Austin Health
Your brilliant career starts here!

We would like to begin by acknowledging the Traditional Owners of the land on which we meet today and pay our respects to Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander People who are here today.

Acknowledgment of Country

Austin HEALTH

Welcome

Chief Medical Officer – Dr Mark Lubliner

Our Vision and Values

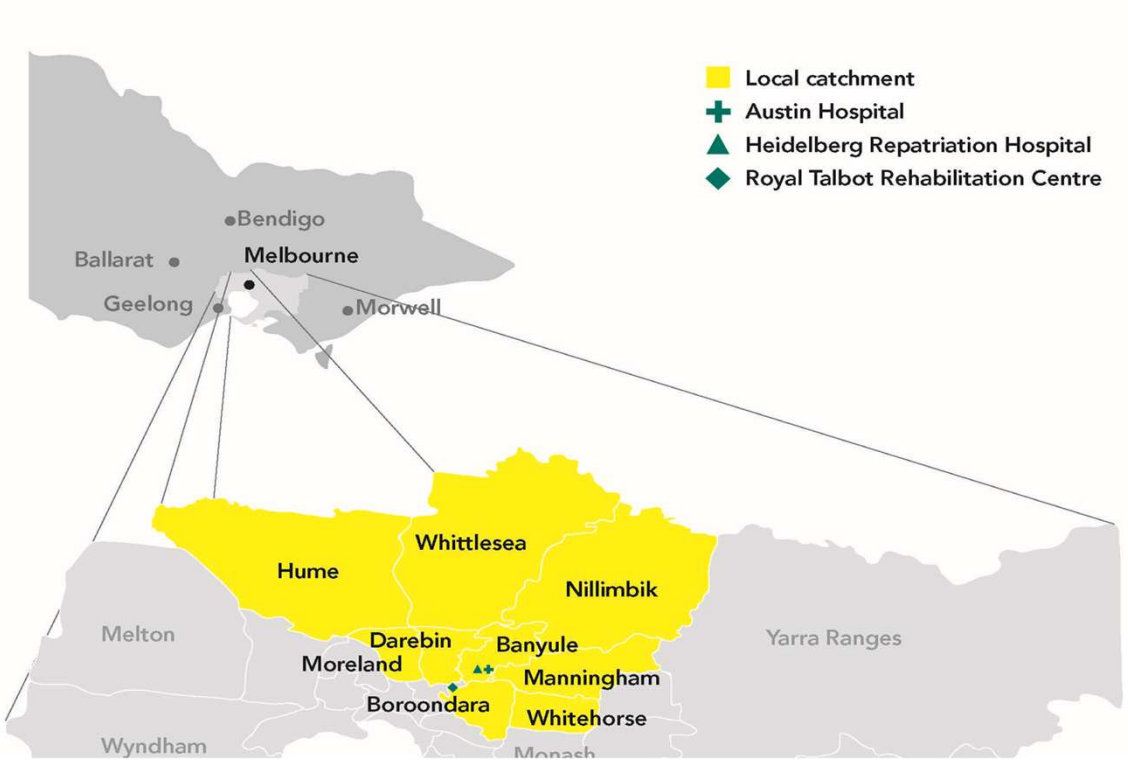
Our Vision

Shaping the future through exceptional care, discovery and learning.

Our Values

Our Strategy and Direction

Our Catchment and Campuses



2022 Intern Applications

Hien Nguyen – Director, Medical Workforce
Ashleigh Donaldson – Medical Workforce Coordinator (incl. Interns)

Austin HEALTH

Intern positions - 2022

- Austin Health have 65 Intern positions in 2022
- One Intern position will be available for an Aboriginal or Torres Strait Islander applicant
- We expect to have 2 Intern positions for Priority Group 2 candidates in 2022; the final allocation is determined by the PMCV

What is the Application Process?

- Applications open **Tuesday, 4 May** and close **Thursday, 3 June**
- Apply online via **PMCV** and **Austin Health** directly.
- PMCV Requirements:
  - Completion of online CV Form
  - Nominate two clinical referees
  - Record Video interviews (4 June to 6 June)
- Austin Requirements
  - Cover Letter and Curriculum Vitae (CV)
  - Non-clinical Reference (x1)
  - Photo

What happens from there:

- Short listing process undertaken (4 – 17 June).
  - As part of our Aboriginal Employment Plan, all Aboriginal and Torres Strait Islander people will be shortlisted.
- Email notification of selection for online interview review (18 June).
- Interview review process (18 June – 2 July).

Weighting of assessment criteria:

Shortlisting process for interview review	Selection process for positions
Application Scoring: • Cover letter (35%) • Curriculum Vitae (15%) • Non-Clinical Reference (15%) • Clinical References (35%)	Application score: 60% Interview score: 40%

Cover Letter & Curriculum Vitae (CV)

- Your cover letter should address **why Austin and why you?**
- Address your cover letter to Ms. Ashleigh Donaldson, MWU Coordinator, Medical Workforce Unit.
- Standardised CV Format will be required, template available on Austin Health website.

What are we looking for in a doctor?

A safe and good doctor

- Embodies Austin Health values.
- Works well within a team environment, particularly within a multidisciplinary setting.
- Has well developed communication skills.
- Is interested in research and teaching.
- Has interests and achievements outside of the medical field.
- Displays a community focus through membership of community or volunteer groups.
- Is interested in a future career at Austin Health*

Non-clinical Reference

- You need to submit **ONE** written non-clinical reference with your application to Austin Health.
- The reference needs to be from someone you have worked for or with (paid or voluntary position), not a family friend or parent.
- The reference should be no longer than one page.

Clinical References

- TWO clinical references will need to be supplied via the PMCV Allocation and Placement Service (APS)

- Your references can be from Consultants or Registrars, but better if they are from those who have actually worked clinically with you rather than an academic supervisor

- This is a standardised online form, but please do encourage those completing the referee form to add commentary as well.

Further Information & Contact

- Austin Health Website
  https://www.austin.org.au/careers/interns
- Email: internrecruitment@austin.org.au
- Phone: 03) 9496 6813

JMO Medical Education at Austin Health

Dr Pascal Gelperowicz
Supervisor of Intern Training (SIT)
Austin Health

Austin HEALTH

Why apply at the Austin

- **Friendly and supportive work environment**
- **Fantastic career opportunities**
- **Great rotations**
  - Core requirements (Emergency Medicine, General Medicine and General Surgery)
  - Cardiac Surgery
  - Endocrinology/Rheumatology
  - ENT/Head and Neck Surgery
  - Gastroenterology
  - Liver Transplant Unit
  - Orthopaedics
  - Psychiatry
  - Radiology (Hybrid – Radiology/Liver Transplant)
  - Spinal
  - Stroke
  - Urology
  - Vascular
  - Rural rotations in Echuca and Mildura (Emergency Medicine and General Medicine)

