Submission on the NSW Junior Medical Officer Recruitment Strategy Review

Released by IECO Consulting and sponsored by the Deputy Director, Workforce Strategy and Culture, Workforce Planning and Development Branch of the NSW Ministry of Health

by the

Australian Salaried Medical Officers’ Federation (NSW) and Australian Medical Association (NSW)

9th July 2015

This submission by The Australian Salaried Medical Officers Federation NSW (‘ASMOF’) and the Australian Medical Association NSW (‘AMA’) addresses the NSW Draft NSW Junior Medical Officer Recruitment Strategy Review document. ASMOF is the largest industrial organisation of employees covering salaried medical officers of all clinical levels working in the public health system of New South Wales. A significant component of its membership base is that of Interns Residents and Registrars employed in public hospitals.
Dear Ms Burley,

Please find following a submission from the Alliance, a joint initiative of the Australian Salaried Medical Officers' Federation (NSW) and the Australian Medical Association (NSW) on the Junior Medical Officer Recruitment Strategy Review released by IECO Consulting.

ASMOF is the largest industrial organisation of employees in Australia representing the interests of several thousand salaried medical officers working in the New South Wales public health system in all states and territories, with Junior Medical Officers being a significant component of that membership. The AMA is the professional organisation representing both junior and senior medical officers in New South Wales.

On behalf of members, the AMA/ASMOF Alliance is appreciative of the opportunity to provide such comment regarding a subject that is an integral aspect of addressing the medical workforce pipeline issues.

ASMOF and the AMA look forward to the opportunity of discussing this submission further with relevant Ministry of Health officers and/or consultants. To facilitate this dialogue, please contact our office on telephone number (02) 9212 6900 or via email on asmof@asmof.org.au. Any such contact should be marked to the initial attention of Ms Kerrie Seymour, Industrial Organiser, ASMOF NSW.

Yours sincerely

Dr Saxon D. Smith  
AMA (NSW) President

Dr Antony Sara  
ASMOF President
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The Australian Salaried Medical Officers Federation NSW (‘ASMOF’) and the Australian Medical Association NSW (‘AMA’) have created a joint initiative for the interests of trainee medical officers in New South Wales. This initiative is referred to as The AMA/ASMOF Alliance.

Our organisations utilise a significant membership of the New South Wales training doctor cohort to develop policy on the training, professional and industrial relations issues affecting the interns, residents and registrars both in accredited and non-accredited training positions.

In response to the invitation from the NSW Ministry of Health invitation to give submissions NSW JMO Recruitment Strategy Review document ASMOF (NSW) and AMA (NSW) has sought contribution from our membership.

The contributing components of our membership included current and recent participants in the JMO recruitment processes as well as Senior Medical Officers responsible for the administration of recruitment processes and or the range of circumstances created by these recruitment processes.

This assembly of contributors is unique to ASMOF and the AMA and subsequently provides a unique insight into the potential intersection of the recommendations and the cohort of intended users as well as the peripheral considerations in respect of the effect on the broader system.

The careful and sensible implementation of the accepted recommendations is integral in any success of the innovations and changes proposed. An uncoordinated approach to employment processes for 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.

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.

There are a number of models in place that provide a more coordinated application and offer process for training positions, and greater clarity on supply and demand for prevocational and vocational training positions for the upcoming year.
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.

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

As a concluding but important comment, it is imperative that any final outcomes determined and implemented are fully conversant with the benefits that accrue to the patient and public health system from such arrangements.
Recommendation:
The NSW JMO recruitment strategy, characterised by a centrally coordinated bulk recruitment campaign, should continue to be supported as providing the most efficient and cost effective approach to JMO recruitment within NSW.

AMA/ASMOF Alliance Comments:

The AMA/ASMOF Alliance agrees with the recommendation.

