



**HEALTH  
EDUCATION  
& TRAINING**

WHERE INNOVATION DRIVES  
EXCELLENCE IN EDUCATION AND TRAINING  
FOR IMPROVED HEALTH OUTCOMES

TRIM: DOC18/16663-004

# STATE WIDE RECRUITMENT FOR PSYCHIATRY TRAINING NETWORKS

## RECOMMENDED MODEL: *For consultation*

*October 2018*

## EXECUTIVE SUMMARY

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The Centralised Recruitment Working Group was formed in 2018 to address concerns regarding blockages and distribution of training in the psychiatry vocational pathway and as identified in the Department of Health, 2016 report titled 'Australia's Future Health Workforce – Psychiatry'<sup>1</sup>. In NSW, blockages primarily concerned trainees' transition between Stage II (PGY2+ equivalent) and Stage III (PGY5+ equivalent), delaying some trainees completion of their vocational training. In response, the working group have considered a number of options that aim to enhance governance practices, trainee and panel experiences, visibility of psychiatry vocational training positions and align with NSW Health Policy (Appendix 1).

The recommended model outlined in this paper has the key features of:

- Applying to all accredited trainees in Psychiatry in NSW
- Streamlines application processes through one centralised application to enter training
- Centralised and consistent interview practices to increase equity of access and transparency for trainees
- Increased retention and stability through length of training contracts from entry into training to fellowship
- Increased transparency and access to Stage III certificate (sub speciality) training through a centralised program level recruitment process

The recommended model is proposed for implementation for recruitment into 2020 clinical year.

Next steps to implementation of a state wide recruitment process for psychiatry vocational training networks will require close collaboration and openness as we work together to enhance the recruitment process.

Key factors identified by the group that will contribute to successful implementation in the psychiatry vocational training program are:

- Improved governance systems to provide transparency and accountability to processes
- Constructive participation by stakeholders in recommendations and implementation for a sustainable way forward
- Engagement with, and the inclusion of the trainee viewpoint to ensure a balance between education and training, and wellbeing are best achieved.

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<sup>1</sup>[https://www.health.gov.au/internet/main/publishing.nsf/Content/597F2D320AF16FDBCA257F7C0080667F/\\$File/AFHW%20Psychiatry%20Report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/597F2D320AF16FDBCA257F7C0080667F/$File/AFHW%20Psychiatry%20Report.pdf)

## BACKGROUND

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Concerns regarding trainees' equity of access to, and quality of Stage III training within the NSW Psychiatry Training Network was recognised by the Psychiatry State Training Council (PSTC) in 2016. In response the Transition from Stage I to Stage III Training Priority Working Group (Transition Working Group) was established to explore and recommend actions to address this issue and a subsequent forum held.

In response to the forum recommendations, the Psychiatry Centralised Recruitment Working Group (the working group) was established, meeting for the first time on 5 April 2018. To ensure appropriate representation, the PSTC sought membership to this group from a range of stakeholders involved in recruitment and training, including HealthShare, Psychiatry Networks, rural representatives, trainees, RANZCP and Local Health Districts (Appendix 2).

While the working group was initially established to determine a centralised recruitment process for Stage III training, following exploration of the issues it was determined that focusing solely on Stage III trainee recruitment would not fully address current challenges due to the influencing role Stage I and II have on Stage III. The PSTC endorsed this expanded scope given the desired aims to enhance visibility and transparency in recruitment.

## OBJECTIVES

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The objective of the working group was to propose a recruitment model that:

1. Improves the trainee experience of recruitment
2. Reduces administrative time associated with recruitment in Psychiatry
3. Reduces vacancy rates across New South Wales
4. Improve visibility and transparency of Certificate (sub-speciality) and generalist training positions

## CRITICAL ISSUES

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The working group discussed a range of issues that are current within Psychiatry training and access to positions and terms. These issues formed the basis of recruitment options proposed with the aim of increasing coordination, identification and visibility of accredited training positions.