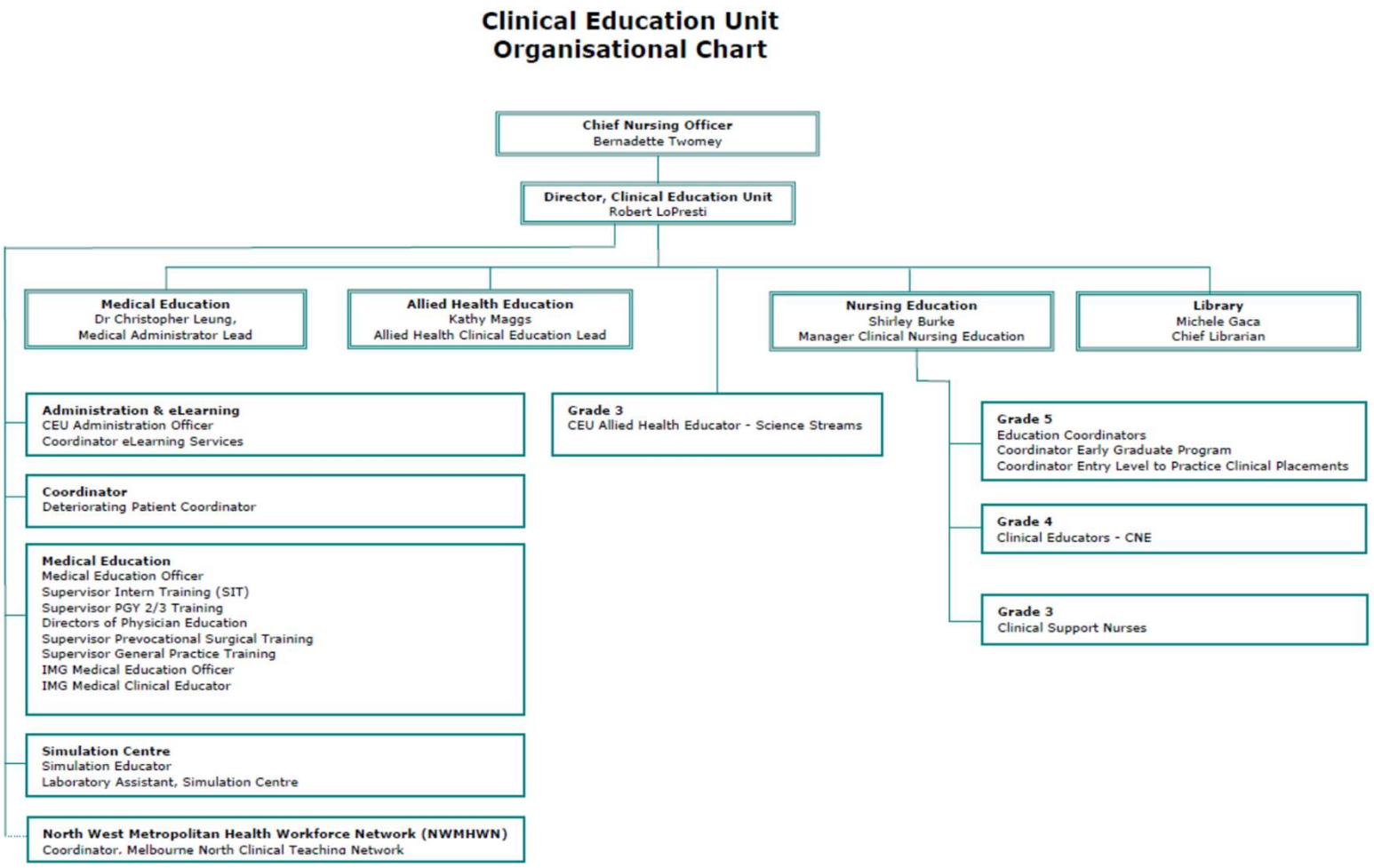
Education and Supports

- **An Engaged Clinical Education Unit**
  - Weekly protected intern teaching times.
  - Deteriorating Patient Assessment Workshops.
  - Professional Development Workshops.
  - Research opportunities.
  - Clinical Skills Workshops.
  - Surgical Skills workshops at RACS.
  - Integrating multidisciplinary learning and teaching opportunities.
  - Peer Support and Mentoring Programs.
- **Supportive Medical Workforce Unit**
- **Very active HMO Society**

Goals during your intern year

- Transition from student to medical practitioner
- Independent, competent and safe doctor
- Increasing responsibility for patient care
- Develop professional judgement
- Work in a multidisciplinary team
- (Have fun!)

Clinical Education Unit



Clinical Education Unit – Who we are

- Director – Shirley Burke
- Medical Lead – Chris Leung
- Supervisor of Intern Training – Pascal Gelperowicz
- Supervisor of PGY2/3 Training – Sarah Rickman
- Education Officer – Pauline Dib
- Directors of Training (multiple)

… and many other staff for day-to-day training

What we do

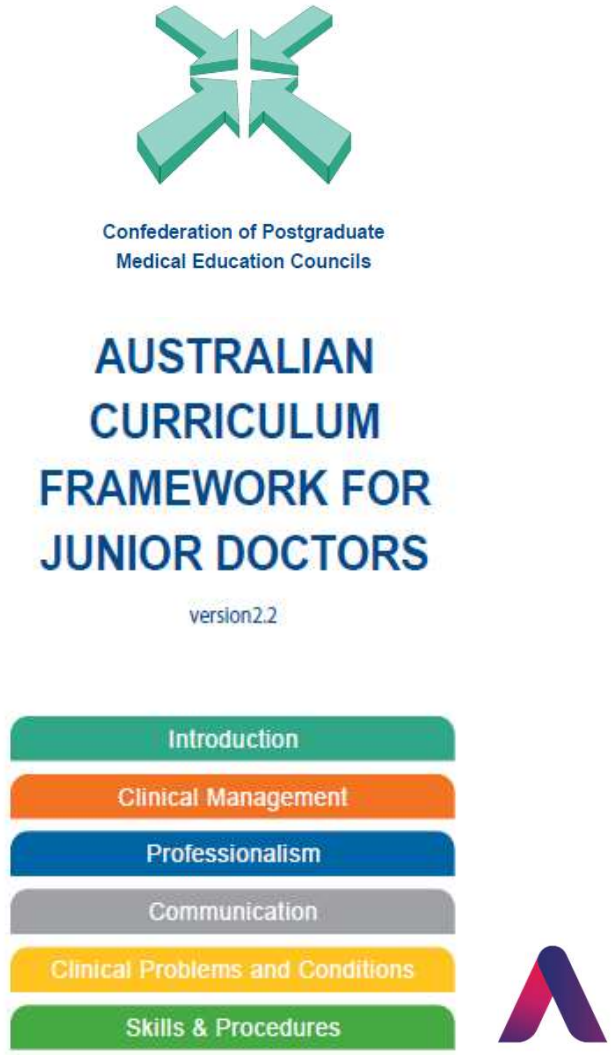
- Provide a diverse teaching and learning experience for over 300 junior medical staff
- Comprehensive orientation program
- Weekly intern education program
- Co-ordinate rotation assessments and feedback
- Optional after-hours training and workshops
- Supported by an excellent Simulation Centre and Library

Intern orientation

- 5-day comprehensive program
- Clinical skills practice including credentialing for IV cannulation
- BLS and ALS training
- Advanced clinical assessment skills for deteriorating patients

Intern education program

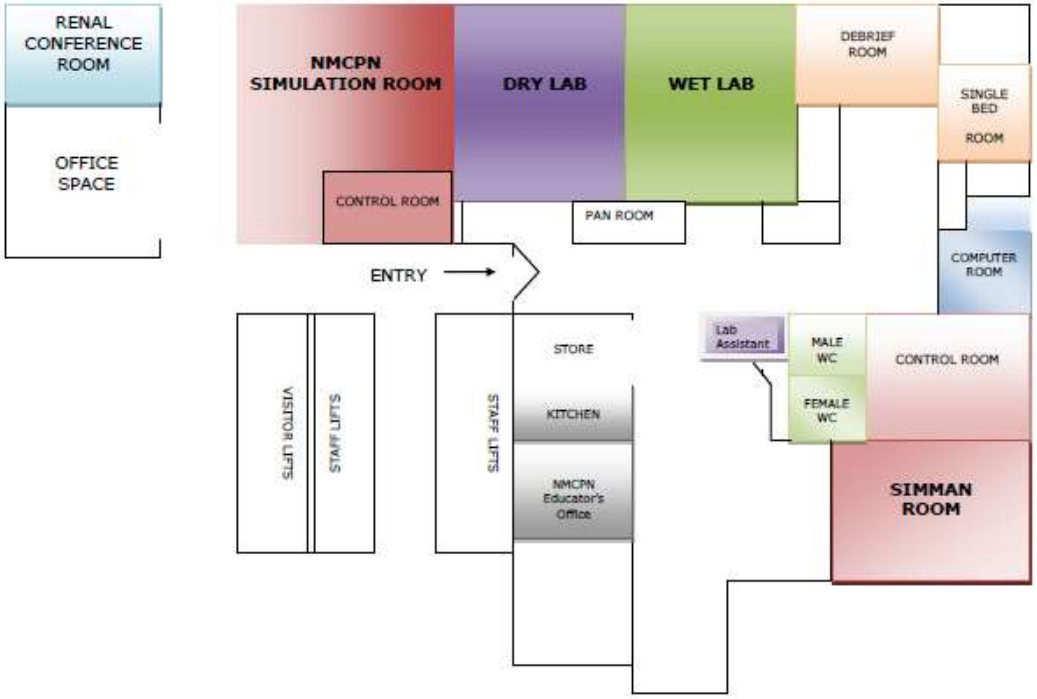
- Every Tuesday 2.30-3.30pm – we have moved back to face to face sessions in the near future
- Protected teaching time
- Broad range of topics covered
- Soft skills, hands-on and didactic methods



