remains complex and varies between jurisdictions. Some jurisdictions use merit ranking including grades, interviews, and CV, some use random ballot allocation, and others use a combination of approaches. Other factors that are considered by some jurisdictions include Aboriginal and Torres Strait Islander status, commitment to rural training, previously residing in a particular jurisdiction, and visa status.
- 1.4. Existing application and allocation systems are largely independent, and medical graduates often apply for intern positions in multiple jurisdictions, some accepting multiple offers. While an overarching national body has been established to oversight applications, acceptances, and unplaced applicants, a single portal for all intern applications and the implementation of a national intern allocation system would generate significant efficiencies in the process.
- 1.5. While there are several potential models for a NIAP, one that protects the autonomy of jurisdictions will be the most acceptable. The use of local and established systems to prioritise and match applications would continue to give states and territories control over the allocation process but also provide sufficient flexibility for graduates.

2. AMA Position

- 2.1. The AMA is supportive of centralised application database on the basis that it could lead to the streamlining of PGY1 (Intern) application and employment process. The benefits for health care stakeholders, health services and provisional medical graduates are that it would:
 - 2.1.1. Manage the issue of multiple acceptances and provides employers with a greater degree of certainty about workforce numbers at the beginning of the clinical year while still allowing jurisdictions autonomy in the selection process.

¹ 2015 COAG Review of Medical Intern Training
<https://www.coaghealthcouncil.gov.au/MedicalInternReview/ArtMID/463/ArticleID/75/Final-Report-Review-of-Medical-Intern-Training> (accessed August 2021)

² Australian Medical Council <https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/latest-news-in-the-framework-review/> (accessed August 2021)

³ Medical Deans Australia and New Zealand Student Statistics Report 2020.
<https://medicaldeans.org.au/data/student-statistics-reports/> (accessed August 2021)

- 2.1.2.Reduce administrative burden for applicants uploading documents for applications in multiple employment databases.
- 2.1.3.Reduce burden to referees and supervisors in establishing character and employment references that are required.
- 2.1.4.Continue to provide applicants the autonomy to apply for and receive offers of employment in multiple jurisdictions.
- 2.1.5.Provide an established application and audit data management system that could be used for postgraduate year 2 appointments and could be integrated with community placements.

2.2. The AMA's preferred model is described below.

3. Governance and coordination

- 3.1. A NIAP that offers maximal efficiency and flexibility requires sound leadership and coordination, co-operation between jurisdictions and functional information technology infrastructure. A doctor in training should be represented within the governance structure.
- 3.2. Intern allocation processes should be clear and transparent and operate within common and agreed time frames. Currently there is national consistency in allocation rounds, dates and definitions governed primarily by the National Audit Process. Combined with a standardised process of coordinating Intern applications via the Intern placement number (IPN), a single portal for all intern applications and a NIAP is a sensible progression.
- 3.3. A well-described mechanism to deal with grievances, with referral to relevant health services where appropriate, should be established prior to the implementation of the NIAP.
- 3.4. Postgraduate Medical Councils, and their equivalents, should continue to be involved in state and territory allocation processes as they have significant expertise in this area.
- 3.5. The Commonwealth has overseen the recent expansion of medical school places and carries a responsibility to ensure that graduates can complete the accredited Intern year they need to achieve full medical registration. The Commonwealth should take a proactive role in supporting the allocation of graduates to internships and provide funding for the development and operation of a NIAP.

4. Operation and responsibilities

- 4.1. A central on-line application portal (the portal) should be developed that allows applicants to apply to, and receive an offer from, individual states and territories. This would function as the shopfront of the system.
- 4.2. The portal would be managed by an agency (the agency) with expertise in internship allocation processes. It should be funded by the Commonwealth or one of its agencies.
- 4.3. The agency would be responsible for overall coordination of the match, as well as the distribution of applications to individual states and territories.
- 4.4. The portal would act as a repository for information on the allocation process in each state and territory as well as employing health services. It would include links to the relevant industrial agreements.
- 4.5. Applicants would have the option of applying to as many or as few states and territories as they wished. They would be required to complete one on-line primary application form, including personal details, medical school, and residency status information.

- 4.6. States and territories would need to agree to this minimum dataset, and those requiring more specific information would require applicants to complete secondary forms on the platform at the time of the initial application.
- 4.7. Individual states and territories would continue to utilise established local systems and criteria to prioritise applicants, acknowledge preferences, and allocate places. They would be responsible for the equitable allocation of intern places based on candidate preferences. Individual states and territories would be required to submit the results of their match to the agency so that they could be released to applicants.
- 4.8. Only one offer (the applicant's highest accepted preference) should be made per state or territory for each round. In the case of an applicant applying to multiple jurisdictions, this would potentially provide them with several national placement options. Offers should be time limited. The system should accommodate paired applications and offers.
- 4.9. There should be no cost borne by the applicant in utilising the NIAP.

See also:

[AMA Position Statement on Prevocational medical education and training 2020.](#)

[Australian Medical Students Association Internship Policy Document 2020](#)