Some streamlining to the current centrally coordinated campaign would benefit the recruitment process. At present each job has a separate set of questions / key competencies that are required to be addressed in short answer style and each hospital seemingly decides these individually for each position – they are in most instances reasonably generic and similar, but contain sufficient differences so that candidates will generally need to rewrite the answer to each question to address it specifically and properly. In instances where candidates may be required to apply for up to nine positions which are for all intents and purposes identical (e.g. Emergency Department, Senior Resident Medical Officer Positions in similar sized regional hospitals) the candidate will have to write nine separate sets of answers for the applications.

Ideally the application process would be more centralised – involving the applicant writing only one application addressing one set of questions / key competencies for “similar” roles (such as PGY3 SRMO ED positions) and then preference the hospitals advertising those jobs.

However, often positions that are listed as “similar” are in fact distinctly different, for example a Plastics Registrar position at a hospital specializing in burns will be different to a Plastics Registrar position at a Hospital specializing in ‘Hands’ which will be different again to a Plastics Registrar in a Children’s Hospital and will emphasise a vastly different skill set. In such instances it is conceivable that a single interview/evaluation panel determining an applicant’s suitability for multiple positions at once may not for all practicable purposes be the most useful approach to recruitment.

As a comment we submit that LHD’s that choose to willingly take on these recommendations should be supported in doing so. Some LHD’s’ and departments have a capacity via available resources and the determination to undertake some aspects of recruitment via their own processes in a very successful manner. These LHD’s and departments should not necessarily be
prevented from continuing successful practices in the interim period to transition to a centrally coordinated bulk recruitment campaign.

**RECOMMENDATION 2**

**GOVERNANCE**

**Recommendation:**
The roles and responsibilities of those involved in the annual JMO recruitment campaign need further clarification and restatement, with all stakeholders agreeing and accepting their roles and responsibilities.

**AMA/ASMOF Alliance Comments:**

Agree.
**RECOMMENDATION 3 CENTRALISED RECRUITMENT PANELS**

**Recommendation:**
Centralised recruitment panels should be supported and expanded to other specialties.

**AMA/ASMOF Alliance Comments:**

The AMA/ASMOF Alliance considers that generally centralised recruitment panels would ease the interview burden on both applicants and hospitals.

Hospitals shoulder a burden of managing staffing over peak interview periods when large numbers of JMO’s require time off to attend multiple interviews (this is particularly problematic at regional hospitals, where travelling to attend an interview can mean applicants require two days off work for intrastate travel). Attending one centralised interview would address to a large degree these rostering issues.

In addition to applicants finding it difficult to get the time off work to attend multiple interviews, the expense involved in attending these interviews can become onerous.

The alternative to the time consuming and expensive exercise of attending multiple interviews across the state being to elect for the generally less advantageous option of attending interviews via the telephone.

Some centralised recruitment panels can become too wieldy. A standardization of the recruitment process could address this to a large extent.

For Example;

*The cardiology advanced trainee recruitment panel consists of about 15 consultants (one from each training site) with an assortment of other HR / Administration Staff. It would be much more manageable to only have 2-3 representatives from the cardiology consultants on the interview panel. The interviews are standardised so everyone is being asked the same questions. The interview could be recorded and the transcript forwarded to the other consultants for their review. This would also save time for the consultants.*

The recording and or transcription of interview could be particularly assistive in a centralized recruitment model.
Specialties that recruit larger numbers of people, e.g. gastroenterology, could have a number of panels run, with each individual applicant still only attending one interview with one of the panels. If the questions are standardised and answers recorded / transcribed and distributed to the various recruiting decision makers for each network as indicated in the above example, then it should not matter which of the panels an applicant interviews with.

Additionally a system of coordinated interviews such as those used in the recruitment of Basic Physician Trainees can be utilized to maximize a centralised system. Applicants in this specialty stream, travel to Sydney for one day and have all their interviews done together.

There is a scope of work needed to identify specific positions to be targeted.