Responsive Program

- Live sessions allow interaction
- Multimodal (didactic plus interactive)
- Dedicated online space for intern group
- Ready access to MEO, SiT, Med Lead
- Recorded sessions

Simulation centre



SIMULATION CENTRE FLOOR PLAN
Level 7 Harold Stokes Building

- High Fidelity Simulation Manikin
- ALS Manikins
- BLS Manikins
- Airway Management Models
- Arm & Leg Models (Venepuncture, IV Cannulation, Suturing)
- Catheterisation Models (Urinary)
- Intubation Trainer
- Human Anatomy Model
- Lumbar Puncture Model
- Nasogastric Feeding Model
- Ostomy Care Model
- Pelvic Models (Rectal & Prostate Trainers)
- SimMan
- Tracheostomy Model
- Vascular Access Model
- Wound Management Models
- Other Models & Trainers
- Other Medical Equipment
- Teaching Equipment

Other things we do

- Advocate for junior doctors
- Mentors, supervisors and role models
- Hand-in-hand mentor program
- Advertise other educational opportunities (eg. skills workshops, research training etc)
- One on one career discussion with SiT

Education opportunities

It’s not just about Tuesday lunchtimes!

- Admitting patients
- Presenting on ward rounds
- Bedside learning and mini-tutes
- Case presentations
- Audits, M&M or MDM meetings
- Grand Rounds
- Common procedures
- Optional skills or training activities (after-hours)

Austin Health 2022 – Your brilliant career starts here!

Chris Leung. Medical Lead (Clinical Education Unit), Clinical Lead (National Prescribing Service Choosing Wisely), Academic Lead and Final Year Clinical Supervisor (MD Research Program, Austin Clinical School), Gastroenterologist, General Physician

CLINICAL EDUCATION UNIT

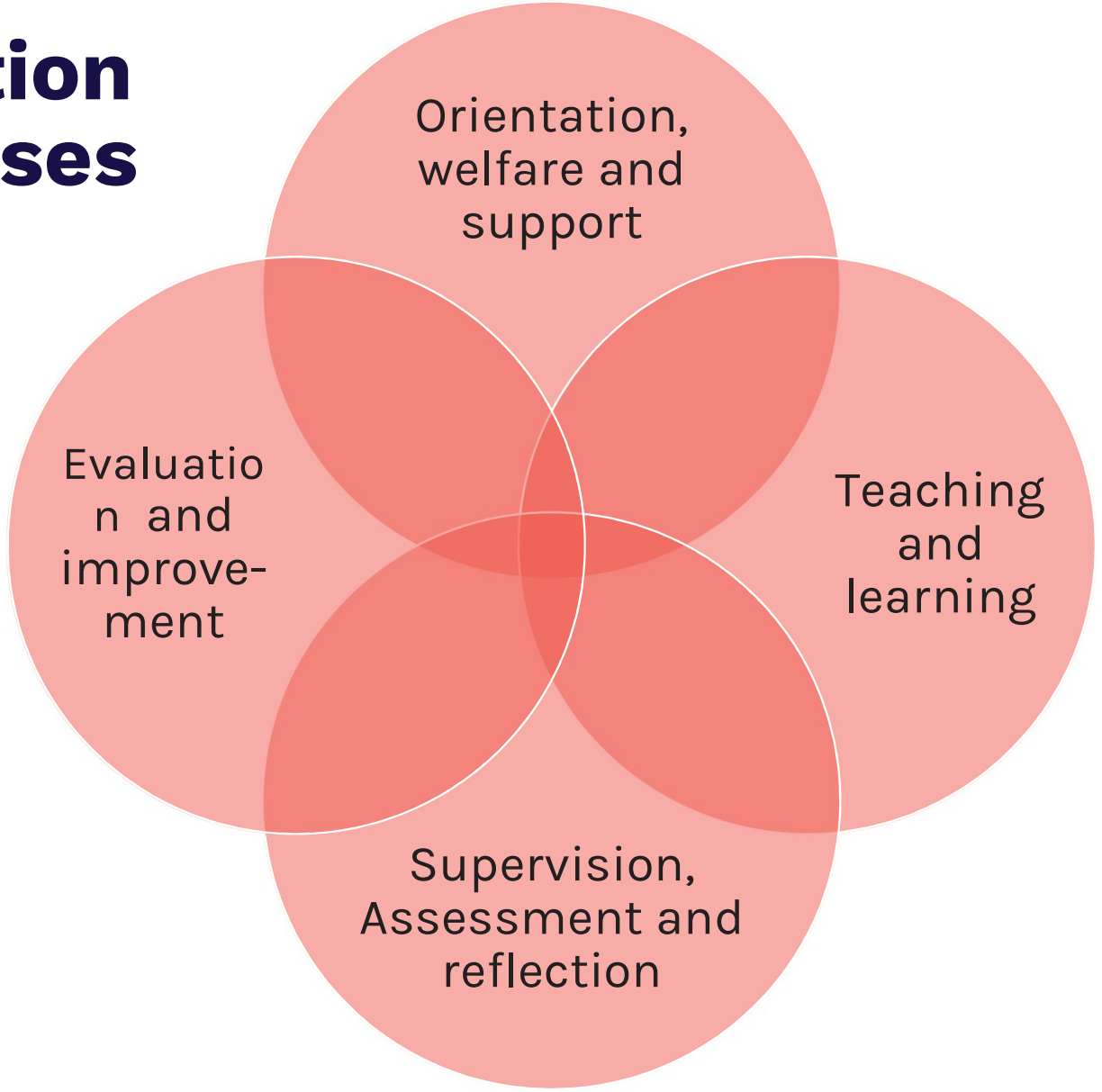
THE UNIVERSITY OF MELBOURNE

pmcv

Choosing Wisely Australia
An initiative of NPS MedicineWise

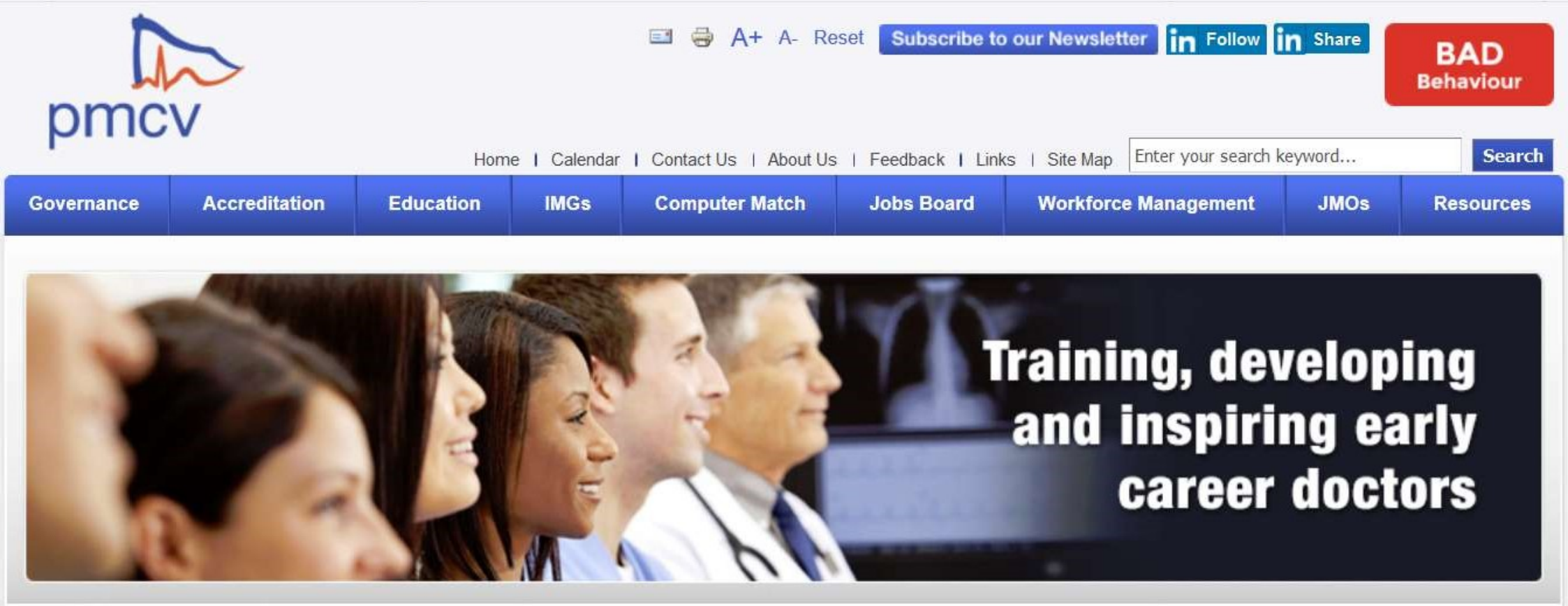
Austin HEALTH

Education Processes



PMCV programs

https://www.pmcv.com.au/education/professional-development-program-for-registrars



Teaching On The Run

Why should you attend?

