National Intern Allocation

2011

This document outlines the AMA position on a national intern allocation system (NIAS) 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 in recent years as a result of:

(a) the introduction of national medical registration arrangements including national standards for general registration, and a range of national collaborations on intern allocation, education and assessment;[1] and

(b) increasing numbers of medical graduates, from 1195 in 2000[2] to 2380 in 2009[3], an increase of 99.2%.

1.2. This has created a situation where there is increasing competition for internship positions. It has also placed additional pressures on health services to expand clinical supervision capacity and provide sufficient numbers of placements with the breadth of experience to meet core term requirements. Under current arrangements, some states have difficulty filling all the intern positions they offer, while others are unable to provide enough places for all applicants. Through the Council of Australian Governments (COAG), State and Territory governments have committed to providing an intern position for all domestic Commonwealth funded medical graduates.

1.3. The process by which prospective interns are matched to positions is complex; some jurisdictions use merit ranking, some use random allocation and others use a combination of approaches. Existing mechanisms often result in medical graduates applying for positions in multiple states. Some applicants accept multiple offers and, until recently, there have been limited mechanisms to identify cases where this has occurred.

1.4. Established in 2009, the Confederation of Postgraduate Medical Education Council's National Intern Allocation Working Party undertook a national audit of internship acceptances pilot project in 2011 with the aim of minimising the number of vacancies at the start of the clinical year. As a result of this audit process, a number of issues have been dealt with that smooth the way for a national application process. These include privacy and recognition that defining a common data set could be easily achieved.

1.5. A national intern allocation system is the logical next step and has the potential to create significant efficiencies via a single entry and exit point for all intern applications.

1.6. There are number of potential models for a NIAS. A model that protects the autonomy of jurisdictions is likely to 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.

[1] SA IMET. Review of Internship in South Australia. A network approach. SA IMET discussion paper. Consultation version 4.0. Adelaide: SAIMET, 2010: 2.

[2] Commonwealth of Australia. Medical Training Review Panel Tenth Report. Canberra: Commonwealth of Australia, 2006: 12.

[3] Commonwealth of Australia. Medical Training Review Panel Fourteenth Report. Canberra: Commonwealth of Australia, 2011: 35.

2. AMA Position

2.1. The AMA is supportive of a NIAS on the basis that it could lead to the streamlining of intern application and employment process, with benefits for both trainees and health services. It would nullify the issue of multiple acceptances and provide employers with a greater degree of certainty about workforce numbers at the beginning of the clinical year. The AMA's preferred model is described here.

3. Governance and co-ordination

3.1. An NIAS that offers maximal efficiency and flexibility would require sound leadership and co-ordination, co-operation between jurisdictions and functional information technology infrastructure.

3.2. Intern allocation processes should be clear and transparent and operate within common and agreed time frames. National consistency in allocation rounds, dates and definitions is a pre-requisite for a functional NIAS.

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 NIAS.

3.4. Postgraduate Medical Councils, and their equivalents, should be involved in state and territory allocation processes as they have significant expertise in this area.

3.5. Should applicants continue to be allocated on the basis of a priority system, jurisdictions should work towards a nationally consistent approach to the ranking of different groups.

3.6. 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 intern year is, in reality, the final year of basic medical education. 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 NIAS.

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 shop-front 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. States and territories would agree to this minimum data-set, and those requiring more specific information would require applicants to complete secondary forms at the time of initial application.

4.6. 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 on the basis of the 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.

4.7. 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.

4.8. There should be no cost borne by the applicant in utilising the NIAS.

See also:

AMA Position Statement on Prevocational medical education and training 2011.

Australian Medical Association, Australian Medical Students' Association, Medical Deans Australia and New Zealand, Confederation of Postgraduate Medical Education Councils. Joint Statement: Action on Medical Training. AMA Medical Training Summit. 2010 Sep 29; Canberra, Australia.

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