The concept could also be expanded not to fully centralised panels but coordinated panels at one location similar to Pre-SET appointments.
RECOMMENDATION 4  CENTRALISED RECRUITMENT PANELS

Recommendation:
The arrangements for centralised recruitment panels, including allocation of appropriate human and fiscal resources to ensure their effective and sustainable operation, needs to be agreed between LHDs.

AMA/ASMOF Alliance Comments:

Resourcing is a key aspect to the success of this recommendation. Some careful consideration and planning around what human and financial resources would be provided from the respective Local Health Districts would be required. Too much contribution from one LHD could have the effect of a loss of impartiality toward that LHD’s applicants. Some assistance from the Ministry of Health as to the resourcing and subsequent allocation of workload to the respective JMO Units (see Recommendation 6) would be required to provide the greatest chance of success.

RECOMMENDATION 5  COLLEGE RECOMMENDED APPOINTMENTS

Recommendation:
Further work is undertaken with relevant Colleges to improve the timing of notification and transfer of information with respect to College recommended appointments.

AMA/ASMOF Alliance Comments:

Whilst the AMA/ASMOF Alliance agrees with the recommendation we consider the following comment as pertinent;
The AMA/ASMOF Alliance notes some previous difficulties associated with transparency of process in College recruitment. We note that much activity has occurred already between colleges and the Ministry of Health to ensure a process that meets EEO requirements. We emphasise, that documentation needs to be shared with the employer such as curriculum vitae’s, reference checks and recent performance reviews.
RECOMMENDATION 6  JMO MANAGER UNITS

Recommendation:
Staffing of JMO management units is reviewed to ensure that they are adequately resourced to undertake designated roles and responsibilities associated with the bulk JMO recruitment campaign.

AMA/ASMOF Alliance Comments:

Agree.
Whilst the AMA/ASMOF Alliance agrees with the recommendation we consider the following comments to be pertinent;
Appropriate staffing levels as well as skills and competencies of the JMO staff are critical to the successful implementation of many of the recommendations in this document.

This recommendation should take into account the current lack of consistency of the grading’s allocated to JMO Administration roles and the widely varying approach to what constitutes an adequate level of staffing for these departments across the system. Understaffing issues have in the past contributed to a number of retention issues which are anecdotally attributed to ‘burnout’ of staff. These staff are often the repository of a significant level of corporate knowledge which is quite often lost from the system when they resign.

Human resources strategies such as temporary contracts for staff skilled in areas such as recruitment and/or database management for these peak times and a process of reallocation of JMO staff resources to the centralized eRecruitment department for the duration of the high intensity periods involved with JMO recruitment should be considered.

Some analysis into the transferable skills of JMO staff should be undertaken to determine which roles outside of Health could be targeted to assist in adequately recruiting into NSW Health roles.
RECOMMENDATION 7  JMO MANAGER UNITS

Recommendation:
Consideration is given to the development of career pathways and professional opportunities for JMO Managers that strategically supports the sustainability of this critical cohort of the NSW Health workforce.

AMA/ASMOF Alliance Comments:

Agree.
Whilst the AMA/ASMOF Alliance agrees with the recommendation we consider that a job analysis and job design review to address career pathways would assist in addressing burnout, recruitment and retention issues.

RECOMMENDATION 8  OTHER ISSUES OF SIGNIFICANCE IDENTIFIED DURING THE REVIEW

Recommendation:
Consideration is given to working with Colleges on the development of a medically focused recruitment and selection training package, aligned with public sector employment requirements.

AMA/ASMOF Alliance Comments:

Agree.
RECOMMENDATION 9  OTHER ISSUES OF SIGNIFICANCE IDENTIFIED DURING THE REVIEW

Recommendation:
Further work is undertaken to migrate the bulk JMO recruitment campaign to a paperless IT system.

AMA/ASMOF Alliance Comments:

Agree.

Whilst this recommendation is supported by the AMA/ASMOF Alliance we note the enduring requirement for paper copies for audit and government processes as well as other IT access issues across the system.