To develop the ability to:

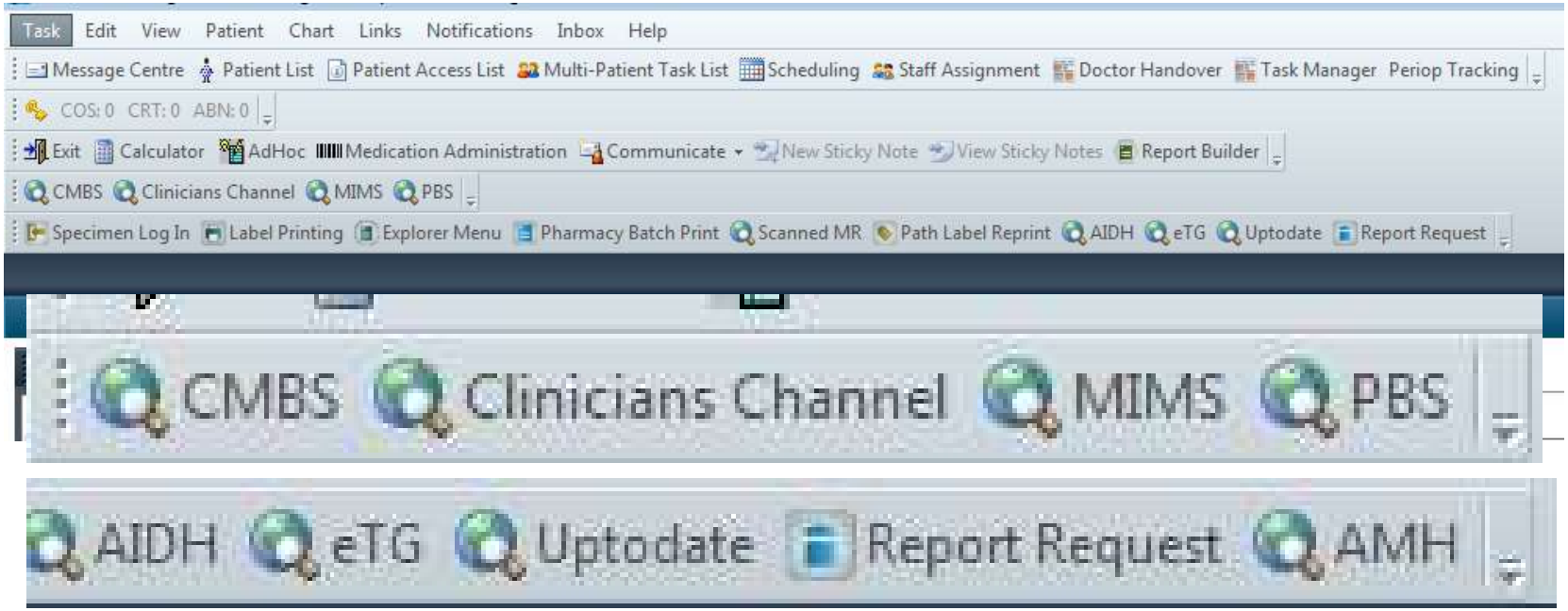
Plan and recognise opportunities for teaching

Provide effective feedback

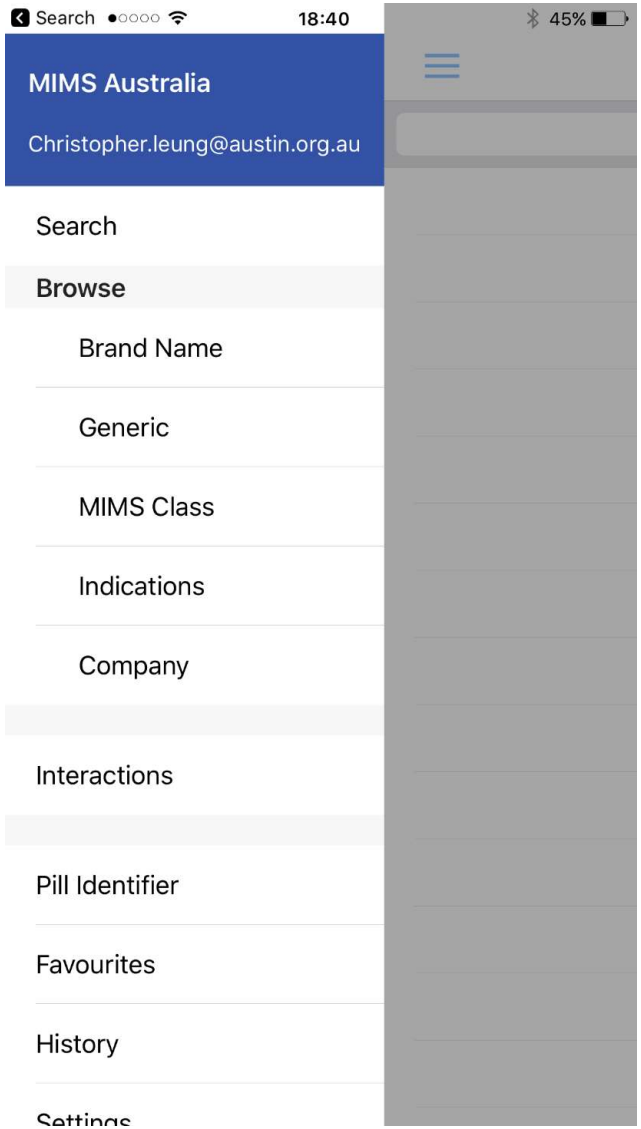
Provide strategies that support good supervision and learner support

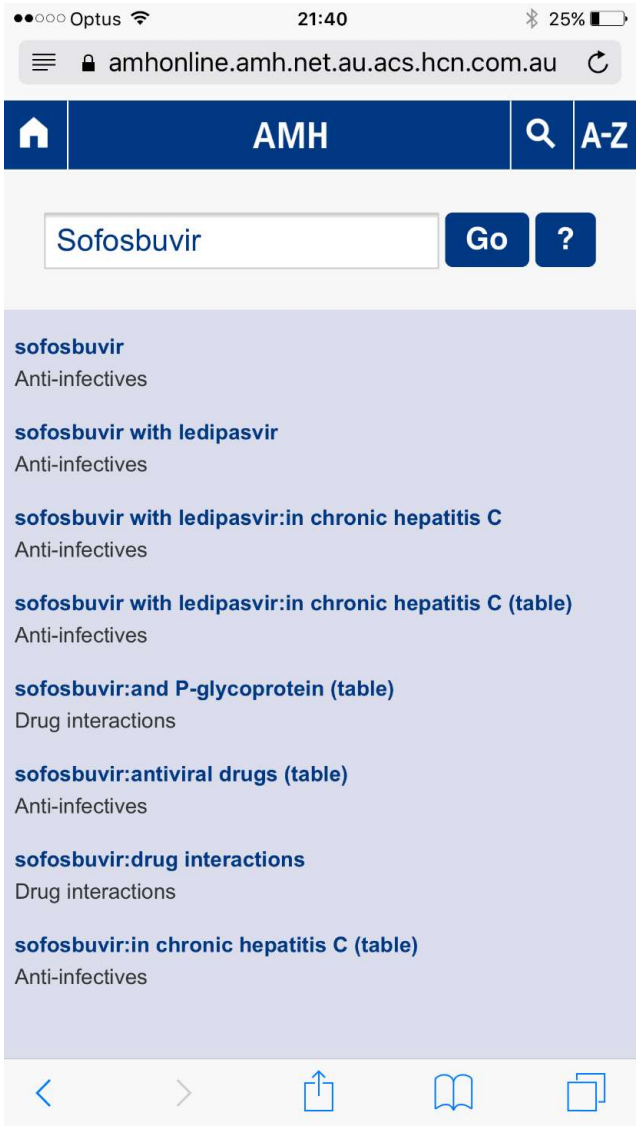
Build staff confidence in ability to teach

