



Annual Report for Medical Graduate Recruitment for the 2019 Clinical Year

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EXECUTIVE SUMMARY

The Medical Portfolio of Health Education and Training Institute (HETI) have delegated authority from the NSW Ministry of Health to recruit medical graduates to prevocational training networks in NSW on behalf of Local Health Districts (LHDs) or Public Health Organisations. HETI coordinates the recruitment of medical graduates from Australian Medical Council (AMC) accredited Australian and New Zealand universities seeking their initial training position as a doctor.

In NSW, prevocational training positions are located within 15 prevocational training networks. Networks consist of multiple hospitals from metropolitan, regional and rural locations who work cooperatively to provide the training and experiences required to prepare prevocational doctors for a diverse range of medical practice.

Prevocational training positions offered by HETI are two-year positions and enable the trainee to complete their first and second postgraduate year (PGY) in a single network. All the terms and facilities in the network are accredited for prevocational training.

The network assigns the trainee to a home hospital. The trainee's employer is the LHD that governs the home hospital. Applicants who accept positions acknowledge they will rotate to any facility in the network if required. It will be necessary to complete at least one term in the two year period outside the home hospital.

This report reflects work undertaken by HETI in 2018 to recruit medical graduates to prevocational training positions commencing in January 2019.

In 2018, 1539 medical graduates applied for a prevocational training position in NSW for the 2019 clinical year. Of these applicants, 916 were NSW domestic students who were guaranteed a recruitment offer, with 831 accepting a position. There were 125 graduates of interstate universities recruited in NSW and 69 NSW graduates with temporary residency recruited, this was a decrease of 30 from the previous year. In addition eight positions for NSW graduates were recruited by the ACT to fill positions in Bega and Goulburn Hospitals which form part of the ACT prevocational training network.

The 1024 Ministry of Health funded positions were filled by 1026 medical graduates as two positions were job shared by four medical graduates.

The NSW Health Priority List for intern recruitment for 2019 is on page four. Outlined below is the distribution of positions filled in each priority category.

Priority category	Positions accepted (headcount) for 2019 clinical year
1	831
2	95
3	28
4	69
5	2
6	1
Totals	1026*

* Four applicants are job-sharing two positions.

A total of 20 Aboriginal medical graduates applied for internship via the Aboriginal medical workforce pathway for the 2019 clinical year. Fifteen applicants accepted positions in the hospitals they requested and commenced their internship in 2019. Four applicants declined their offer, and one was ineligible to be recruited through this pathway.

For the 2019 clinical year there were 140 home based positions available via the Rural Preferential Recruitment Pathway. One position at Orange Hospital was filled as a rotational position by the network at the request of the Hospital. 122 interns accepted positions via the RPR pathway for the 2019 clinical year. The remaining rural RPR positions were filled through an Expression of Interest (EOI) process.

In December 2018 NSW had unfilled positions at the commencement of the Late Vacancy Management Process (LVM). By the close of the LVM on 22 March 2019, there were 17 applicants who remained unplaced which included five NSW international medical graduates.

INTRODUCTION

The 2006 Council of Australian Governments (COAG) Agreement between the Commonwealth and the NSW government, guarantees all medical graduates from NSW medical schools who are Australian citizens and permanent residents will be offered an internship position. International full fee paying students are eligible to apply for internship but are not guaranteed an internship position.

HETI coordinates the recruitment of medical graduates from accredited Australian Medical Council (AMC) accredited medical schools in Australia and New Zealand into prevocational training positions in NSW on behalf of LHDs.

The number of prevocational training positions available for the clinical year is determined by the Local Health Districts (LHDs). In NSW, prevocational training positions are two-year positions that enable the trainee to complete their first and second postgraduate (PGY) years in a single training network.

Prevocational training positions are located within 15 prevocational training networks. Each network consists of a range of hospital and non-hospital facilities who work cooperatively to provide the training and experiences required for trainees to achieve general registration.

Allocation occurs using four recruitment pathways and the NSW Health priority list. The recruitment pathways are as follows:

1. Aboriginal Medical Workforce Pathway
2. Rural Preferential Recruitment Pathway
3. Direct Regional Allocation Pathway
4. Optimised Allocation Pathway

The Ministry of Health determines the NSW Health Priority List each year. This specifies the eligibility of applicants for the allocation process, as well as the order in which offers will be made within the individual recruitment pathways. The NSW Health Priority List for 2019 clinical year is in Table 1.