RECOMMENDATION 10  RECRUITMENT PROCESS 1 - IDENTIFY VACANCY

Recommendation:
Communication is improved regarding approval of the FTE to be advertised. This includes LHD’s notifying the central panel host unit of the FTE to be advertised.

AMA/ASMOF Alliance Comments:

Strongly agree.

RECOMMENDATION 11  RECRUITMENT PROCESS 1 - IDENTIFY VACANCY

Recommendation:
The Ministry of Health continue discussions with the Commonwealth Department of Health regarding the timing of notifications on STP funding

AMA/ASMOF Alliance Comments:

Agree.
**RECOMMENDATION 12  RECRUITMENT PROCESS 3 - ADVERTISE**

**Recommendation:**
Further work is undertaken on the web-based eRecruit system to enable applicants to more easily locate positions.

**AMA/ASMOF Alliance Comments:**

**Agree.**
Whilst the AMA/ASMOF Alliance agrees with the recommendation we consider the following comments as pertinent;
More accurate data entry by those persons uploading the descriptors would assist with this issue. Particular attention to the search functions e.g. keywords would immediately assist in the website navigation as well as some indexing of the positions. Navigation is particularly difficult when positions contain a ‘component’ of a particular stream but are not captured by a search of the keyword (e.g. Anesthetics) due to a split role i.e. 6 months of the role intended for Anesthetics and 6 months of another training component.
RECOMMENDATION 13  RECRUITMENT PROCESS 4 - APPLICATION MANAGEMENT

Recommendation:
The concept of placing a limit on the number of applications per applicant is explored with key stakeholders.

AMA/ASMOF Alliance Comments:

The AMA/ASMOF Alliance considers that although there are administrative advantages to this recommendation, it is likely to introduce some unfairness to the Junior Medical Officers particularly local candidates. It may be a concept that can be more practically applied to the overseas candidates (those without AHPRA registration) and possibly interstate as well. The previous recommendations that go to streamlining and centralizing recruitment processes are likely to mitigate this issue so that it is not necessary to introduce the risk of introducing an unfairness.

Highly competitive areas in particular (e.g. SET) will create some practical issues with regard to this concept of limiting the number of applications per applicant. Without any cascading timeframes applicants need to apply for SET positions, unaccredited positions and SRMO positions all at the same time.

A cap on applications that was not a restrictively low figure and was specific to seniority as well (e.g. – 5 Registrar positions, and 5 SRMO positions) may be a concept that could be developed.

Anecdotally the AMA/ASMOF Alliance is aware that JMO’s regularly comment on the experience of applying for numerous positions (10 – 15) and only receiving a single job offer. This sort of experience is indicative of a job market situation that does not support this concept.
RECOMMENDATION 14  RECRUITMENT PROCESS 4 - APPLICATION MANAGEMENT

**Recommendation:**
The current character limit on selection criteria is reviewed.

**AMA/ASMOF Alliance Comments:**
ASMOF and AMA membership has not identified this as an issue. We are unsure as to how this would positively affect the recruitment process. Could you please clarify the intent of this recommendation?

RECOMMENDATION 15  RECRUITMENT PROCESS 5 - CULL

**Recommendation:**
For highly subscribed positions, consideration be given to removing words to the effect of “eligible to register with the Medical Board of Australia” and having an unambiguous statement to the effect that applicants must hold current registration with the Medical Board of Australia, in addition to currency of medical practice within the Australian healthcare system.

**AMA/ASMOF Alliance Comments:**
Agree. It should be noted though that this would put overseas applicants at a disadvantage, given people currently can be recruited and get their registration through relatively last minute.
RECOMMENDATION 16  RECRUITMENT PROCESS 5 - CULL

Recommendation:
The eRecruitment system is configured to enable automatic processes of applicants who do not meet the above selection criteria, without the requirement for a manual review of the application.

AMA/ASMOF Alliance Comments:

The AMA/ASMOF Alliance are cautiously supportive of automated cuts for criteria where an applicant's fulfilment is readily and easily distinguishable via a tick-box or other easily identifiable system (i.e., verifiable AHPRA number, or that the registration number entered in the text box is the correct number of digits).