### **VACANCY RATES**

All NSW Psychiatry networks report vacancies in training positions across the year. The number of vacancies varies across networks with some more impacted than others. Enabling streamlined recruitment processes and true length of training contracts may assist in increased stability in positions and retention of trainees

### **ROTATIONS TO NETWORKED POSITIONS OUTSIDE OF NSW HEALTH**

Presently, there are multiple Psychiatry Networks in NSW that include networked positions located in Non-Government Organisations, e.g. HeadSpace. Rotations to these organisations support the diversity of trainees' training experience but barriers to accessing these positions were reported. Ensuring robust governance and human resource systems are in place to manage all Networked positions will be beneficial in delivering to the aims of a centralised recruitment process.

### **TERMS NOT DESIGNATED AS STAGE III TRAINING ROTATIONS**

Trainees reportedly had difficulty accessing some rotations that are in high demand. This was reported mainly for Child and Adolescent and Consultation Liaison terms. This issue may be related to terms not being quarantined for Certificate (sub speciality) trainees, so are accessed by a high proportion of Stage I and II trainees. It was noted that terms are generally not nominated or identified as a Stage III training rotation only, in order to enable flexibility to meet workload and reduce the incidence of terms being left vacant.

## VISIBILITY OF ROTATION VACANCIES

In addition to rotations not being designated as a Certificate (sub specialty) training post, it was reported that when a vacancy does exist, it is not well communicated across the networks to enable a trainee to take up the opportunity.

## SUPPORT FOR INTER NETWORK ROTATIONS

A compounding factor of access to Certificate (sub specialty) training rotations was evidenced in that when a suitable term is identified as vacant, although not within a trainee's current network, that secondment processes have not been made available to enable uptake of the rotation. In some cases, trainees report needing to resign in order to access another network.

## RECOMMENDED RECRUITMENT MODEL

Process	Detail
<b>Scope</b>	Accredited Psychiatry Trainees undertaking training in NSW. Includes accredited trainees in Stage I-III of training.
<b>Application</b>	<p><b>Stage I and II:</b> One advertisement for all positions with a standard position description. Applicants submit one application and enter their network preferences at the time of application.</p> <p><b>Stage III:</b> One advertisement for each Certificate (sub specialty) training program (total of up to 7 advertisements). Applicants who wish to submit an application to all desired certificate training programs and enter their network preferences at the time of application. Stage III trainees wishing to remain in generalist training would not need to undertake interviews.</p> <p>Trainee preferences will not be seen by the selection panel members.</p> <p>This process will be managed centrally by HETI utilising Psychiatry Training Network staff and the Clinical Chair; NSW Psychiatry Training Program.</p>
<b>Culling</b>	<p>Stage I and II – The convenor of each panel will manage the culling process in consultation with panel members</p> <p>Stage III – The convenor of each panel will manage the culling process in consultation with panel members</p>
<b>Selection</b>	<p>Multiple interview panels will be established. The number of panels will be determined based on the number of interviews required.</p> <p>Interview panel composition will include a representative from each relevant network plus an independent. The panel will comply with PD2017_040 Recruitment and Selection of Staff of the NSW Health Service.</p> <p>Applicants recommended for interview will be randomly assigned to an interview panel.</p> <p>Interviews will be conducted at a centralised location.</p> <p>All panels will use a common set of interview questions and agreed scoring rubric to assess applicants against selection criteria.</p> <p>On completion of interviews scores will be collated centrally and one state wide preference list will be determined with applicants ranked in order of merit.</p> <p>Network Education Support Officers will each coordinate a panel. HETI will manage the collation of the centralised preference list.</p> <p>Reference checks will be confirmed for all recommended applicants.</p>