For the 2019 clinical year a total of 1539 medical graduates applied in NSW through the Prevocational Training Application Program (PTAP). Of these, 916 were NSW domestic students who were guaranteed a recruitment offer.

NSW employs more prevocational trainees than any other State or Territory in Australia. For the 2019 clinical year there were 1024 Ministry of Health funded positions. This was an increase of twenty-five positions from 2018. The number of positions available by prevocational training network is listed in Table 2.

Table 3 provides a summary report of the outcomes of the allocation process for the clinical year by each priority category. All NSW domestic graduates received an offer, with 831 accepting a position. There were 125 graduates of interstate universities recruited and 69 NSW international students; this was a decrease of 30 from the previous year. One medical graduate of an AMC offshore facility also accepted an offer. Eight NSW Health funded positions were filled by the ACT for trainees to work at Bega and Goulburn Hospitals, these form part of the ACT prevocational training network.

The 1024 positions in NSW, were filled by 1026 interns as four interns are job sharing two positions.

Table 1: NSW Health Priority List for Intern Recruitment for 2019 Clinical Year

Priority Category	Definition
1	Medical graduates of NSW universities who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place and Domestic Full Fee paying). This priority category is guaranteed an intern position in NSW.
2	Medical graduates of interstate or New Zealand universities who completed Year 12 studies in NSW who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place, Domestic Full Fee paying or NZ equivalent).
3	Medical graduates of interstate or New Zealand universities who completed Year 12 studies outside of NSW who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place, Domestic Full Fee paying or NZ equivalent).
4	Medical graduates of NSW universities who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work.
5	Medical graduates of interstate or New Zealand universities who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work.
6	Medical graduates of Australian Medical Council accredited campuses that are located outside of Australia or New Zealand who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work.

Table 2: Available NSW PGY1 position capacity by Prevocational Training Network and RPR hospitals for 2019

Prevocational Training Network	Positions in 2018	Positions in 2019
Network 1: Inner West & Western Plains	61	63
Network 2: Bankers and Campers	46	51
Network 3: Concord & Canterbury & Broken Hill Hospital	46	46
Network 4: South West Sydney, Tweed Heads	69	74
Network 5: North Shore & Port Mac	71	71
Network 6: Hornsby & Northern Beaches	41	41
Network 7: Central Coast Network	65	69
Network 8: St George, Sutherland, Albury & Griffith Hospitals	76	76
Network 9: From Coast to Coast	51	51
Network 10: Eastern to Greater Southern	51	54
Network 11: Oceans 11	65	65
Network 12: Hunter New England	125	125
Network 13: Westnet	117	119
Network 14: Nepean & Blue Mountains	61	65
Network 15: Central West	54	54
GRANDTOTAL*	999	1024

Rural Preferential Recruitment (RPR) Hospital	Home hospital and rotation positions 2018	Home hospital positions in 2019	Network rotation positions 2019
Albury Health Campus	5	5	0
Broken Hill Health Service	3	3	0
Coffs Harbour Health Campus	19	10	9
Dubbo Base Hospital	12	8	4
Lismore Base Hospital	14	12	2
Manning Rural Referral Hospital	6	6	0
Orange Health Service	18	17	0
Port Macquarie Base Hospital	16	10	6
Tamworth Rural Referral Hospital	18	20	0
The Maitland Hospital	6	8	0
The Tweed Hospital	18	17	1
Wagga Wagga Base Hospital	22	23	2
SUBTOTAL		139	24
RPR TOTAL*	157	163	

Table 3: Outcome of allocation process for 2019 clinical year by priority category

Priority category	Received	Verified	Headcount accepted	Position declined	Withdrawn	Commonwealth support	Position not offered	Total
1	0	0	831	82	3	0	0	916
2	0	0	95	30	15	0	62	202
3	0	0	28	55	19	0	56	158
4	5	0	69	15	15	26	18	148
5	1	0	2	3	24	0	71	101
6	9	2	1	0	0	0	2	14
Totals	15	2	1026	185	76	26	209	1539

*Three Category 1 applicants will job share positions at Networks 8 and 15

**One Category 1 applicant will be completing their internship part time at Network 7

**One Category 3 applicant will job share a position at Network 8

Definitions	
Received	The application is accepted in PTAP but documents have not yet been verified.
Verified	Indicates HETI has reviewed the application and determined that the applicant is eligible for a position.
Headcount Accepted	Indicates the applicant has accepted a position offer.
Position Declined	Indicates the applicant has declined a position offered to them.
Withdrawn	Indicates that the applicant has withdrawn their application.
Commonwealth support	Indicates that the applicant has accepted a commonwealth placement.
Position not offered	Indicates that the applicant was not eligible to participate in the Late Vacancy Management process.