RECOMMENDATION 17  RECRUITMENT PROCESS 5 - CULL

Recommendation:
The wording of selection criteria used in position descriptions is reviewed to support a more efficient culling process by selection panels. This assumes a more sophisticated description of the role (following a job analysis) that incorporates not just the required clinical competence skill set, but also the non-technical attributes critical to the role.

AMA/ASMOF Alliance Comments:

Agreed.
Standardised Position Descriptions and selection criteria could be developed as a starting point for organisations.
RECOMMENDATION 18  RECRUITMENT PROCESS 5 - CULL

Recommendation:
Work with individual Colleges is undertaken to establish standardised specialty specific selection criteria (this assumes a job specification analysis) at various levels of training, including streamed PGY3-5 positions.

AMA/ASMOF Alliance Comments:
Agree.

RECOMMENDATION 19  RECRUITMENT PROCESS 5 - CULL

Recommendation:
For regional and rural positions, consideration is given to allowing selection criteria to reflect an applicant's interest in, commitment to and suitability for rural medical practice.

AMA/ASMOF Alliance Comments:
Agree.

RECOMMENDATION 20  RECRUITMENT PROCESS 7 - INTERVIEW

Recommendation:
Strategies are explored with the aim of reducing the total number of interviews being conducted. This will include a range of strategies such as: improved culling and short-listing techniques; increasing positions utilising preference matching; and increasing the number of centralised recruitment panels.

AMA/ASMOF Alliance Comments:
Agree, however it needs to be stated that the timeframe is also the problem here, if all the BPT jobs are appointed before SRMOs are interviewed this would solve some of the volume issues.
RECOMMENDATION 21  RECRUITMENT PROCESS 7 - INTERVIEW

Recommendation:
Work with postgraduate medical training providers, including Colleges, is undertaken to explore other methods of assessing applicants in the recruitment process.

AMA/ASMOF Alliance Comments:
Agree.

RECOMMENDATION 22  RECRUITMENT PROCESS 8 – ELIGIBILITY LIST

Recommendation:
Consideration is given to the creation of a third category list whereby in addition to the eligibility list for successful applicants, potentially eligible but lower ranked applicants could be placed ‘on hold’.

AMA/ASMOF Alliance Comments:
Strongly agree, very important and should be a high priority

RECOMMENDATION 23  RECRUITMENT PROCESS 9 – REFERENCE CHECK

Recommendation:
Work is undertaken with relevant colleges to align referee requirements with NSW Health policy and allow for the sharing of referee reports. This is likely to improve the quality of the referee report, in addition to reducing the administrative load on senior clinicians during the recruitment period.

AMA/ASMOF Alliance Comments:
Agree.
This recommendation should possibly be considered to be extended to unaccredited, non-college appointments as well.
RECOMMENDATION 24  RECRUITMENT PROCESS 10 – OFFER POSITION

Recommendation:
Further work is undertaken with jurisdictions and colleges to improve alignment of recruitment dates with key training milestones within and across training programs. This implies a hierarchical approach to the advertising and recruitment of positions.

AMA/ASMOF Alliance Comments:

Agree.
This highlights one of many issues with only having annual recruitment.

RECOMMENDATION 25  RECRUITMENT PROCESS 10 – OFFER POSITION

Recommendation:
The JMO eRecruit system is configured so that an applicant can only accept one position. In the event that an applicant, having already accepted a position, receives an offer for a more preferred position, the eRecruit system should require the applicant to decline the first position, prior to the applicant being able to accept the second.

AMA/ASMOF Alliance Comments:

Agree.
It should be explored as to whether the software could be constructed so as to simultaneously advise all parties of any variations to acceptances. A concept of ‘recruitment cascade’ could also be applied so as to recruit more senior positions (senior registrars) followed by the less senior positions (Junior Registrars, un-accredited Registrars then SRMO’s) to avoid initially accepted junior positions being foregone to facilitate the acceptance of more Senior roles.
RECOMMENDATION 26

Recommendation:
Consideration is given to strategies that will reduce the repeated 100-point checks being undertaken on junior doctors during the same recruitment campaign.

