



# Appointment of Interns and Progression to Resident Medical Officer Policy

## 1. Purpose

The Appointment of Interns and Progression to Resident Medical Officer Policy (**Policy**) prescribes the requirements that all Health Service Providers must adhere to in order to ensure system-wide compliance with clause 9(1)(b) of the WA Health System – Medical Practitioners – AMA Industrial Agreement 2016 (**Agreement**).

The purpose of this Policy is to provide for the engagement of Interns and their subsequent successful transition to Resident Medical Officer (**RMO**) Yr 1 and Yr 2 for a fixed term period of three years. This Policy also supports the continued practice of Interns and RMOs having the ability to elect to undertake speciality rotations at different Health Service Providers in order to meet clinical training requirements. The transfer of Interns and RMOs between different Health Service Providers during their three year fixed term employment is enabled by section 141 of the *Health Services Act 2016* (**Act**).

For the purposes of the application of this Policy, Interns (Post Graduate year one) and RMOs Yr 1 and Yr 2 (Post Graduate years two and three) are considered as a single classification.

This Policy is a mandatory policy under the Employment Policy Framework.

## 2. Applicability

This Policy is applicable to Interns and RMOs and all Health Service Providers who employ Interns and RMOs.

## 3. Policy requirements

### Initial appointment of Interns – Requirement for offer of three year term

In order to satisfy the requirement of clause 9(1)(b) of the Agreement, Health Service Providers (excluding those who cannot employ Interns) must offer three year fixed term contracts to Interns. In circumstances where an Intern requests a contract for a period less than three years, the applicable Health Service Provider has the discretion to consider this request and reach agreement with the Intern.

Compliance with clause 9(1)(b) of the Agreement does not mean that an Intern (and their progression to RMO) is guaranteed a three year contract of employment with the same Health Service Provider who provided them with their initial Intern offer of employment and subsequent contract of employment.

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## Application process for Interns and RMOs

An Intern must successfully complete their internship and achieve general registration with the Australian Health Practitioner Regulation Agency, to meet the requirements to be employed as a RMO Yr 1.

In order to determine at which Health Service Provider the Intern will commence their RMO Yr 1, Interns must either elect to remain employed by their current employing Health Service Provider or indicate a preference to transfer to another Health Service Provider.

The provision of preferences must be undertaken in accordance with the process prescribed in the annual guidelines published by the Post Graduate Medical Council of Western Australia (**PMCWA**) within the Department of Health. The same preference process applies to a RMO Yr 1 who wishes to progress to RMO Yr 2. Health Service Providers must ensure that Interns and RMOs are aware of the obligation to provide their preference to either remain with their current employing Health Service Provider or transfer to a new Health Service Provider as part of the annual recruitment process.

Remaining with the same employing Health Service Provider or transferring to a new Health Service Provider is subject to successful annual application to a competitive recruitment process during which best efforts are made to accommodate all preferences. This includes the operational ability of Health Service Providers to accommodate both existing and new employees which can vary on an annual basis.

## Transfer of Interns and RMOs

When an Intern, or an RMO in Yr 1 and Yr 2, transfers from one Health Service Provider to another Health Service Provider in accordance with section 141 of the Act, the terms of their first contract of employment must be transferred with the employee. This occurs by virtue of sub section 141(5)(b)(ii) of the Act which expressly provides for the new employing authority to be substituted as the contracting party to the contract with the employee.

A transfer undertaken in accordance with section 141 of the Act has the following effect:

- Once transferred, the position where the employee was originally employed becomes vacant;
- The employing authority to which the employee has been transferred becomes the employing authority of the employee; and
- The employing authority to which the employee has been transferred is substituted for the employing authority as party to the contract of employment.

Section 141 of the Act prescribes that certain processes and conditions must be complied with in order to facilitate the transfer of employees between Health Service Providers as set out below in paragraphs 3.1 to 3.4.

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### 3.1 Best interests

It is in the best interests of the Health Service Providers to transfer Interns and RMOs to ensure they obtain sufficient training and experience including being exposed to different learning environments.

### 3.2 Comply with the relevant policy framework

The Employment Policy Framework is the relevant Policy Framework that Health Service Providers must comply with for the purposes of section 141 of the Act.

### 3.3 New employing authority consent

An employing authority cannot transfer an employee unless the employing authority of the Health Service Provider to which the employee is to be transferred has approved the transfer. Health Service Provider approval is contingent on available positions, training requirements and operational and business needs.

Employee consent to the transfer is satisfied through the process of Health Service Providers agreeing to take on new RMOs through the annual Intern and RMO recruitment process.

### 3.4 Consultation

The relevant employee must be consulted prior to any transfer. In order to ensure compliance with this requirement, Interns and RMOs must provide their preference to remain or transfer as part of the annual recruitment process. This ensures that where possible, Interns and RMOs are placed in accordance with their preferences whether this means they are transferred or remain at the current employing Health Service Provider.

Despite best efforts, it may not be possible for all Interns and RMOs to be placed in accordance with their preferences submitted through the annual recruitment process. This is a consequence of the competitive recruitment process across Health Service Providers and does not mitigate the consultation which has already been undertaken.