Table 4: Acceptances by NSW university and priority category for 2019 clinical year

NSW universities	NSW domestic students who accepted position	Percentage who obtained 1 st preference (%)	NSW international students who accepted position	Percentage who obtained 1 st preference (%)
University of Sydney	213	71%	21	86%
University of New England	56	93%	0	-
University of New South Wales	212	81%	18	89%
University of Newcastle	105	81%	12	83%
Notre Dame University Sydney	87	70%	-	-
Western Sydney University	99	83%	12	100%
Wollongong University	59	71%	6	83%
Total	831	79%	69	88%

Table 4 above outlines the percentage of domestic and international medical graduates by NSW University who were offered a position which was their first preference. Domestic graduates, who are a larger cohort, tend to preference positions in metropolitan areas. The number of international medical students who received their first preference is higher than domestic students; this is due to the recruitment pathway that they choose.

- 29% of international graduates accepted a position offer through the Direct Regional Allocation pathway.
- 45% of international graduates accepted a position offer through the Rural Preferential Recruitment pathway.
- 39% accepted offers during the LVM process.
- 13% of international graduates accepted position offers via the Optimised pathway once the national late vacancy management process started.

ABORIGINAL MEDICAL WORKFORCE PATHWAY

In order to build capacity and the success of the Aboriginal health workforce, it is important to recognise the importance of cultural issues. This includes fulfilling family responsibilities, participating in the community and having access to country. In addition, it is important to ensure the workplace is a culturally safe environment and that Aboriginal people are provided with the necessary support to succeed.

The development and implementation of an Aboriginal Medical graduate program by HETI is informed by key partners including Aboriginal medical students, Aboriginal medical graduates, the Australian Indigenous Doctors Association (AIDA) and NSW Ministry of Health Aboriginal Workforce Unit.

The NSW Ministry of Health, Local Health Districts, Specialist Health Networks and other Health Organisations are committed to deliver the Aboriginal medical graduate workforce recruitment initiative under the Revised NSW Health *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016 - 2020*¹.

The Aboriginal Medical Workforce program offers Aboriginal medical graduates/students a recruitment pathway to prevocational training in NSW at a hospital or training network of their first preference. The program has been offered as a recruitment pathway for final year medical students since 2010.

To be eligible applicants are required to provide documentation that demonstrates proof of Aboriginality and address the essential criteria as outlined in the application form. The process explains how access to supports will link the applicant to a public health organisation or specific geographical location in the NSW prevocational training network of first choice. In addition to this the applicant also needs to outline, as a practitioner how they will work towards assisting the health service they are appointed to in 'Closing the Gap' in health outcomes for Aboriginal people locally and across NSW.

Applications for this pathway are assessed by a panel comprising of Aboriginal representation from the Australian Indigenous Doctors' Association, NSW Health's Aboriginal Workforce Development Unit, and HETI.

HETI seeks to work with universities and the Aboriginal Workforce team at the Ministry of Health to increase support for Aboriginal Medical students and graduates where possible.

For 2019 clinical year a total of 20 Aboriginal medical graduates applied via this pathway, including one interstate applicant. Of these, 15 applicants accepted positions in the hospitals or networks requested, four applicants declined their offers and one applicant did not meet the criteria to be eligible to apply for this pathway and was moved to the Regional Pathway.

Table 5 below shows the distribution of applicants and the number of allocations accepted.

¹ NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016 – 2020
http://www0.health.nsw.gov.au/policies/pd/2016/PD2016_053.html

