



Opportunities for coordination and streamlining junior medical officer recruitment Project

Background

Junior doctors are an important workforce providing clinical care in public health facilities across Australia. Junior doctors include interns, doctors in a specialist medical college training programs and those not in a college training program.

Selection and recruitment of junior doctors is undertaken either by individual facilities, local health districts/networks, training networks or by specialist medical colleges. Selection and recruitment are resource intensive processes for both selection and recruitment teams and applicants. There is currently no consolidated information on junior doctor selection and recruitment in Australia, including who manages it by specialty and position type.

In February 2024, the Health Workforce Taskforce approved the *Opportunities for coordination and streamlining junior medical officer recruitment* Project. The project examined current selection and recruitment processes, including timeframes, roles and responsibilities, across states and territories and medical colleges to identify opportunities to strengthen and align these processes nationally.

A Working Group was established to inform the project and included representatives from all jurisdictions. Throughout the project, consultations were conducted with a range of stakeholders including employers, specialist medical colleges, postgraduate medical councils, doctors in training and private health services.

Key Findings

Selection Models

The intersection between specialist medical colleges and employers in the selection into specialty training varies across specialties, but is broadly categorised in three groups:

- College-led selection into training and employment, in which the college selects trainees and allocates them to an accredited position in a health service.
- Selection by an employer to an accredited position is the primary mechanism for selection into a specialty training program
- College determines eligibility for training and then trainee applies through employer-led recruitment processes for an accredited position.

Both employers and colleges have very limited visibility of the processes undertaken by each party. Information sharing between the two parties is also often limited.



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Duplication of processes and information collected

Selection into specialty training is important when considering the training pipeline. Colleges as the accredited education providers of their medical specialty have a responsibility to ensure the selection of suitable trainees into their program, and employers have a responsibility for the selection of suitable staff for their health service.

There is no nationally agreed policy approach or framework on the role of medical colleges and employers in the selection of trainees to specialty training programs and employment.

Processes for selection into specialty training and employment have largely been formed and revised over time and there is no formal agreement outlining clear expectations on processes, timelines and sharing of information. This often leads to duplicative processes and information collected from applicants such as reference checks, qualifications and CVs. There is also duplication of resources between colleges and employers, with both investing in selection processes and IT systems to support trainee selection.

Variation in selection dates

There is no alignment between college and jurisdiction/health service selection dates, except for intern recruitment. Each jurisdiction, health service and/or college determines its own selection dates based on local factors and interdependencies. The large variation in selection dates makes it difficult for applicants to navigate the selection process and the intersection between selection into specialty training and employment. It also results in offers being issued over a large span of time contributing to a churn of candidates.

Lack of consolidated selection information and data

The availability of information relating to dates, processes and stakeholders involved in selection varies depending on the jurisdiction, specialty and the type of position. There is no single source of information and candidates need to make specific searches and navigate to multiple websites or rely on word-of-mouth through colleagues and supervisors to locate relevant information.

There is also a lack of consolidated selection and recruitment data across different jurisdictions and specialties to analyse application and selection trends and to inform future initiatives. Some jurisdictions and colleges collate and publish selection data, but there is no consolidated national approach to what data is captured or how it is reported. While anecdotally applicants apply to more than one position, specialty and/or jurisdiction, there is no consolidated data available that shows how many specialties or positions an applicant applies to.

The availability and accuracy of data is limited depending on the recruitment and human resources information systems of jurisdictions and colleges. Inconsistent terminology is often used for positions and there are differences in the information collected across colleges and jurisdictions. These challenges make it difficult to compare selection outcomes across specialties, applicant demographics and priority pathways or groups.



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Opportunities for improvement

Key challenges identified through consultation informed the development of options to strengthen and align selection into specialty training and employment at a national level. Three identified options were approved by the Health Workforce Taskforce and will explore opportunities for:

1. Improved alignment between college and jurisdictions/employers for selection into specialty training and employment.
2. Greater consistency of selection/recruitment terminology and improved information sharing between medical colleges and employers to reduce duplication, improve data collection and enhance the applicant experience.
3. Better alignment of selection dates at a national level, noting there may be opportunities for greater alignment for some positions/specialties but not for others.

Next Steps

A Working Group will be established to guide and inform the project. The Working Group will consist of representatives from jurisdictions, medical colleges, private health associations, Council of Presidents of Medical Colleges, and junior doctors. The Working Group will consult with other stakeholders as required to inform and progress the project.

For further information, please contact the Health Workforce Taskforce Secretariat at hwtsecretariat@health.nsw.gov.au.