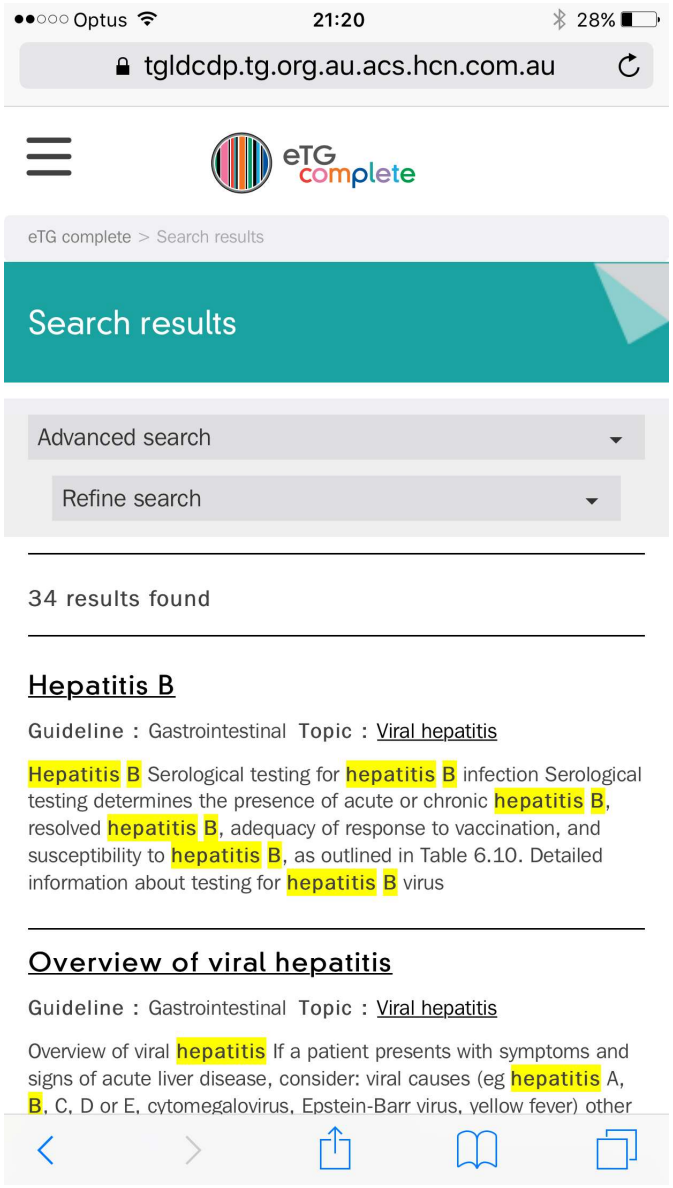
It’s all about easy access...



Easy access with mobile apps!



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Search results
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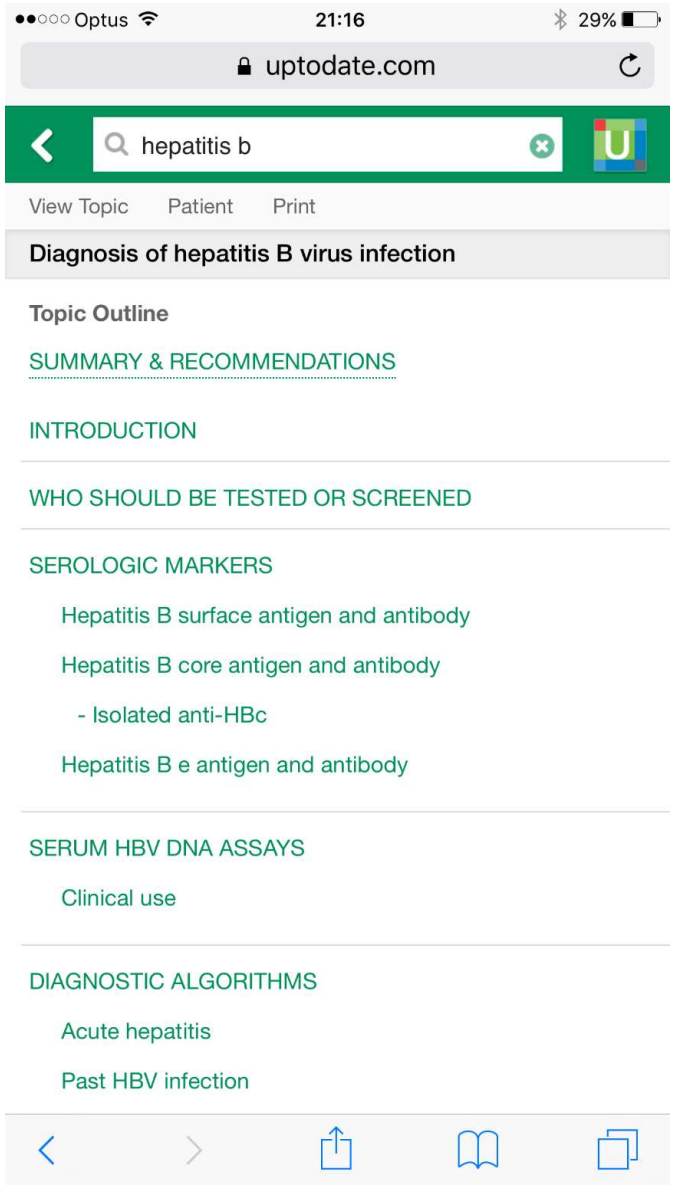
Refine search
34 results found
Hepatitis B
Guideline : Gastrointestinal Topic : Viral hepatitis
Hepatitis B Serological testing for hepatitis B infection Serological testing determines the presence of acute or chronic hepatitis B, resolved hepatitis B, adequacy of response to vaccination, and susceptibility to hepatitis B, as outlined in Table 6.10. Detailed information about testing for hepatitis B virus
Overview of viral hepatitis
Guideline : Gastrointestinal Topic : Viral hepatitis
Overview of viral hepatitis If a patient presents with symptoms and signs of acute liver disease, consider: viral causes (eg hepatitis A, B, C, D or E, cytomegalovirus, Epstein-Barr virus, yellow fever) other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hepatitis b
View Topic
Patient
Print
Diagnosis of hepatitis B virus infection
Topic Outline
SUMMARY & RECOMMENDATIONS
INTRODUCTION
WHO SHOULD BE TESTED OR SCREENED
SEROLOGIC MARKERS
Hepatitis B surface antigen and antibody
Hepatitis B core antigen and antibody
- Isolated anti-HBc
Hepatitis B e antigen and antibody
SERUM HBV DNA ASSAYS
Clinical use
DIAGNOSTIC ALGORITHMS
Acute hepatitis
Past HBV infection