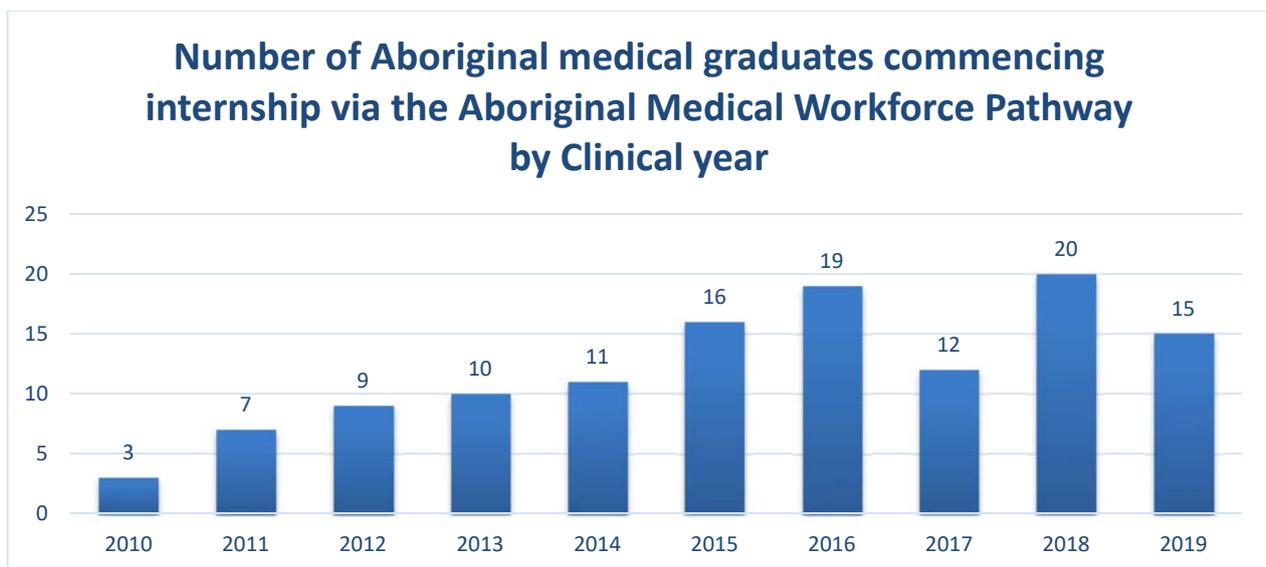
Table 5: Aboriginal Medical Workforce pathway outcome for the 2019 clinical year

Aboriginal Medical Workforce Pathway for 2019 clinical year		
	Number of applicants	No. of Applicants accepting positions
NSW Universities	19	15
Interstate Universities	1	0
Total	20	15

Of the 15 Aboriginal trainees who commenced internship, nine are in rural and regional locations in NSW. Six Aboriginal trainees were recruited to metropolitan networks in NSW.

The diagram below shows the number of Aboriginal medical graduates who commenced their internship since the commencement of this pathway in 2010.

Diagram 1: Aboriginal Medical Workforce pathway allocation trends 2012 – 2019 clinical years



RURAL PREFERENTIAL RECRUITMENT PATHWAY

The Rural Preferential Recruitment (RPR) pathway is a merit based recruitment process that facilitates recruitment of rural cadets and other medical graduates to prevocational training positions in rural hospitals according to recruitment policy. Applicants from all priority categories can apply for the RPR pathway.

The following principles underpin the development and review of the RPR pathway:

- Building a sustainable medical workforce in rural areas.
- People living in rural areas of NSW have limited access to a range of health services and the challenge is to achieve better and more equal health outcomes across the population regardless of where people live.

- Having a pathway linking undergraduate training in rural areas to postgraduate medical training positions in rural areas.

Applicants wishing to access this pathway applied both to HETI through PTAP and to the individual hospitals where they wished to work through JMO eRecruit. The rural hospitals undertake interviews and rank the applicants in JMO eRecruit. Applicants who wish to work in a rural hospital preference the hospitals via PTAP and on JMO eRecruit.

HealthShare receives applicant preferences and hospital rankings and matches preferences. HETI then makes offers according to the outcome of the preference matching process and the priority list.

Prevocational trainees can undertake their entire training at a rural five term home hospital, but they are expected to undertake at least one term a year in another hospital within the same prevocational training network at either a metropolitan or regional facility. HETI strongly supports these rotations as they provide prevocational trainees with exposure to the different health needs of various geographical and demographic communities and it is an opportunity to experience how different facilities provide medical services.

HETI offered positions through the RPR pathway to all applicants, irrespective of their priority category, who were successfully matched via the preference matching process. Offers were made to successful Category 1 and 2 applicants on the first day of offer period one. All other successful applicants received offers between July and September.

Any positions remaining at RPR hospitals after all Category 1 and 2 applicants successfully matched by the preference matching process had been offered a position, were then offered to the highest matched applicants in the next priority category. Offers continued in this way until all successfully matched applicants had received an offer. If there were vacancies after this time applicants remaining on the eligibility list and who have not received an offer by another pathway received an offer according to priority category.