<b>Preference matching</b>	Preference matching is conducted post all interviews via HealthShare utilising a process that allocates according to the best available match between the applicant's interview rank and their preference
<b>Offers</b>	Offers will be managed via the JMO eRecruit system once preference matching is complete. HETI will manage the distribution of preliminary offers.
<b>Contracts</b>	<p>For all positions except Certificate Training</p> <p>Length of training contracts will be offered to all successful applicants – 5 years.</p> <p>In the case of a successful application having already completed some of their training, the contract length offered will be equivalent to the amount of time remaining in the 5 year minimum timeframe taken to achieve fellowship.</p> <p>For Certificate Training</p> <p>Length of certificate training contracts will be offered to all successful applicants – 2 years.</p> <p>In the case of a successful application having already completed some of their training, the contract length offered will be equivalent to the amount of time remaining in the 2 year minimum timeframe taken to achieve Certificate.</p>
<b>Progression through stages of training</b>	<p>Stage II training begins on successful completion of college requirements for Stage I</p> <p>In the case of a trainee electing to do Stage III training in Generalist Psychiatry, Stage III training will begin on successful completion of college requirements for Stage II. Employment contracts will remain unchanged.</p> <p>In the case of a trainee electing to do Stage III training in Certificate (sub speciality) programs (i.e. Addiction, Adult, Child and adolescent, Consultant liaison, Forensic psychiatry, Psychiatry of old age or Psychotherapies), the trainee will apply for a Stage III certificate position as outlined in this process.</p>
<b>Second Round Recruitment</b>	Second round recruitment for accredited positions to utilise the same process.

Table 1. Statewide, Network level Recruitment

## CONTRACT RECOMMENDATIONS

It is acknowledged that contract recommendations made within this paper aim to support streamlining of recruitment and employment processes. Consultation and agreement by relevant stakeholders will be important in progressing discussions.

### PERFORMANCE BASED CONTRACT CONTINUATION

In offering longer contracts, robust performance monitoring through ongoing performance development reviews that align with the 'Managing for performance' NSW Health Policy (PD2016\_040) would be required to ensure trainees meet inherent requirements of the role and supporting structures are identified and implemented as required.

### OPTIONAL EXTENSION OF CONTRACT LENGTH

In alignment to NSW Health JMO recruitment and selection policy (PD2018\_018, section 2.7), extensions are not permitted on contracts awarded as a result of campaign recruitment. "Consequently, JMOs in a training program who do not complete the training requirements in the minimum time must reapply for a position in the clinical year after which the current contract expires in order to complete the requirements".

## NEXT STEPS

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Consultation feedback will be reviewed and considered in the final report submitted to Medical Director, HETI and Psychiatry State Training Council. Pending outcomes, a recommended model for statewide recruitment in psychiatry training networks, including eRecruit enhancements will be implemented for annual medical recruitment 2020 clinical year.

The Centralised Recruitment in Psychiatry working group will continue to meet in 2019 to support implementation, communication with stakeholders and evaluation.

For consultation

## APPENDIX 1. RECRUITMENT MODELS CONSIDERED

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### **CENTRALISED PROCESS FOR STAGE III ONLY**

This option involves a centralised process for Stage III trainees, only offering a length of training contract (Stage III). The working group concluded that this recruitment option would not satisfactorily meet the aims of improved position visibility and reduction in vacancies due to the influencing role Stage I and II trainees have on Stage III.

### **STAGE I TRAINEES WITH A LENGTH OF TRAINING CONTRACT**

A streamlined recruitment process at entry into training offering a length of training contract (Stage I-III). The working group recognised the benefit that knowledge of initiating trainee numbers may have to statewide planning. However, this option does not address reported bottlenecks in access to Stage III training positions, trainee visibility of Certificate (sub speciality) training positions or provide transparency to how these positions are allocated. The working group concluded that this recruitment option does not satisfactorily meet the aims of improved position visibility across all stages of training and transparency in allocation processes.

### **CENTRALISED PROCESS FOR BOTH STAGE 1 (WITH A STAGE 1-2 TRAINING CONTRACT) AND STAGE 3 (WITH A STAGE 3 TRAINING CONTRACT)**

A recruitment process at entry into vocational training with a subsequent centralised process occurring for and all Stage III training positions. A similar process would be undertaken for both recruitment rounds, however with differing contract lengths. The working group concluded that this recruitment option does not satisfactorily meet the aims of reducing administration resources involved in recruitment though would improve position visibility across all stages of training and transparency in allocation processes.

### **LENGTH OF TRAINING CONTRACT WITH THE OPTION FOR STAGE III CERTIFICATE (SUB SPECIALTY) CONTRACT OFFERED TO ALL ELIGIBLE APPLICANTS *WITHOUT INTERVIEW***

A streamlined recruitment process at entry into training where a centralised interview process would be conducted only in instances of oversubscription or on a competitive basis, with all successful applicants offered a length of training contract. The proposal to offer positions or a length of training contract without interview is non-compliant with NSW Health Policy (PD2018\_018) therefore not supported by the working group.