## **Letter of offer of employment**

In order to ensure consistent and correct application of section 141 of the Act all Health Service Providers must include the following wording in their letters of offer of employment to Interns and those who progress to RMO Yr 1 and Yr 2:

*“While you have been offered a three year fixed term contract with [insert name of employing authority] as your employing authority, in order to provide the full range of experiences and training necessary for you to progress from Intern through Resident Medical Officer, it may be necessary for you to be transferred to other Health Service Providers. As part of this process of transfer the [insert name of current employing authority] seeks to consult with the affected employees particularly by asking for the affected employees to provide their preferred locations for their placements.*”

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*Also, if it is necessary for you to be transferred to a different Health Service Provider during the term of the three year contract, the employing authority of the Health Service Provider you are transferred will be substituted as your employing authority under your contract of employment.”*

Health Service Providers have flexibility to determine the remainder of the content included in letters of offer to Interns and RMOs. In addition to the above, Health Service Providers who employ Interns must also undertake the following:

- To ensure that Interns successfully progress to RMO status, Intern completion certificates must be completed and submitted to the PMCWA within requested timeframes; and
- Notify the PMCWA regarding Interns who have not met the requirements for completing their internship.

#### **4. Compliance, monitoring and evaluation**

In order to ensure the integrity of this Policy and compliance with its contents, outlined below are the relevant roles and responsibilities of the System Manager and Health Service Providers.

##### **The System Manager**

The System Manager will undertake the following to ensure compliance with the provisions of the Agreement and currency of the Policy:

- Monitor and evaluate compliance with the Policy by Health Service Providers.

The following System Manager co-ordinated committees will be utilised to ensure compliance, monitoring and evaluation of the Policy:

- The Workforce Steering Committee; and
- The Workforce Advisory Committee.

The above committees are comprised of both Department and Health Service Provider representatives and will ensure direct engagement with the key stakeholders of the Policy on a regular and ongoing basis.

##### **Postgraduate Medical Council of Western Australia**

The PMCWA within the Department will undertake the following to ensure compliance with the provisions of the Agreement and currency of the Policy:

- The PMCWA shall coordinate the centralised annual recruitment process for Intern and RMO positions in WA public hospitals in accordance with their roles and responsibilities.

## Health Service Providers

Health Service Providers (as applicable) must ensure and monitor compliance to this Policy. Health Service Providers must undertake the following:

- Undertake all administration processes required in order to give effect to contracts of employment issued in accordance with the Agreement and section 141 of the Act;
- Ensure that all Interns and RMOs who are not Australian residents have the required visa eligibility prior to an offer of employment being made and the duration of the contract of employment;
- Ensure that Intern and RMO clinical rotations are in compliance with the Australian Medical Council National Intern Training Standards; and
- Ensure performance review processes as applicable to Interns are undertaken in accordance with Agreement and the Australian Medical Council National Intern Training Standards and ensure regular document performance reviews also occur for RMOs.

### 5. Related documents

The following documents are required to give affect to this Policy (i.e. the documents included are mandatory):

- Australian Medical Council National Intern Training Standards; and
- WA Health System – Medical Practitioners – AMA Industrial Agreement 2016.

### 6. Supporting information

The following documents inform this Policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- The Workforce Steering Committee Terms of Reference; and
- The Workforce Advisory Committee Terms of Reference.

### 7. Definitions

The following definitions are relevant to this Policy.

Term	Definition
<b>Agreement</b>	WA Health System – Medical Practitioners – AMA Industrial Agreement 2016) and or its subsequent replacement.
<b>Centralised Intern Application Recruitment Process</b>	A central Department governed website where applications are submitted for Intern positions available at Health Service Providers.
<b>Centralised RMO Application Recruitment Process</b>	A central Department governed website where applications are submitted for Resident Medical Officer positions available at Health Service Providers.
<b>Intern</b>	Intern has the same meaning as prescribed in the WA Health System – Medical Practitioners – AMA Industrial Agreement 2016 “Intern means a medical practitioner employed by a teaching hospital during the first year of relevant experience following graduation, prior to full registration by the Medical Board of Australia.

<b>Postgraduate Medical Council of Western Australia (PMCWA)</b>	Provides leadership and support for early postgraduate medical education and training in Western Australia, supporting the education, training and wellbeing of interns and RMOs.
<b>Primary Employing Health Service (PEHS)</b>	<p>A Health Service Provider that is accredited by PMCWA as a primary employer of prevocational doctors and involved in the prevocational training program. A PEHS is able to provide Postgraduate Year 1 doctors (Interns) with the experience necessary to meet the requirements of the Medical Board of Australia within its network.</p> <p>All Health Service Providers may directly employ Postgraduate year 2 and above doctors (residents) for all 5 terms. Interns may only be directly employed by an accredited PEHS.</p> <p>The PEHS may rotate prevocational doctors to other accredited health service providers (Primary Placement and/or Placement Health Services) in its network for up to but no more than four of five of the prevocational doctor's terms in a year.</p>
<b>Resident Medical Officer</b>	As defined in clause 8 of the Agreement, Resident Medical Officer means a registered medical practitioner who is employed as a Resident Medical Officer in the second or subsequent years of relevant experience following graduation and who is not performing the duties of a Registrar.

## 8. Policy owner

### Deputy Director General, Strategy and Governance Division

Enquiries relating to this policy may be directed to:

Title: Executive Director, Governance & System Support

Division: Strategy and Governance Division

Email: [EmploymentPolicyFramework@health.wa.gov.au](mailto:EmploymentPolicyFramework@health.wa.gov.au)

## 9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within three years after first issue and at least every three years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0064/17	16 August 2017	20 September 2017	Original version
MP0064/17 v.1.1	20 September 2017	16 August 2020	Minor Amendment

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The review table indicates previous versions of the mandatory policy and any significant changes.

## 10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

<b>Approval by</b>	Dr David Russell-Weisz, Director General, Department of Health
<b>Approval date</b>	9, August, 2017
<b>Published date</b>	20, September, 2017
<b>RMR#</b>	F-AA-50553



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