For the 2019 clinical year there were 140 home based positions available via the RPR Pathway. One of these position as requested by the hospital converted to a rotational position in the network. This then reduced the number of home hospital based positions to 139. A total of 122 applicants accepted positions through the RPR pathway, five positions were filled through the Aboriginal Medical Workforce Pathway and 12 were filled through an Expression of Interest (EOI) process (The Tweed Hospital [6], Albury Wodonga Health [1], Tamworth Rural Referral [1], Broken Hill [1] and Dubbo Base Hospital [3]).

The EOI process is utilised in consultation with the RPR hospital to fill a vacancy when there are no successful or eligible applicants remaining on the preference matched list. An email is sent to remaining unplaced applicants advising where the position is located and requesting that applicants advise HETI if they wish to be considered for allocation to that hospital.

In addition to the home hospital positions recruited to by the RPR Pathway, there were 24 rotation positions in RPR facilities. A summary of positions by rural hospital is provided in Table 6; this identifies positions filled through the RPR pathway and also identifies the location of the rotation positions.

Table 6: Rural Preferential Recruitment pathway outcome for 2019 clinical year

Network	Rural Hospital	Rural home hospital positions for 2019	Positions recruited via RPR pathway for 2019	Home hospital positions filled via RPR (%)	Rotation positions at rural hospital
1	Dubbo Base Hospital	8	5	63%	4
3	Broken Hill Base Hospital	3	1	33%	0
4	The Tweed Hospital	17	11	65%	1
5	Port Macquarie Base Hospital	10	10	100%	6
8	Albury Wodonga Health	5	4	80%	0
9	Lismore Base Hospital	12	12	96%	2
10	Wagga Wagga Base Hospital	23	22	100%	2
12	Tamworth Rural Referral Hospital	20	18	90%	0
12	Manning Rural Referral Hospital	6	6	100%	0
12	The Maitland Hospital	8	7	88%	0
13	Orange Health Service	17	17	100%	0
13	Coffs Harbour Health Campus	10	9	90%	9
	TOTAL	139	122		24

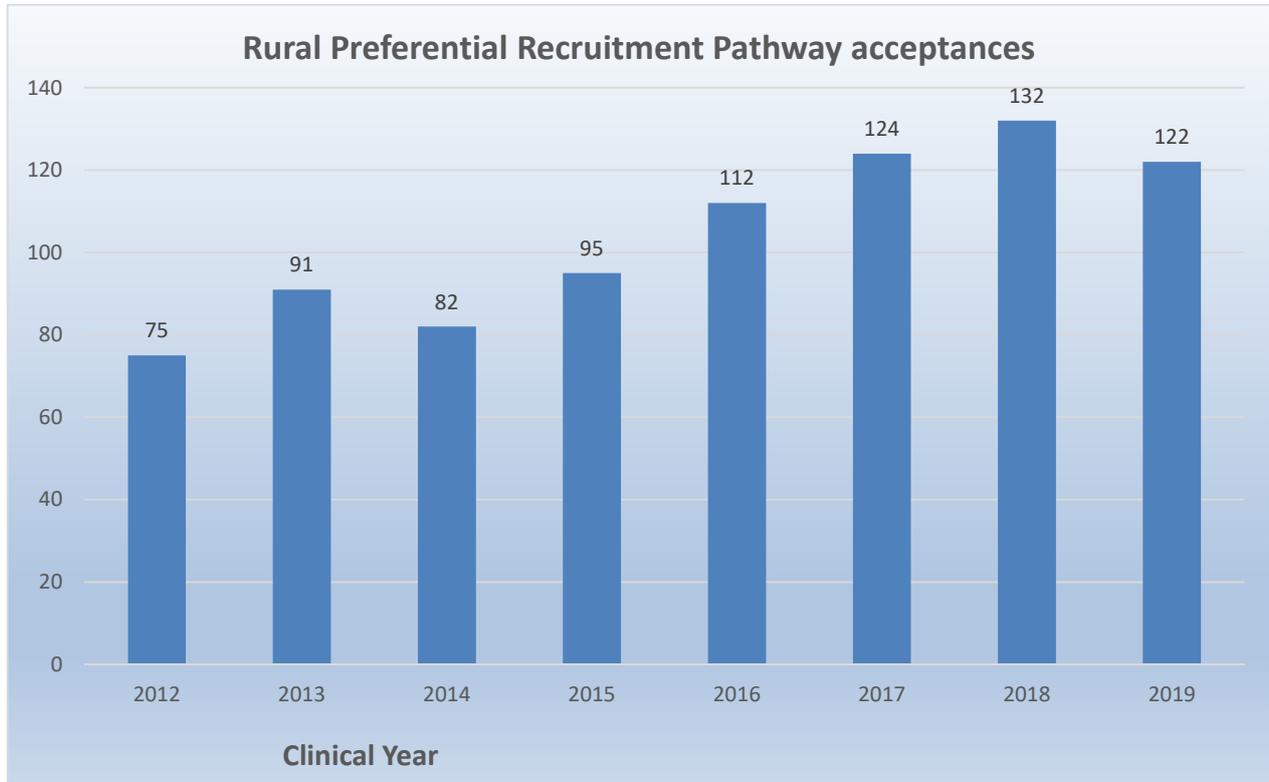
As outlined in Table 7, the majority (88%) of applicants accepting RPR positions were NSW graduates – 63% NSW domestic graduates and 25% NSW international graduates.