### **LENGTH OF TRAINING CONTRACT WITH THE OPTION FOR STAGE III CERTIFICATE (SUB SPECIALTY) CONTRACT OFFERED TO ALL ELIGIBLE APPLICANTS *CONDUCTED BY ONE PANEL***

Centralised interviews for all Stage I trainees, conducted by one central panel that uses an agreed scoring rubric to rank all applicants by order of merit for a length of training (Stage I-III) generalist contract. Trainees wishing and able to join a Stage III, Certificate (sub speciality) training program will participate in a state wide, centralised interview process according to Certificate (sub speciality) stream for a length of training (Stage III) contract. As for Stage I applicants, all Stage III applicants are ranked, then preference matched by an independent using a robust process for allocation to the level of the Network. The working group determined that one panel would not be sufficient to interview all applicants in a reasonable time, thus not meeting the aim of efficient resource use.

### **LENGTH OF TRAINING CONTRACT WITH THE OPTION FOR STAGE III CERTIFICATE (SUB SPECIALTY) CONTRACT OFFERED TO ALL ELIGIBLE APPLICANTS *CONDUCTED BY NETWORKS***

Centralised interviews for all Stage I trainees, conducted by applicants most preferred Network that uses an agreed scoring rubric to rank all applicants by order of merit for a length of training (Stage I-III) generalist contract. Trainees wishing and able to join a Stage III, Certificate (sub speciality) training program will participate in a state wide, centralised interview process according to Certificate (sub speciality) stream for a length of training (Stage III) contract. As for Stage I applicants, all Stage III applicants are ranked, then preference matched by an independent using a robust process for allocation to the level of the Network. The working group determined that this process mirrored current recruitment processes, specifically duplication of interviews across the vocational program.

## APPENDIX 2. CENTRALISED RECRUITMENT WORKING GROUP MEMBERS

Name	Position, Organisation
Dr Roderick McKay	Clinical Chair, Psychiatry State Training Council, Health Education and Training Institute
Nicolle Simpson	Senior Project Officer, Junior Medical Officer Recruitment Governance Unit, Workforce Planning and Development, NSW Ministry of Health
Jimmy Kasemmongkol	eRecruit Operations and Projects, HealthShare
Vanessa Tarfon	Coordinator, eRecruit Operations & Projects, HealthShare
Dr Stephen Jurd	Network Director of Training, NSCC Training Network Director of Advanced Training, Old Age Training Network
Dr Harsimrat Sandhu	Network Director of Training, HNE Training Network
Dr Kathryn Drew	Director of Advanced Training, Adult & Generalist Training Network
Dr Catherine Hickie	Site Coordinator of Training (Orange), NSCC Training Network
Santosh Rampersad	Education Support Officer, SWaGS Training Network
Carmen Wallace	Education Support Officer, SESI Training Network
Cathy Pastor	Medical Workforce Unit Manager, St George Hospital
Liz Caunt	Medical Workforce Unit Manager, Albury Wodonga Health
Dr David Lienert	Clinical Director Mental Health, Central Coast Local Health District
Dr Anthony Samuels	Clinical Director Mental Health, Murrumbidgee Local Health District
Dr Pavan Bhandari	Clinical Director Mental Health, Southern NSW Local Health District
Dr Saretta Lee	Deputy Chair, NSW Branch Training Committee, Royal Australian and New Zealand College of Psychiatrists
Dr Susan Blinkhorn	Chair Faculty Child & Adolescent Psychiatry Royal Australian and New Zealand College of Psychiatrists
Dr Linda Tran	Stage 2 Trainee, SWaGS Training Network
Dr Khushboo Baheti	Advanced Trainee, Old Age, SWaGS Training Network
Dr Judith Greenland	Advanced Trainee, Old Age & Consult Liaison, HNE Training Network
Carla Brogden	Program Manager, Health Education and Training Institute

## APPENDIX 3. SUPPLEMENT

### Statewide recruitment in Psychiatry

State-wide recruitment in Psychiatry refers to a centralised recruitment process that covers all accredited training positions within the NSW Psychiatry vocational training program. This process will involve one advertisement for all positions, participation by all Networks in a central panel that reviews and ranks applicants by merit, prior to independent matching to the level of Network according to trainee preference. This process varies from the process documented in “*Business Process Module 2: Statewide Centralised Recruitment Panel Positions*” as it only matches to the level of the Network.

