

Employment processes for prevocational trainees

2015

1. Background

- 1.1. An increase in medical graduate numbers and a failure to plan for the future of our workforce has resulted in an increase in competition for prevocational and vocational training positions.
- 1.2. Anecdotal reports indicate that prevocational application and offer processes in some states/territories are unnecessarily drawn out, uncoordinated and chaotic from both an applicant and employer perspective, with room for significant administrative streamlining and efficiencies.
- 1.3. Some states/territories continue to rely on international doctors on temporary work visas to fill prevocational training positions. It is unclear the extent to which these jurisdictions are working to attract locally trained doctors to fill these positions.
- 1.4. Despite shortfalls in training places beyond internship being foreshadowed for some time, there continues to be significant limitations to the available data and reporting systems on numbers of prevocational trainees and positions available. The Medical Training Review Panel reports publicly on the number of medical graduates, doctors in Postgraduate Year 1 (PGY1 or internship), Postgraduate Year 2 (PGY2), and in vocational training. There is no reliable, publicly available national data for the years between PGY2 and vocational training.
- 1.5. An uncoordinated approach to employment processes for prevocational trainees will continue to create inefficiencies for applicants and employers from both a workforce and service planning perspective. In many jurisdictions, the timing of applications also means that unsuccessful applicants for senior positions are unable to accept continuing junior positions.
- 1.6. A short-sighted approach to this issue fails to capitalise on the investments made in expanding medical student numbers to meet community needs. Poorly coordinated recruitment processes for this cohort of doctors in training represents a significant inefficiency for jurisdictions from both a financial and service delivery perspective.
- 1.7. There are a number of models in place that provide a more coordinated application and offer process for internships and prevocational training positions, and greater clarity on supply and demand for prevocational and vocational training positions for the upcoming year.ⁱ
- 1.8. National leadership is needed to introduce common standards for governance, coordination, timing and conduct of application, selection and appointment processes for prevocational positions, similar to that which already occurs for selection into the internship year.

2. Definition

- 2.1. For the purposes of this discussion paper, 'prevocational training positions' refer to postgraduate year 2+ positions and includes Hospital Medical Officer (HMO) and Resident Medical Officer (RMO) positions. 'Vocational training positions' include those positions accredited for training for a College fellowship.

3. AMA Position

- 3.1. The AMA considers that:
 - (a) sufficient prevocational and vocational training positions must be funded and accredited to accommodate the growth in medical graduate numbers and meet the future demands of the Australian community for a high quality, Australian trained medical workforce.

- (b) accurate and ongoing workforce planning should inform the number of medical student, prevocational and vocational training positions required to meet future medical workforce requirements.
- (c) a system must be implemented to more accurately capture information on the demand and supply of prevocational and vocational training positions. This data must be current, robust, and publicly available, and must capture the status of all relevant trainees; this could be obtained at the time of medical registration.
- (d) the implementation of a minimum standard data collection and reporting system on the number of prevocational positions available and unfilled each year should be introduced at a jurisdictional level to inform and strengthen workforce planning.
- (e) a standardised application process for prevocational trainees should be introduced, including uniform application opening and closing dates for each stage of training, a nationally standardised referee report, and transparent weighting given to components of the application.
- (f) detailed information regarding prevocational training posts must be available at the time of application, and up to date information about the location and number of posts available should be readily available to prevocational trainees.
- (g) standardised dates for prevocational offers should be introduced, including uniform deadlines for release and acceptance of offers.
- (h) there should be audit process to find and match unsuccessful candidates with unfilled positions.
- (i) the following high level principles should underpin the development process. Processes must be:
 - Efficient, open, fair, reliable and cost-effective
 - Build on existing prevocational employment processes
 - Align with existing processes, where possible
 - Focus on trainee satisfaction
 - Involve trainees in governance structures
 - Align with national workforce planning processes

See also:

AMA Position Statement on National intern allocation 2011

AMA Position Statement on Prevocational medical education and training 2011

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Endnotes

ⁱ Since 2011, the National Medical Internship Data Management (NMIDM) Working Group has coordinated standard application, offer and acceptance dates for the internship year across all jurisdictions. Data on projected numbers of graduates, projected numbers of positions is collected and, during the offer and acceptance period, regular audits of unplaced applicants and vacant posts are carried out.

From 2013, Queensland Health have run a sequential campaign for appointment to prevocational and vocational training positions. This includes three rounds of offers within each position level. Once the high level positions offers have closed, candidates are able to change the preferences so that they are eligible for the lower level positions.

In Western Australia, all prevocational applications are coordinated via a Centralised RMO Application Process. Applicants are placed into a central pool from which health services can recruit junior doctors. Rather than matching rounds, the pool exists until all positions are filled or the pool is exhausted.

The Postgraduate Medical Council of Victoria coordinates PGY1, PGY2 and Basic Physician Trainee applications, offers and acceptances. Referees are coordinated by PMCV, but applicants are required to lodge an independent application with each health service for which they have indicated a preference. Because of the high volume of applications for intern positions, many Victorian health services have begun to implement a standardised curriculum vitae.