

AMACDT Trainee Forum - 26 October 2021

Medical College Trainee Representatives discuss Selection into Training Entry Requirements

Key themes:

Evidence based criteria should inform selection into training

- Colleges currently employ a range of processes, criteria, and points-based systems to inform selection into training.
- Trainees reported that some of these College selection processes have contributed to a 'CV arms race' for entry into training rather than trainees focusing on relevant clinical and non-clinical experiences that are beneficial to becoming a proficient specialist.
- Broadening from heavy weighting of research criteria to recognition of other key activities such as teaching, leadership activities, and other relevant personal experience, such as parental leave, should be considered.
- Further it was noted that some Colleges are adopting situational judgement testing (SJT) while others have used this tool in the past but no longer use it now, and a clearer analysis of efficacy to select suitable candidates is needed.
- The relationship between the College and job recruitment/employment varies and often adds a further layer of complexity, including issues around pre-interviews which are viewed as inappropriate.
- Potential barriers to entry into training included the significant costs associated with entry into training for some Colleges. One third of trainees attending the Forum said their College required that candidates undertake exams and other courses including higher degrees as a prerequisite for selection into training. Only one third said the cost of mandatory prerequisite courses/exams were appropriate. This has the potential to impact the diversity of trainees in certain programs as particular cohorts of trainees may not be able to easily meet these criteria e.g., medical parents and those with other caring responsibilities, Aboriginal and Torres Strait Islander trainees, trainees from lower socioeconomic backgrounds etc.

Processes should support diversity in selection into training

- Quotas and/or weighting for trainees with an Aboriginal and/or Torres Strait Islander background and/or rural origin/experiences are common and were seen as useful to be implemented by all Colleges to inform selection into training.
- Strengthening of cultural safety in curriculum is equally as important as quotas/points in supporting First Nations doctors and other diversity groups to apply for entry into, and be supported to complete, training.

"I personally like the current selection process. The main issue is that people who are disadvantaged (indigenous etc) don't get extra assistance."

Caps on number of attempts for entry into training should be reviewed

- Trainees were asked whether a cap on how many times a candidate can apply for the training program was appropriate. One third said yes, one third say no, one third were unsure.
- Trainees agreed that doctors are professionals who can make decisions about the number of times they wish to apply for entry into a program. However, mentorship, career guidance and regular feedback (formal and informal) are integral to guiding and supporting trainee career decisions and should be strengthened to support pathways for selection into training.
- It was encouraged that Colleges provide clear feedback to both successful and unsuccessful candidates to ensure the best possible self-development for all trainees.

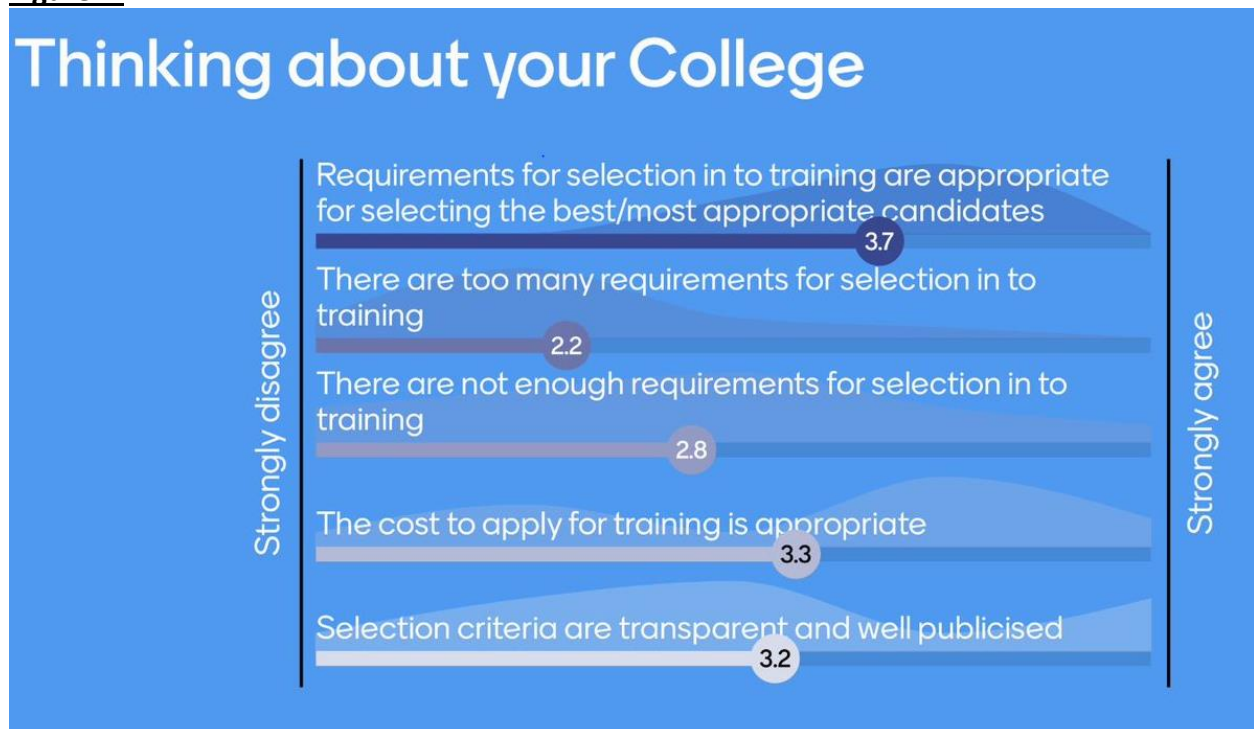
Requirements, selection criteria, and associated weightings for entry into a training program should be clearly published and transparent

- Trainees would like to see increased transparency around weighting of different selection criteria in the selection process. Clearer prerequisites and transparency surrounding CV scoring and/or research expectations is desired.
- Broad descriptions such as relevant experience are less helpful and open to interpretation.
- Tools such as having in place a clear rubric are useful. Information and approaches to combat points gaining should be considered.

“My college is very vague on pre-requisites and scoring so applicants walk into the interview unsure of where they stand.”

“The College needs to be more transparent about what is awarded points on the CV score and about how much this contributes to total application (along with the interview).”

Figure 1.



The AMACDT Trainee Forum is designed to increase collaboration between Specialist Medical College Trainee Committees and enhance cross specialty communication. If you have any feedback or questions, please contact us at cdt.chair@ama.com.au

The Trainee Forum will continue to meet quarterly in 2022 and we look forward to ongoing collaboration with all the Specialist Medical Colleges and Council of Presidents of Medical Colleges.

The following Medical College Trainee Committee Chairs/ Representatives attended the Forum:

- Australasian College for Emergency Medicine
- Australasian College of Dermatologists
- Australasian College of Sport and Exercise Physicians
- Australian and New Zealand College of Anaesthetists
- Australian College of Rural and Remote Medicine
- Australian Indigenous Doctors Association
- College of Intensive Care Medicine of Australia and New Zealand
- New Zealand Medical Association
- Radiation Oncology Trainees Committee
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian College of General Practitioners
- The Royal Australasian College of Dental Surgeons

Apologies

- Royal Australian and New Zealand College of Psychiatrists
- Royal College of Pathologists of Australasia