



External Review

Recruitment and Onboarding of
Interns and Rural Generalists

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Appendix 1 - Findings Summary

6.1.1 Intern Processes Findings

- I. The lack of pre-screening of the application from the overseas trained applicant before it was forwarded on to the LHN was found to be a weakness. The identification of significant resource requirements to satisfy training needs for this applicant and the likely inability of the LHN to undertake this training should have occurred much earlier in the process.
- II. The recruitment processes undertaken by the LHN in attempts to fill vacant intern positions remaining after SA MET processes were found to be both burdensome for a small regional LHN and represented a significant weakness in workforce planning, which ultimately demonstrated flawed process due to an inconsistent approach.

6.2.1 Recruitment and Onboarding Documentation Findings

- I. Weaknesses were found due to a lack of availability and utilisation of consistent state-wide documentation and guides for recruitment and onboarding of medical staff in the LHN.

6.3.1 Responsibilities in the Recruitment Process Findings

- I. A major weakness was found in the inconsistent application of an agreed recruitment and selection procedure. This resulted in the lack of clarity, consistency and clear accountability in the recruitment and selection process.

6.4.1 Pre-Employment Declaration/ Screening Findings

- I. An unorthodox entry point was utilised by the applicant which represented a weakness in the recruitment system.
- II. By entering through an unorthodox point, the review team found no evidence the applicant was asked to complete, or did complete, a pre-employment declaration form.
- III. By not completing the pre-employment declaration, the applicant was not asked any question related to past criminal offences or the existence of any other concerns/investigations or previous adverse findings and subsequently none were disclosed to FUNLHN.

6.6.1 Curriculum Vitae Assessment Findings

- I. The review has found that too little emphasis was placed on the scrutiny of the chronology, nature and level of performance of previous work along with education history of the applicant as stated in their CV. This was not interrogated further by the RSS, the FUNLHN Selection Panel, HR or Delegate.
- II. A critical assessment of the applicant's CV against the essential minimum requirements in the role description in the shortlisting process would have shown the applicant was neither suitable nor appropriate for the FUNLHN trainee position offered.

6.7.1 Interview Processes and Questions Findings

- I. The applicant was being recruited outside of a usual intern recruitment process and was an internationally trained doctor who had completed their comparable internship overseas and worked as a doctor under supervision overseas. The review team found that the questions used previously for SA MET interns were not suitable to satisfactorily assess the clinical capabilities of an applicant with this past history, also noting scant clinical or Australian contextual experience.

- II. Whilst the validity of semi-structured interviews is acknowledged, there appeared to be a lack of depth of understanding by the interview panel surrounding the intent of recruitment questions crafted to explore suitability of an applicant for a position. The adherence to a structured approach was adopted that was designed for Australian interns.
- III. Despite the *Recruitment and Selection Procedure* allowing for probing questions to elicit further information from candidates, selection panel members were under the impression this was not allowed.
- IV. Local procedure to include a culturally specific question and other compulsory questions was not followed.

6.8.1 Reference Gathering and Assessment Findings

- I. Two reference checks were completed, one for clinical work completed in late 2019/early 2020 and one based on an observership with no clinical capacity. The referee for clinical work signalled a significant warning of below standard performance by the applicant and a high level of supervision/remediation required to ensure safe medical practice. The referee based on an observership was favourable however the judgement of the referee should be questioned as the candidate was not employed nor demonstrating clinical competence in employment at the time of assessment, therefore not able to verify re-employability.
- II. The FUNLHN Selection Panel noted the extra support the applicant would require and recommended they be placed in the non-core rotation under supervision of the DCT for the first rotation to assess their skills and consolidate their learning. Whilst acknowledging that additional supports were required for this candidate, this was significantly underestimated based on past assessment data.
- III. There was insufficient consideration given to assessment of the capacity of the site to provide the level of supervision and support required by the applicant with the current resources allocated.

6.9.1 AHPRA Registration Findings

- I. The provisional letter of offer to the applicant did not include a date by which the conditions of offer must be met before it lapsed, and the offer would be withdrawn.
- II. The applicant chose to complete an AHPRA application for limited registration without LHN collaboration or direct support and **chose not** to nominate a FUNLHN staff member to act as an agent with AHPRA to assist them through the registration process.
- III. Had an agent been nominated, AHPRA would not have discussed any personal information, however FUNLHN would have been advised following the 15 March 2023 meeting that the South Australian Medical Board of Australia were proposing to refuse the applicant's application for limited registration.
- IV. The assessment of the application by AHPRA was delayed as the Board initially refused the application and we are advised that the applicant subsequently appealed the decision requesting review.
- V. FUNLHN did not at any stage of the application process have any information provided to them relating to the delays of the application until the letter was received from AHPRA on 2 May 2023.
- VI. The 2 May 2023 AHPRA notification to the applicant did not approve Registration.

