

Industrial Relations Directive Reference: IRD 06/2024 Effective from: 9 July 2024

Appointment of Interns and Progression to Resident Medical Officer

Intention

This Industrial Relations Directive (IRD) prescribes the minimum mandatory requirements for the engagement of Interns and their subsequent successful transition to Resident Medical Officer (RMO) Year 1 (Yr 1) and Year 2 (Yr 2), pursuant to clause 9(1)(b) of the WA Health System – Medical Practitioners – AMA Industrial Agreement 2022 (Agreement) or its subsequent replacement.

This IRD also supports the continued practice of Interns and RMOs electing to undertake specialty rotations at different Health Service Providers (HSPs) in order to meet clinical training requirements. The transfer of Interns and RMOs between different HSPs 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 IRD, 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 IRD supports the application of MP 0025/16 Industrial Relations Policy.

Applicability

This IRD is applicable to HSPs that employ Interns and RMOs.

Direction

1.1 Initial appointment of Interns – Requirement for offer of three-year term

To fulfil the requirement of clause 9(1)(b) of the Agreement, HSPs (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 of less than three years, the applicable HSP has the discretion to consider this request and reach an 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 HSP who provided them with their initial Intern offer of employment and/or any subsequent contract of employment.

1.2 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 an RMO Yr 1.

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

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

Remaining with the same employing HSP or transferring to a new HSP 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 HSP to accommodate both existing and new employees, which can vary on an annual basis.

1.3 Transfer of Interns and RMOs

When an Intern, or an RMO in Yr 1 or Yr 2, transfers from one HSP to another in accordance with section 141 of the Act, the terms of their first contract of employment must transfer with the employee. This occurs by virtue of subsection 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
- 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 to facilitate the transfer of employees between HSPs, as set out below in paragraphs 1.3.1 to 1.3.5:

1.3.1 Best interests

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

1.3.2 Comply with the relevant policy framework

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

1.3.3 New employing authority consent

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

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.

1.3.4 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 HSP.

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 HSPs and does not mitigate the consultation which has already been undertaken.

1.3.5 Letter of offer of employment

To ensure consistent and correct application of section 141 of the Act, all HSPs 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.

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."

HSPs have flexibility to determine the remainder of the content included in their letters of offer to Interns and RMOs. In addition to the above, HSPs 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 the requested timeframes

• notify the PMCWA regarding Interns who have not met the requirements for completing their internship.

1.4 Compliance monitoring

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.

HSPs must ensure and monitor compliance with the Act and this IRD. As part of this responsibility, HSPs must undertake the following:

- All administrative processes required to give effect to contracts of employment issued in accordance with the Agreement and section 141 of the Act
- Ensure 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 all Intern and RMO clinical rotations are in compliance with the Australian Medical Council National Intern Training Standards
- Ensure performance review processes applicable to Interns are undertaken in accordance with the Agreement and the Australian Medical Council National Intern Training Standards and ensure regular, documented performance reviews occur for RMOs.

Related documents

The following documents are mandatory to the application of this IRD:

- Australian Medical Council National Intern Training Standards
- WA Health System Medical Practitioners AMA Industrial Agreement 2022

Definitions

The following definition(s) are relevant to this IRD.

Term	Definition
Agreement	WA Health System – Medical Practitioners – AMA Industrial Agreement 2022 and or its subsequent replacement.
Intern	Intern has the same meaning as prescribed in Agreement, i.e. "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."
Postgraduate Medical Council of Western Australia (PMCWA)	Provides leadership and support for early Postgraduate medical education and training in Western Australia, supporting the education, training and wellbeing of Interns and RMOs.
Resident Medical Officer (RMO)	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.

Contact

Enquiries relating to this IRD should be directed to the System-wide Industrial Relations team via <u>SWIR.Administration@health.wa.gov.au</u>

Approval

Approval by	Justine Withers, Director, System-wide Industrial Relations Directorate, Strategy and Governance Division, Department of Health
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