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Nature Communications
Internal Medicine Journal
Medical Education
The Clinical Teacher
The Medical Journal of Australia -…
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Telemedicine Journal and e-Health
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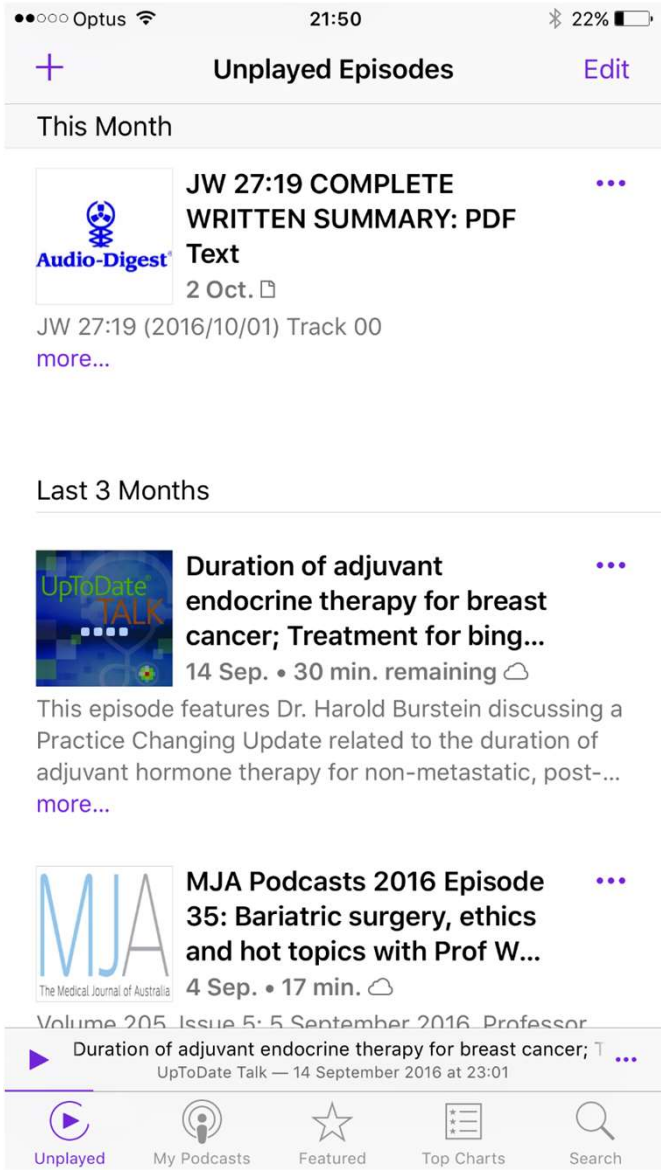
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Unplayed Episodes
Edit
This Month
JW 27:19 COMPLETE WRITTEN SUMMARY: PDF Text
2 Oct.
JW 27:19 (2016/10/01) Track 00
more...
Last 3 Months
Duration of adjuvant endocrine therapy for breast cancer; Treatment for bing...
14 Sep. • 30 min. remaining
This episode features Dr. Harold Burstein discussing a Practice Changing Update related to the duration of adjuvant hormone therapy for non-metastatic, post-...
more...
MJA Podcasts 2016 Episode 35: Bariatric surgery, ethics and hot topics with Prof W...
4 Sep. • 17 min.
Duration of adjuvant endocrine therapy for breast cancer;
UpToDate Talk — 14 September 2016 at 23:01
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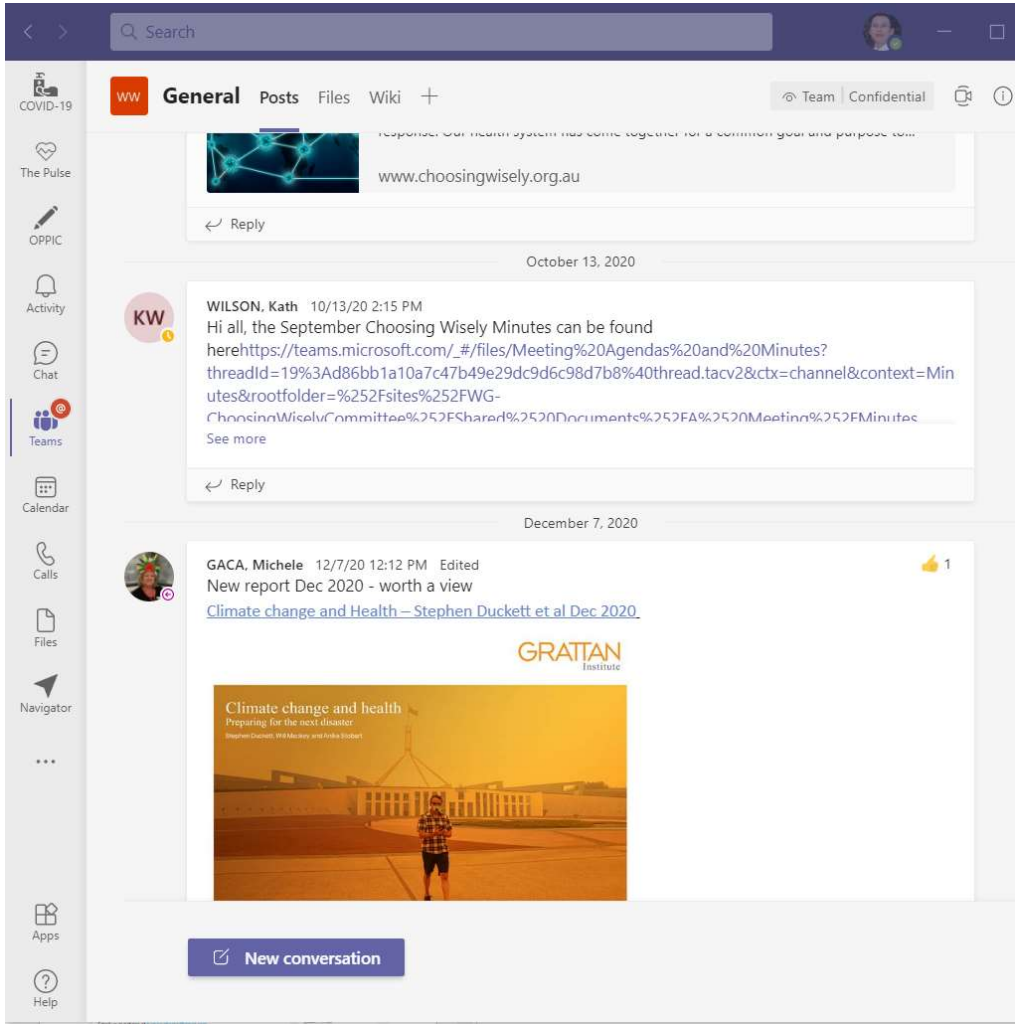
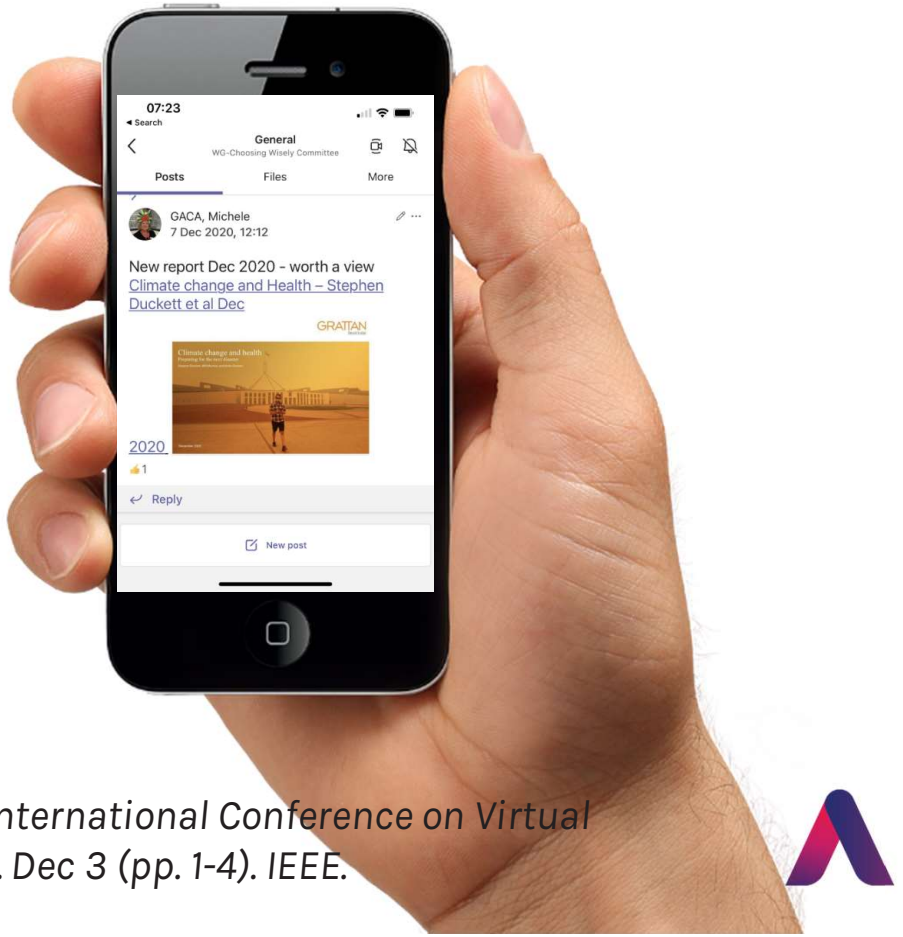
Intern and HMO podcasts

