

Entry Requirements for Vocational Training

2014

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Australia has a responsibility to train medical graduates efficiently and effectively to produce high quality vocationally trained medical practitioners capable of independent and safe practice. Fundamental to the quality of medical education in Australia are the medical colleges who are responsible for the rigorous training standards and arrangements that set the benchmark for specialist practice. The process of trainee selection is currently complex and lacks transparency with no widespread definition of best practice.

Entry requirements for vocational training commonly consider a range of academic and vocational considerations, and in some instances, clinical and research pre-requisites. Entry requirements to vocational training should facilitate the merit and needs-based selection of the appropriate number of trainees into each vocational training pathway. However, the selection process has become overly onerous for the candidates with the lack of consistency and transparency encouraging curriculum vitae (CV) buffing and other anti-competitive behaviour. Medical Colleges and the Australian Medical Council (AMC) must actively ensure selection processes are anti-discriminatory and protected against nepotism. This position statement sets out the principles the AMA considers should underpin entry requirements for vocational training including prerequisites for selection being transparent and equitable.

1. Background

- 1.1. In Australia, trainee selection processes are performed by both medical colleges and health services with the input of each stakeholder varying between different specialties. Trainee selection processes must be able to differentiate amongst candidates of similar ability with the intention of selecting the best possible candidates for specialty training. They must also provide a common, unbiased means of assessing candidates of diverse economic, personal, cultural and academic backgrounds and have the confidence of the prevocational and vocational trainees, the professional colleges, the training providers and the public.
- 1.2. All medical graduates require postgraduate vocational training prior to entering independent and specialist practice. Essentially, the purpose of vocational training is to provide the training, education and supervision required to equip a doctor with the skills to meet the standards to be awarded Fellowship in a specialty college. The end point of such training is the achievement of Fellowship of one of the medical colleges.
- 1.3. The AMA supports the role of the Colleges in setting training standards, accrediting training sites, and training, assessing and examining candidates against College standards within the broader accreditation framework established by the Australian Medical Council (AMC).
- 1.4. The AMA supports the role of the AMC in assessing and accrediting specialist medical education and training, and professional development programs run by the Colleges.
- 1.5. Sufficient numbers of high-quality vocational training places must be available for medical graduates to ensure the community has access to a highly qualified and well-trained medical workforce. The number of medical graduates entering specific vocational training programs should be determined by community need, national health workforce planning data and the ability of the system to deliver high quality training.
- 1.6. Ultimately, appropriate vocational training capacity will minimise the development of an unnecessary and protracted prevocational period of employment for doctors in training waiting for entry to vocational training programs.
- 1.7. However, increasing medical graduates numbers, insufficient prevocational and vocational training capacity, maldistribution of career intent/interests, and subsequent competition for training places in specialty training programs, is creating an entry 'bottleneck' into prevocational streaming rotations and vocational training programs. This adds to the

imperative to ensure that entry requirements for selection into vocational training programs are clear, relevant and candid.

- 1.8. Vocational training programs have both implicit and explicit entry requirements. Explicit entry requirements are those that are acknowledged by a specialty college and form part of the application process. Implicit entry requirements are not acknowledged by the specialty college but in reality, are required for an applicant to have a reasonable chance of success in their application. The AMA does not support implicit entry requirements into training.

2. Principles of entry requirements for vocational training

- 2.1. The AMA believes that prevocational training should give doctors the requisite experience to commence vocational training. The AMA supports published explicit pre-requisites for vocational training programs where they are achievable by prevocational trainees during routine prevocational training.
- 2.2. The AMA does not support pre-requisites that are unnecessarily onerous and/or extraneous to beginning practice as a vocational trainee, particularly those that are hidden or implicit, or are of high cost but not required by trainees for selection.
- 2.3. AMA asserts selection processes and entry based on nepotism are dangerous and prevents diversity within the medical profession. Support in selection should be extended to Aboriginal and Torres Strait Islander people, people from rural and remote areas, people with disabilities, people from culturally and linguistically diverse backgrounds, and any other candidate that requires support.
- 2.4. AMA calls for selection process that allows flexibility of entry by recognising other factors such as parental or caring responsibilities.
- 2.5. It is essential that entry requirements for vocational training are transparent, supported by the best available evidence base, accessible from all training sites and follow the following principles:
 - (a) Entry requirements should:
 - be merit and community-based with the aim of selecting the best possible candidates for training in a particular specialty;
 - be equitable, valid and relevant;
 - be objective, unambiguous, transparent and achievable; and
 - be made publicly available to trainees within a sufficient timeframe prior to the selection process
 - Be reviewed on a scheduled basis.
 - (b) Any changes to entry requirements, and the rationale and implications for change, should be made publicly available within a sufficient timeframe to allow potential applicants the opportunity to prepare their applications.
 - (c) Any weighting system/and or points attached to specific entry requirements should be documented, published, clear and quantifiable to the greatest possible extent.
 - (d) The criteria and process for seeking exemption from such requirements must be clearly outlined to trainees.
 - (e) Selection processes for a vocational training program should be efficient.
 - (f) Costs incurred by candidates as part of the selection process, including through any prerequisite courses, should be publicly available, reasonable and justifiable.
 - (g) Prospective trainees in all jurisdictions should have access to the same opportunities and resources where practicable to help them prepare an application for a training program.
 - (h) Processes should not disadvantage trainees that have commenced additional studies, work or preparations as part of preparing for vocational training.
 - (i) Publish numbers of applicants/acceptances and applicant characteristics (i.e gender, culturally and linguistically diverse people/Indigenous status etc)

- (j) Honest and timely feedback should be available to unsuccessful candidates.
- (k) Provision should be made for a fair, visible and accessible appeals process of decisions in relation to selection.
- (l) There should be sufficient flexibility for trainees to move between training pathways by adequate recognition of prior learning and competencies, including relevant training administered by other Colleges; and
- (m) Where interviews are conducted as part of the selection process, these should be structured, impartial and reflect best practice with the aim of determining and confirming the suitability of an applicant for vocational training and community need.

See also:

AMA Position Statement. Medical Workforce and Training – 2013

AMA Position Statement. Medical Training in Expanded Settings – 2012.

AMA Position Statement. Prevocational Medical Education and Training – 2011.

AMA Position Statement. Competency-based training in medical education – 2010.

AMA Position Statement. Core Terms in Internship – 2007.

AMA Position Statement. Early Streaming into Specialty Training – 2006.

AMA Position Statement. Flexibility in Medical Work and Training Practices for Doctors-in-Training – 2005.

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