Table 7: NSW medical graduates accepting positions through the RPR pathway for the 2019 clinical year

RPR pathway acceptances for 2019 for NSW medical graduates	
Domestic students (Category 1)	77
International students (Category 4)	31
TOTAL	108

Diagram 2 shows a steady increase over time in the number of applicants accepting positions through the RPR Pathway although a slight decreased was experienced for the 2019 clinical year.

Diagram 2: Rural Preferential Recruitment Pathway allocation trends 2012-2019 clinical years



DIRECT REGIONAL ALLOCATION PATHWAY

HETI coordinates a Direct Regional Allocation (DRA) recruitment pathway to provide an opportunity for medical graduates of regional and outer metropolitan universities to continue their prevocational training in the geographical area they trained as medical students. This recruitment pathway facilitates the filling of regional and outer metropolitan training positions as a priority, with the aim of building a sustainable workforce over the longer term in outer metropolitan Sydney and regional areas.

The following principles underpin the development and review of DRA:

- Developing and maintaining a sustainable medical workforce in regional NSW and outer metropolitan Sydney.
- Ensuring equity of access to high quality care for patients in regional NSW and outer metropolitan Sydney.
- Ensuring fairness and transparency throughout the recruitment process.

Medical graduates who were in priority categories 1 to 4 of the NSW Health Priority List were eligible to apply via this pathway. The applicants must preference one of the DRA networks as their first choice on their PTAP application.

HETI directly allocates Category 1 applicants to their preferred regional network, when the number of applicants applying to the DRA prevocational training network is less or equal to the number of positions available.

If a DRA network has fewer positions than the number of Category 1 applicants who listed it as their first preference, PTAP randomly selects which applicants receive a position offer. Any Category 1 applicants who do not receive an offer via the DRA pathway are automatically moved to the optimised allocation recruitment pathway.

A total of 266 applicants were recruited via the Direct Regional Allocation recruitment pathway. This was the same number as the previous year. Diagram 3 provides the number of acceptances by clinical year from 2012 – 2019 clinical year.

Diagram 3: Direct Regional Allocation Pathway acceptances 2012-2019 clinical years



The proportion of applicants recruited to each of the networks via this pathway is represented below in Table 8.

Table 8: Direct Regional Allocation Pathway outcome by network for 2019 clinical year

Network	Number of positions available in regional networks (less RPR)	Number of positions recruited by DRA (i.e. applicants first preference)	Percentage (%) of positions filled via DRA (i.e. applicants first preference)
2	51	13	25%
4	57	18	32%
7	69	40	58%
11	65	49	75%
12	91	69	76%
14	65	32	49%
15	54	45	83%
Total	452	266	57%

As outlined in Table 9 below the majority of positions (68%) in the DRA pathway were filled with NSW graduates – 61% NSW domestic graduates and 7% NSW international graduates.

Table 9: NSW medical graduate acceptances through the Direct Regional Allocation Pathway for the 2019 clinical year

Regional pathway acceptances for 2019 for NSW medical graduates	
Domestic students (Category 1)	164
International students (Category 4)	18
TOTAL	182

OPTIMISED ALLOCATION PATHWAY

The Optimised Allocation pathway is the main pathway through which eligible medical graduates from any priority category can be allocated to internship positions in New South Wales. The following principles underpin the Optimised Allocation Process:

- Ensuring the whole cohort of applicants included in a recruitment round receive an optimised outcome.
- Ensuring fairness and transparency is applied to the recruitment process.