Purple Pens pharmacy podcasts

Linking with **Corporate Communications**

The Opportunity with Microsoft Teams





2020 X International Conference on Virtual Campus. Dec 3 (pp. 1-4). IEEE.

Research at Austin

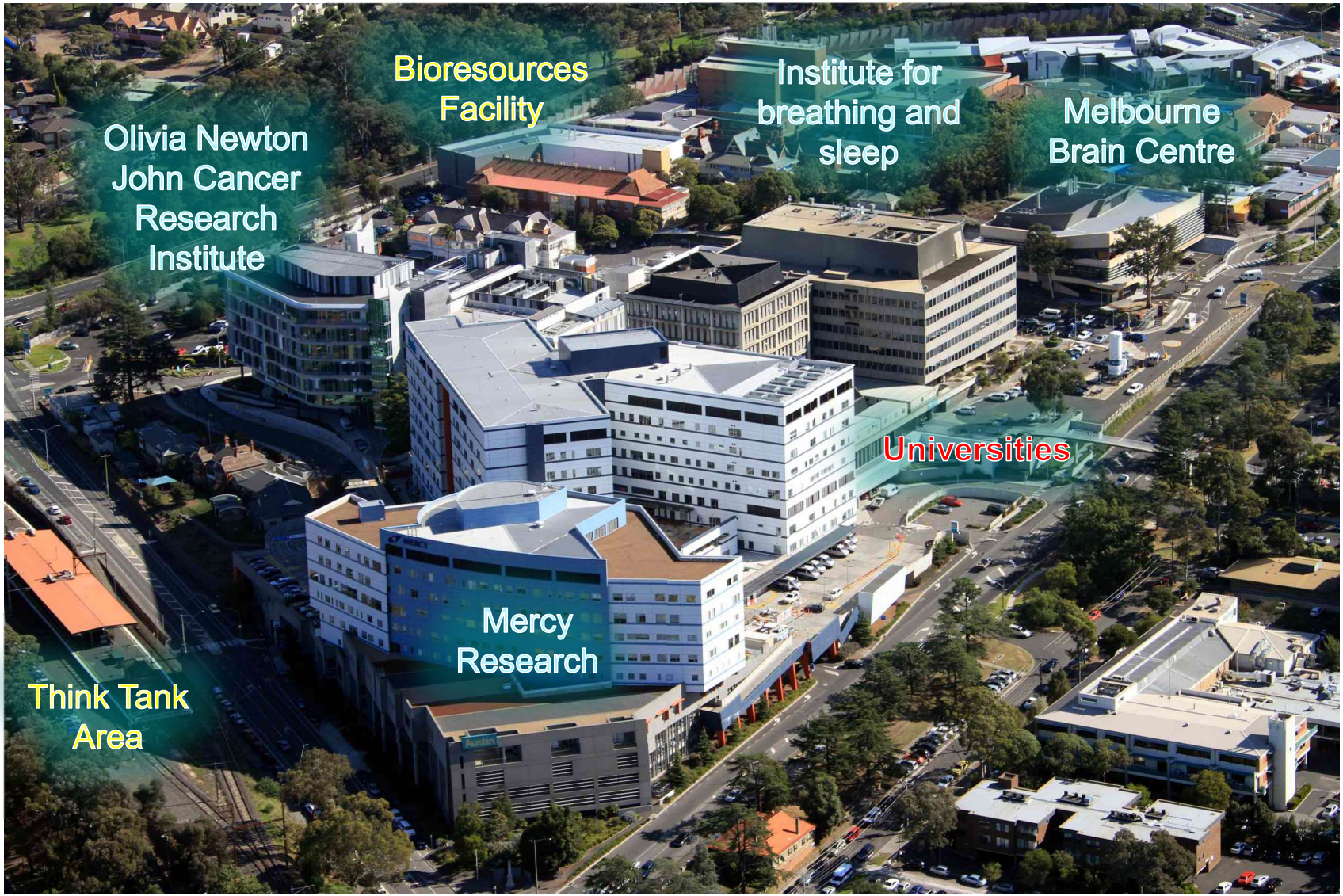
Over 800 researchers & post-grad students

Over $30M/year research funding

World class researchers

- Affiliated with eight universities
- UOM is ranked No.1 academic institution in Australia and 13th in the world for clinical, preclinical and health
- Multiple successes e.g. Prof Rinaldo Bellomo: Thomson Reuter's most published clinician

THE UNIVERSITY OF MELBOURNE


Olivia Newton John Cancer Research Institute
Bioresources Facility
Institute for breathing and sleep
Melbourne Brain Centre
Universities
Mercy Research
Think Tank Area


FUNDAMENTALS
OF RESEARCH
For everyday practice
John Lindell Lecture Theatre
Level 4, Lance Townsend Building
Austin Health
Register at www.austin.org.au/FOR
Austin
HEALTH

Austin HEALTH

ADVANCED RESEARCH METHODS

Poised to publish

Austin Doyle Lecture Theatre
Level 4, Austin Tower
Austin Health

Register at www.austin.org.au/ARM

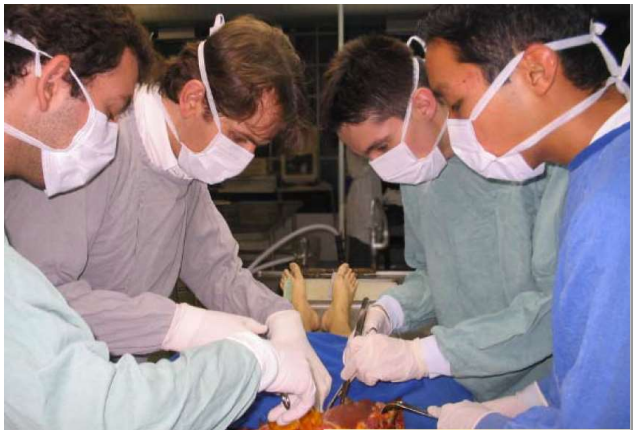
Innovative Education Programs

Simulation (video) (SW Version)

- **Psychological Safety Simulation** Program
- **Simulation Educators** Development Program
- **Trauma** / **Deterioration** simulation workshops
- Consumers / volunteers as **simulated patients**

DAY	TIME	ACTIVITY	VENUE
TUESDAY	0700 - 0800	SURGERY TUTORIALS (Weekly, April - November) Official protected teaching time for SET Trainees based at Austin	Howard Eddey Library Level 8 LTB
WEDNESDAY	0700 - 0730 0730 - 0830	Light Breakfast SURGICAL FORUM INVITED LECTURES (Weekly, February - July) ANNUAL AUDTS (Weekly, July - November)	Lecture Theatre Level 8 LTB
THURSDAY	0700 - 0730 0730 - 0830	Light Breakfast SURGICAL UNIT WEEKLY AUDIT (Weekly, February - December)	Lecture Theatre Level 8 LTB
FRIDAY	0700 - 0800	Clinical Case Discussions (Fortnightly, April - November) Surgical Anatomy Tutorials (Monthly, April - November)	Howard Eddey Library Level 8 LTB
SATURDAY	0930 - 1230	SIMULATION WORKSHOPS (Four sessions for 2016 preceding Saturday Seminars)	Endoscopy Suite Level 2
SATURDAY	1300 - 1700	SATURDAY SEMINARS (Monthly, April - October)	Lecture Theatre Level 8 LTB
SATURDAY	0900 - 1500	RACS / GSA Simulation Workshops (Three sessions for 2016 open to all Victorian Gen Surg SETTrainees)	RACS Skills Centre

FRIDAY	16 OCT 2015	Austin Surgery Research Prize (0800 - 11.00)
SATURDAY	5 DEC 2015	Austin Trainee Dinner



Choosing Wisely

Austin is the **champion site** for “Choosing Wisely” National Prescribing Service Initiative