6.10.1 Recruitment Training Findings

- I. FUNLHN staff involved in the Selection Panel were not given any recent SA Health recruitment and selection training and did not appear to have a clear understanding of their roles and responsibilities.
- II. Panel members possessed general understanding of recruitment and selection but lacked the SA Health particulars and were unclear as to their responsibilities.

7.1.1 Onboarding Findings

- I. A well-meaning but ultimately premature offer of accommodation, onboarding and education support was exploited by the applicant inappropriately.
- II. The applicant was integrated to the health system prematurely resulting in them being overly familiar with the hospital environment and they were able to willingly assume the role of a medical intern as an imposter prior to their registration and employment being certified.
- III. Premature rostering which included their name appearing on published rosters had occurred in anticipation of the applicant's recruitment. This led to a misperception the applicant had been successfully integrated into the workforce.

7.2.1 Australian and International Criminal History Screening Findings

- I. The applicant resided and/or worked in overseas countries for more than six months since their 18th birthday and required an international criminal history check to meet the SA Health Criminal and History Screening Policy Directive.
- II. The review team found no evidence that the applicant was asked to complete an international criminal history check.
- III. The review team found no evidence that the applicant submitted an international criminal history check to FUNLHN, despite it being a requirement that one is completed and submitted with the application for AHPRA Registration.

7.3.1 Credentialling and Scope of Practice Findings

- I. As recruitment of the applicant had not been completed by FUNLHN, the credentialling and scope of practice assessment had not and would not have begun by the RSS.

7.4.1 Induction and Orientation Findings

- I. Whilst FUNLHN was anticipating successful recruitment in this case, the review team noted that it was normal practice for applicants to be added to the roster, booked into the next available Regional LHN orientation session, and be provided with instructions on how to access the worksite on their first day as pre-commencement activities. In hindsight this was premature in this case as inadequate progress had been made in recruitment screening.

7.5.1 Staff Accommodation Use Findings

- I. It is common practice for successfully selected future FUNLHN staff to be provided accommodation before they meet all employment requirements and commence in the role.
- II. The applicant and FUNLHN entered into a Staff Accommodation Agreement for the period of the rotation in Whyalla and a second Agreement for the rotation in Port Augusta at no cost to the applicant.

Appendix 2 – Recommendations Summary

6.1.2 Intern Processes Recommendations

- I. All applications for doctors requiring level 1 supervision are reviewed by SA MET prior to recruitment to ensure alignment with training requirements and the verification of organisational capacity to provide such training and supervision.
- II. FUNLHN considers reallocation of Intern primary allocation to a metropolitan LHN with the establishment of rotations of interns into FUNLHN in the short term, whilst building capacity to attract and maintain trainee staff into the future. Consideration of extended contracts for Trainees with a rural interest should be explored for General Practice and Rural Generalist trainees.

6.2.2 Recruitment and Onboarding Documentation Recommendations

- I. Consistent State-wide documentation for recruitment and selection of medical officers and checklists should be developed by SA Health and Wellbeing and consideration given for adopted by Local Health Networks with compliance covering the following areas:
 - Recruitment Process Roles and Responsibilities
 - Pre-employment Screening
 - Curriculum Vitae Assessment
 - Interview Process and Questions
 - Reference Gathering and Assessment
 - AHPRA Registration Application Processes
 - Recruitment and Selection Training
 - Australian and International Criminal History Screening
 - Staff Induction and Orientation including use of Accommodation

6.3.2 Responsibilities in the Recruitment Process Recommendations

- I. State-wide consistent documentation should provide clarity of roles and responsibilities, delegated decision making, endorsement and approval in the recruitment and selection process and appropriate training and updates are provided to panel participants.