Applicants rank each of the 15 prevocational training networks and allocation to positions is completed via recruitment rounds. The preferences and category of all applicants in the round are taken into consideration when the allocation is undertaken. The purpose is to ensure that the whole cohort of applicants in the round are considered for each of the positions that are available and the best outcome is sought via the algorithm selection.

EXTENUATING CIRCUMSTANCES

It is accepted that some applicants seeking a prevocational training position have extenuating circumstances that may limit their ability to work in one or more of the prevocational training networks in NSW.

The criteria for granting extenuating circumstances is limited to:

1. The applicant having major health problems requiring frequent and ongoing highly specialised treatment only available in certain locations, and/or
2. Separation of the applicant from a dependent during prevocational training that would have significant negative impacts on the functioning of the applicant and/or dependent.

For the 2019 clinical year HETI received 11 applications for extenuating circumstances. The applications were reviewed by the Extenuating Circumstance Committee and six applications were successful. There was a decline in the number of applicants applying for extenuating circumstances from the previous year.

For the 2019 clinical year HETI received and granted two applications for change in personal circumstances. Applications for change in personal circumstances were considered following the commencement of offer periods and assessed against the extenuating circumstances criteria as outlined above.

NATIONAL INTERN DATA AUDIT

The purpose of the national audit process is to ensure all medical graduates applying for internship have the most equitable and timely opportunity to obtain an internship position in Australia. The process assists to:

1. Identify the number of individual applicants applying for intern positions
2. Identify any shortfall in the number of intern positions available nationally, and
3. Quantify and attempt to resolve multiple acceptances by applicants across jurisdictions.

All States and Territories provided information for intern applicants to the National Data Manager who undertook an audit process following each National offer period to identify applicants who have accepted intern positions in more than one jurisdiction.

Applicants who accepted more than one position were contacted by the National Audit Data Manager by phone or email and asked to withdraw from multiple offers, except the one in which they intend to undertake their intern year.

In 2018 there were four National Audits of Acceptances and Unplaced Applicants. HETI provided data to the National Data manager for these audits.

NATIONAL LATE VACANCY MANAGEMENT PROCESS

The Late Vacancy Management (LVM) Process was managed by the National Data Management Team. The process assisted jurisdictions to fill vacancies that arose between 26 November 2018 and 22 March 2019 by eligible intern applicants who remain unplaced.

In 2018 NSW had vacancies leading into the LVM as there were unfilled positions from offer period four and some applicants who had previously accepted an offer had to decline their positions as they were not progressing to complete their medical degree in 2018. A total of 34 position offers were accepted during this time.

At the close of the LVM process there were 17 applicants who remained unplaced which included five NSW international medical graduates.

APPENDIX 1: PREVOCATIONAL TRAINING NETWORKS 2018

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
Network 1 <i>Inner West and Western Plains</i>	Dubbo Base Hospital	WNSW LHD	T5	March 2022
	Royal Prince Alfred Hospital ➤ Balmain Hospital	SLHD	T5 OT	November 2020
Network 2 <i>Bankers and Campers</i>	Bankstown-Lidcombe Hospital	SWSLHD	T5	July 2020
	Bowral & District Hospital (PGY2 only)	SWSLHD	R	February 2020
	Campbelltown/Camden Hospital	SWSLHD	T5	August 2020
Network 3 <i>Concord, Canterbury & Broken Hill Base Hospitals</i>	Broken Hill Base Hospital	FWLHD	T3	July 2019
	Canterbury Hospital	SLHD	T3	April 2021
	Concord Repatriation General Hospital	SLHD	T5	June 2021
Network 4 <i>South West Sydney, Tweed Heads</i>	Fairfield Hospital ➤ Braeside Hospital	SWSLHD Private	T3 OT	May 2019
	Liverpool Hospital	SWSLHD	T5	July 2019
	The Tweed Hospital ➤ Byron District Hospital	NNSW LHD	T5 OT	June 2019
Network 5 <i>North Shore & Port Macquarie</i>	Port Macquarie Base Hospital ➤ Kempsey District Hospital ➤ Wauchope District Hospital (PGY2)	MNCLHD	T5 OT OT	April 2020
	Royal North Shore Hospital ➤ Greenwich Hospital	NSLHD	T5 OT	June 2021
	Ryde District Hospital	NSLHD	T3	March 2020
	North Shore Private Hospital (CMI)	Private	R	November 2019