AMA/ASMOF Alliance Comments:

Agree.
A similar approach to the immunization checks may also be of benefit i.e. establishing a common viewable database of already existing immunization status.

RECOMMENDATION 27

Recommendation:
Consideration is given to requiring applicants to upload a signed CRC consent form at the time of submitting the application and subsequently providing the original form for validation when they present for interview.

AMA/ASMOF Alliance Comments:

Agree.
RECOMMENDATION 28  RECRUITMENT PROCESS 12 – OFFER CONTRACT

Recommendation:
Length of training contracts should be pursued for as many training programs as possible. (This would substantially reduce the number of positions requiring advertising each year).

AMA/ASMOF Alliance Comments:
Agree.
Possible review of Some Colleges in Australia and New Zealand already implementing this initiative would assist in establishing a model.

RECOMMENDATION 29  RECRUITMENT PROCESS 12 – OFFER CONTRACT

Recommendation:
Work is undertaken with LHDs and Colleges to identify the number of available training positions (pathways), including the prerequisite clinical experience and entry points (for both run-through and uncoupled training programs).

AMA/ASMOF Alliance Comments:
Agree.
Identifying available training positions each year as well as the clinical pre-requisites that are needed prior to applying would be of enormous benefit for applicants
RECOMMENDATION 30

RECRUITMENT PROCESS 12 – OFFER CONTRACT

Recommendation:
Work is undertaken with LHDs and Colleges to explore the most effective mechanisms of tracking trainees as they progress through the training pipeline on a length of training contract.

AMA/ASMOF Alliance Comments:

Agree.
The AMA/ASMOF Alliance agrees with this recommendation although notes that the tracking of trainees in the NSW system becomes difficult due to the mobile nature of the system particularly in relation to interstate and trans-Tasman rotations.

RECOMMENDATION 31

RECRUITMENT PROCESS 12 – OFFER CONTRACT

Recommendation:
Work is undertaken in collaboration with Colleges to strengthen performance management frameworks for effectively managing underperforming trainees within the employment context.

AMA/ASMOF Alliance Comments:

Particular care must be taken to establish genuine performance management frameworks in the context of the short term (12 month) contracts routinely used for medical trainees. Any developed framework would need to address any “buck passing” aspect that develops as a result of the 12 month contract situation.
OMISSIONS IN THE PAPER

The AMA/ASMOF Alliance wishes to raise three issues that we do not believe have been adequately addressed in the recommendations.

a) **Figure 5: Successful applicants by existing employment status** demonstrates data with respect to NSW Health Employees External Applicants in 2014/2015. The figure of 14% 'non-NSW Health employees' is not a particularly helpful figure given circumstances are so different for people at various stages of training and the 86% majority is a very heterogeneous group whose needs change year-by-year.

b) It is important to have recognised the divergence in practice and example regarding pressure to informally state preferences and/or accept offers outside of formal recruitment process. Anecdotally the AMA/ASMOF Alliance is informed that from an applicant’s perspective, this is a source of great frustration and personal challenge in considering how to attain a position on merit without having to potentially lie about your preferences to remain within the effective eligible pool.

c) The AMA/ASMOF Alliance notes the anecdotal information received from our members regarding informal processes currently pursued for culling applicants, including people outside of the selection panel making these discussions with sparse documentation. The recommendations in this section, however, do not address those issues.
CONCLUSION

ASMOF and the AMA believe that the success of the implementation of the recommendations contained in the NSW JMO Recruitment Strategy Review will be largely dependent on the capacity and the Ministry's inclination to resource and fund the recommendations in the long term. A critical component of this is the funding of positions. The implementation must include sufficient prevocational and vocational training positions which 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.