6.4.2 Pre-Employment Declaration/ Screening Recommendations

- I. All applicants must be directed to the eRecruitment system to complete an online pre-employment declaration if the position is advertised online before shortlisting is undertaken; or, if the position is not advertised online, applicants must be sent an offline version of the pre-employment declaration to complete and return before shortlisting is undertaken.
- II. The Panel Chair must ensure a pre-employment declaration is completed and assessed before any offer of employment is provided

6.6.2 Curriculum Vitae Assessment Recommendations

- I. Medical CV's must be clinically and chronologically assessed and certified by a designated Panel Member to ensure the applicant meets the essential minimum requirements in the role description.

- II. Advertisements for medical trainee positions should be updated to include minimum requirements and applicants are asked to use a guide for completing a CV or use an agreed proforma.
- III. The CV must declare that the “The Curriculum Vitae” is true and correct as at (insert date)’. This declaration must be signed and dated.
- IV. The CV must have attached certified copies of any results or performance reports from bridging courses undertaken, results of AMC assessments, skills assessments, observerships content (as applicable) that have been stated in the CV.

6.7.2 Interview Processes and Questions Findings Recommendations

- I. The Selection Panel Chair should ensure the interview questions asked are appropriate for the position.
- II. The Selection Panel Chair should ensure the Panel Members are aware of their responsibilities as stated in the *Recruitment and Selection Procedure*, including all members actively participating as equal members, asking further probing questions if required in order to inform final decision making of suitability.
- III. The Selection Panel Chair should reinforce to Panel Members the responsibilities to ensure a culturally specific question is included in the set of interview questions, as well as inclusion of the compulsory FUNLHN questions.

6.8.2 Reference Gathering and Assessment Recommendations

- I. Verified evidence is sought from contemporary clinical referees attesting to satisfactory clinical performance.
- II. Follow up exploration is undertaken by a clinician in cases where concerns have been expressed about an applicant or there is evidence performance has been at a level below that expected.
- III. Borderline or questionable references are further investigated using a more direct higher fidelity modality such as phone call or preferably virtual discussion with referee.

6.9.2 AHPRA Registration Recommendations

- I. Provisional letters of offer to an applicant to support an application for registration with AHPRA must include a date by which the conditions of employment are to be met or the offer will be withdrawn.
- II. Applications for limited registration for overseas trained doctors should, wherever possible, include a nomination to appoint an agent to communicate / act on behalf of the applicant with AHPRA with advice of progress of the application being provided to the potential employer.
- III. Applications for limited registration for overseas trained doctors should, wherever possible, be completed in collaboration and support by an LHN representative and the applicant together.

6.10.2 Recruitment Training Recommendations

- I. Upskilling and maintenance of recruitment processes should be made available to all LHN staff involved in the recruitment of personnel.

- II. Designated Panel Chairs must have suitable informed delegate authority to endorse panel decisions.
- III. A simple and consistent guide based on a set of policies and procedures should be developed for the local areas, endorsed by SA Health HR presented into an easy-to-follow format
- IV. A checklist for recruitment / onboarding and credentialling should be developed to assist all LHN staff through the process
- V. Clarity should be given as to how and when the HR Delegate should endorse the recruitment process at the LHN level

7.1.2 Onboarding Recommendations

- I. No names should be placed on a medical roster prior to completed recruitment.
- II. Careful consideration and screening including an internet search using all names used by applicants for pre-registration positions should be undertaken prior to any offer or undertaking of onboarding and preliminary integration into education and training support systems or accommodation support.

7.2.2 Australian and International Criminal History Screening Recommendations

- I. All staff involved in the recruitment process must be aware and familiar with the SA Health Criminal and History Screening Policy Directive requirements, particularly in relation to internationally trained workforce.
- II. The Selection Panel Chair must ensure the Criminal and Relevant History Screening procedures are met prior to an offer of employment.

7.3.2 Credentialling and Scope of Practice Recommendations

- I. A robust referee process that is fit for purpose and can withstand scrutiny of a credentials process be undertaken at the outset of the recruitment process.
- II. Consideration is given to include an internet search of applicants, including all known names and variations of names used is a part of the screening process.

7.4.2 Induction and Orientation Recommendations

- I. Induction and onboarding should only commence once preliminary recruitment and screening processes have been successfully completed for trainee medical officer recruits.

7.5.2 Staff Accommodation Use Recommendations

- I. No offer of accommodation support should be offered to any potential employee until they successfully meet all initial screening requirements of recruitment.
- II. No further Staff Accommodation Agreements should be offered in circumstances where inordinate delays in completing a recruitment process occurs.