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
Network 6 <i>Hornsby & Northern Beaches</i>	Hornsby Ku-ring-gai Health Service ➤ Hornsby & Brooklyn GP Unit	NSLHD	T5 OT	November 2023
	Northern Beaches Hospital**	NSLHD	T3	October 2019
	Sydney Adventist Hospital	Private	R	October 2023
	Mona Vale Hospital	NSLHD	R	November 2019
Network 7 <i>Central Coast Network</i>	Gosford District Hospital	CCLHD	T5	May 2021
	Wyong Hospital	CCLHD	T3	November 2019
Network 8 <i>St George, Sutherland, Albury & Griffith Hospitals</i>	Albury Wodonga Health	AWH	T5	Accredited by Victoria - PMCV
	Griffith Base Hospital	MLHD	R	April 2021
	Sutherland Hospital	SESLHD	T3	November 2019
	St George Hospital and Community Health Service ➤ Calvary Health Care Kogarah ➤ Kirketon Road Centre ➤ The Forensic Hospital, Malabar Justice Health	SESLHD	T5 OT OT OT	June 2020
Network 9 <i>From Coast to Coast</i>	Lismore Base Hospital	NNSWLHD	T5	July 2019
	The Prince of Wales Hospital		T5	
	➤ Sydney Children's Hospital	SESLHD	OT	October 2020
	➤ Royal Hospital for Women ➤ The Langton Centre, Surry Hills		OT OT	

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
Network 10 <i>Eastern to Greater Southern</i>	Wagga Wagga Base Hospital & Community H.S ➤ Coolamon Shire Medical and Dental Clinic	MLHD	T5 OT	May 2019
	St Vincent's Private Hospital	Private	CMI	October 2021
	Mater Hospital Sydney (CMI)	SVHN	T3	November 2019
	Calvary Riverina Health Care (CMI)	SVHN	R	October 2021
	St Vincent's Hospital ➤ War Memorial Hospital (PGY2 only)	SVHN	T5 OT	April 2022
Network 11 <i>Oceans 11</i>	Wollongong Hospital	ISLHD	T5	August 2021
	Shoalhaven District Memorial Hospital ➤ Milton General Practice	ISLHD	R OT	May 2021
	Shellharbour Hospital ➤ Bulli Hospital ➤ Coledale Hospital (PGY2 only) ➤ Port Kembla Hospital	ISLHD	T3 OT OT OT	March 2020
Network 12 <i>Hunter New England</i>	Armidale Rural Referral Hospital	HNELHD	R	May 2021
	Belmont District Hospital	HNELHD	T3	June 2021
	Calvary Mater Newcastle	HNELHD	T3	November 2019
	Hunter New England Mental Health	HNE HD	R	December 2020
	John Hunter Hospital and Royal Newcastle Centre	HNELHD	T5	November 2019
	The Maitland Hospital ➤ Kurri Kurri District Hospital	HNELHD	T5 OT	November 2020
	Manning Rural Referral Hospital	HNELHD	T5	August 2021
	Tamworth Rural Referral Hospital	HNELHD	T5	August 2022

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
Network 13 <i>Westnet</i>	Auburn Hospital	WSLHD	R	May 2021
	Macquarie University Hospital ➤ Lady Davidson Hospital	Private	CMI OT	October 2019
	The Children's Hospital at Westmead (PGY2 only)	SCHN	R	December 2019
	Coffs Harbour Health Campus	MNCLHD	T5	May 2019
	Westmead Hospital ➤ Cumberland Hospital	WSLHD	T5 OT	November 2019
	Orange Health Service	WNSWLHD	T5	March 2022
Network 14 <i>Nepean & Blue Mountains</i>	Blue Mountains District ANZAC Memorial Hospital	NBMLHD	R	August 2022
	Hawkesbury District Health Service	NBMLHD	R	March 2021
	Nepean Hospital ➤ Lithgow Hospital	NBMLHD	T5 OT	June 2021
Network 15 <i>Central West</i>	Bathurst Base Hospital	WNSWLHD	R	September 2020
	Blacktown Hospital/Mt Druitt Hospital	WSLHD	T5	May 2021

****Provisionally accredited prevocational training provider**

Prevocational Training Provider Classification	
T3	3 Term Home Hospital Prevocational Training Provider (T3)
T5	5 Term Home Hospital Prevocational Training Provider (T5)
R	Rotation Hospital
OT	Offsite Term
Abbreviations	
PGY1	Post Graduate Year 1
PGY2	Post Graduate Year 2
CMI	Commonwealth Medical Internships