### Psychiatry State Training Council (PSTC)

The (PSTC) acts to oversee and manage statewide matters that concern the education and training of accredited psychiatry trainees. The council is made up of representatives from RANZCP, Ministry of Health, a Director of medical services, a rural representative, trainees, HETI and representatives from each of the five training networks in NSW (i.e. Hunter New England, Northern Sydney Central Coast, Sydney West and Greater Southern, South Eastern Sydney Illawarra, Sydney South West North Coast).

### Psychiatry Training Stage

Stage	Detail	Post Graduate Year (PGY)
Stage I-II	36 months (FTE) minimum required to complete	Able to commence following one year of post-graduate training
Stage III	24 months (FTE) minimum required to complete	Minimum able to commence in PGY5
Typical length of training	5 years (FTE) minimum required to complete	Minimum time to complete in PGY6

(Source: [www.ranzcp.org/Pre-Fellowship/About-the-training-program](http://www.ranzcp.org/Pre-Fellowship/About-the-training-program) accessed 6/9/18)

### Trainee

A Post-Graduate Year (PGY) two to five Junior Medical Officer (JMO) that is a member of The Royal Australian and New Zealand College of Psychiatrists (RANZCP).

### Length of training contract

Refers to a contract offered by a site within a NSW Local Health District/Speciality Network that covers a trainee’s entire length of training. Vocational training in psychiatry takes a minimum of five years (source: [www.ranzcp.org/Pre-Fellowship/About-the-training-program](http://www.ranzcp.org/Pre-Fellowship/About-the-training-program) accessed 6/9/18).

## Psychiatry Networks

The psychiatry training networks were established when health services were managed through larger Area Health Services. There are five Psychiatry networks across NSW, each of which incorporates several Local Health Districts i.e. Hunter New England, Northern Sydney Central Coast, Sydney West and Greater Southern, South Eastern Sydney Illawarra, Sydney South West North Coast. The Psychiatry Networks link rural and metropolitan hospitals and are supported by the Health Education and Training Institute (HETI) as part of its oversight of the medical speciality training networks.

### Networks:

Network	Contact	Services
<b>A. Hunter New England (HNE)</b>	<b>Network Director of Training:</b> Dr Harsimrat Sandhu  <b>Education Support Officer:</b> Ms Philippa Ditton-Phare	Mater (Mental Health) James Fletcher John Hunter Maitland  Morisset Tamworth Taree Armidale Warners Bay
<b>B. Northern Sydney Central Coast (NSCC)</b>	<b>Network Director of Training:</b> Dr Stephen Jurd  <b>Education Support Officer:</b> Ms Anne-Maree Driver	Royal North Shore Bloomfield (Orange) Broken Hill Dubbo Gosford Greenwich  Hornsby Macquarie Manly Mona Vale Wyong The Northside Clinic
<b>C. Sydney West and Greater Southern (SWaGS)</b>	<b>A/Network Director of Training:</b> Dr Gregory De Moore <b>Education Support Officer:</b> Mr Santosh Rampersad	Auburn Albury Bathurst Blacktown Mt Druitt Blue Mountains Westmead  Cumberland Goulburn Leeton Lithgow Nepean Wagga Wagga
<b>D. South Eastern Sydney Illawarra (SESI)</b>	<b>Network Director of Training:</b> Dr Andrew Pethebridge  <b>Education Support Officer:</b> Ms Carmen Wallace	Justice Health Lismore Nowra Prince of Wales Shellharbour St George  St Vincent's Sutherland Tweed Heads Wesley Private Wollongong
<b>E. Sydney South West North Coast (SSWNC)</b>	<b>Network Director of Training:</b> Dr Bruce Boman  <b>Education Support Officer:</b> Ms Leanne McKechnie	Balmain Bankstown Bowral Braeside Campbelltown Camperdown Canterbury Coffs Harbour Concord  Croydon Fairfield Kempsey Liverpool Marrickville Rivendell Redfern Royal Prince Alfred Port Macquarie