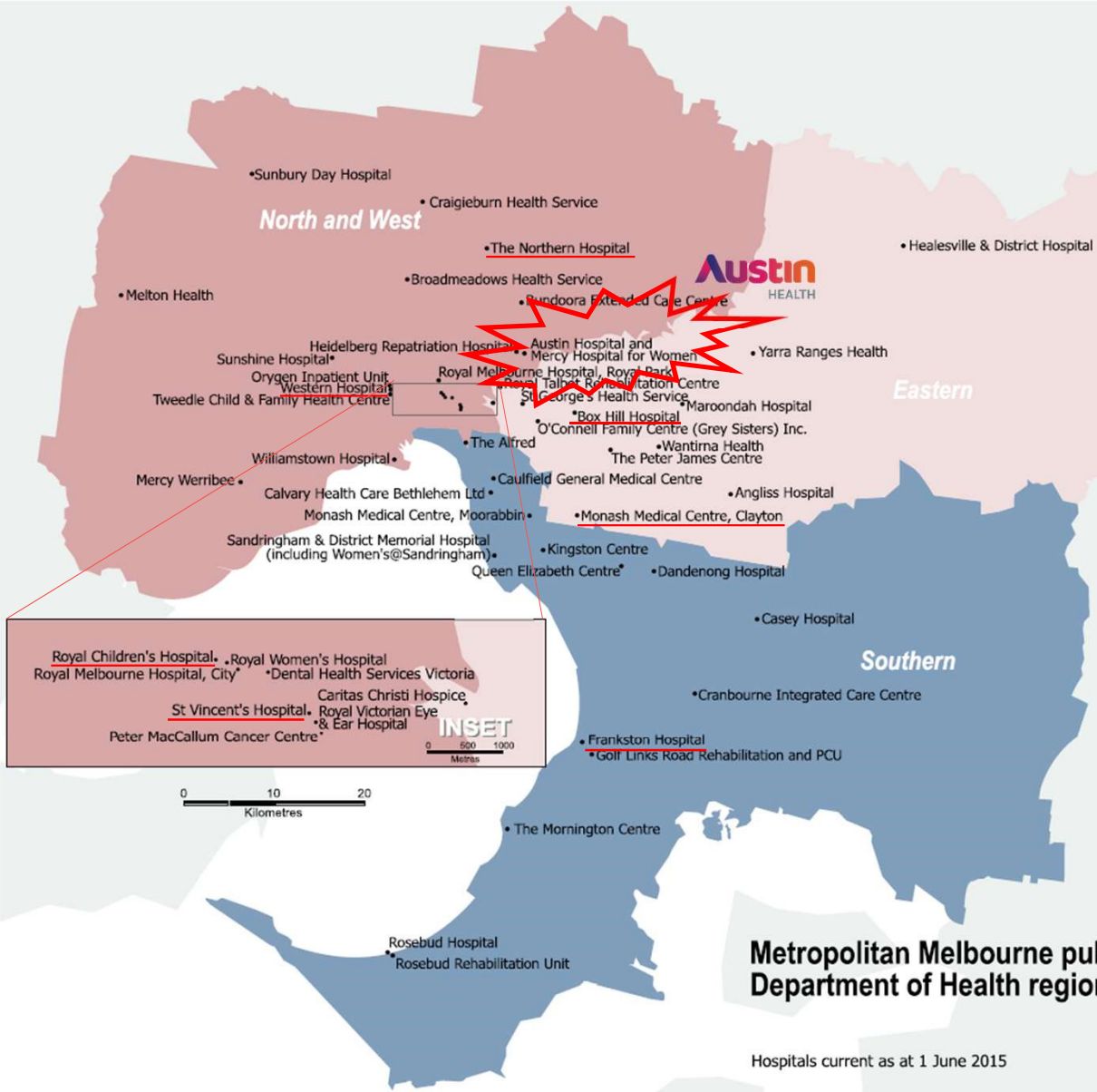
Supporting **evidence-based care, shared decision making** and **clinician and consumer education**

Funding from Better Care Victoria to support Project Officer and Clinical Leaders!

Interdisciplinary Steering Committee with support through to the board level

Choosing Wisely Australia
An initiative of NPS MedicineWise

BETTER CARE VICTORIA



Metropolitan Melbourne public hospitals
Department of Health regional boundaries

Hospitals current as at 1 June 2015

Austin Health

Northern Health

Eastern Health

St Vincent's Hospital

Western Health

Monash Health

Peninsula Health

Royal Children Hospital

Choosing Wisely Australia
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Albury Wodonga Health

Ballarat Hospital

Goulburn Valley Health

La Trobe Regional Hospital

Swan Hill Hospital

Choosing Wisely Australia

An initiative of NPS MedicineWise

5 Questions for interns to use!

And so, questions for the ward round:

1. How will this test change management?
2. Are there any tests you considered, but decided against?
3. Are there any test or treatments you feel are particularly over-ordered?
4. What are the goals of this treatment?
5. Why did you decide on this treatment compared to other options?

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An initiative of NPS MedicineWise

BETTER CARE VICTORIA

Austin Health

Ask an Informationist

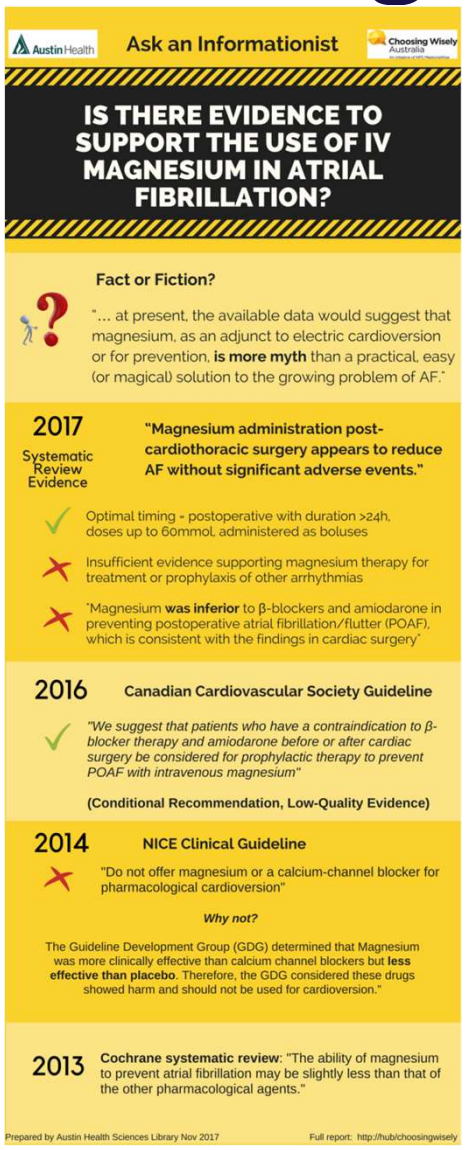
Choosing Wisely Australia
An initiative of NPS MedicineWise

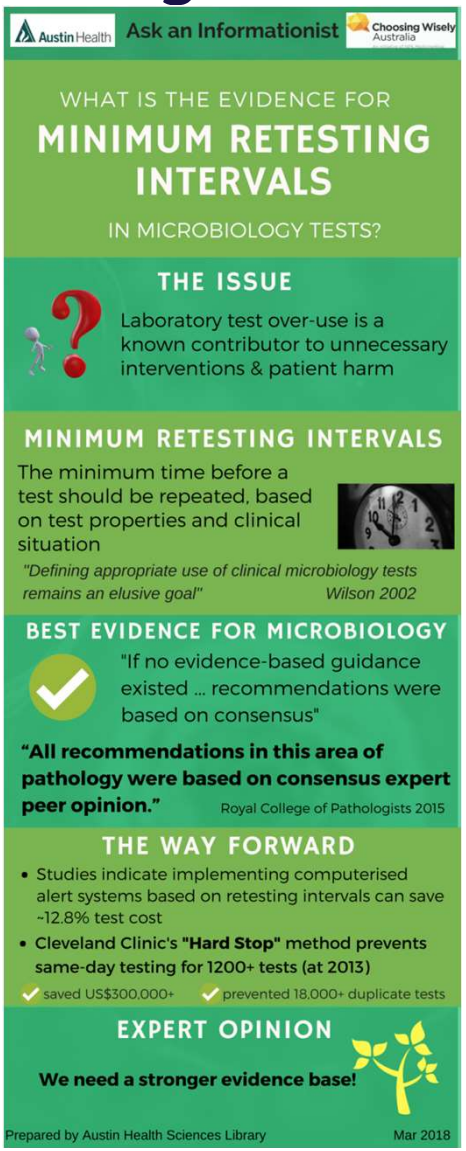
IS THERE EVIDENCE TO SUPPORT THE USE OF IV MAGNESIUM IN ATRIAL FIBRILLATION?

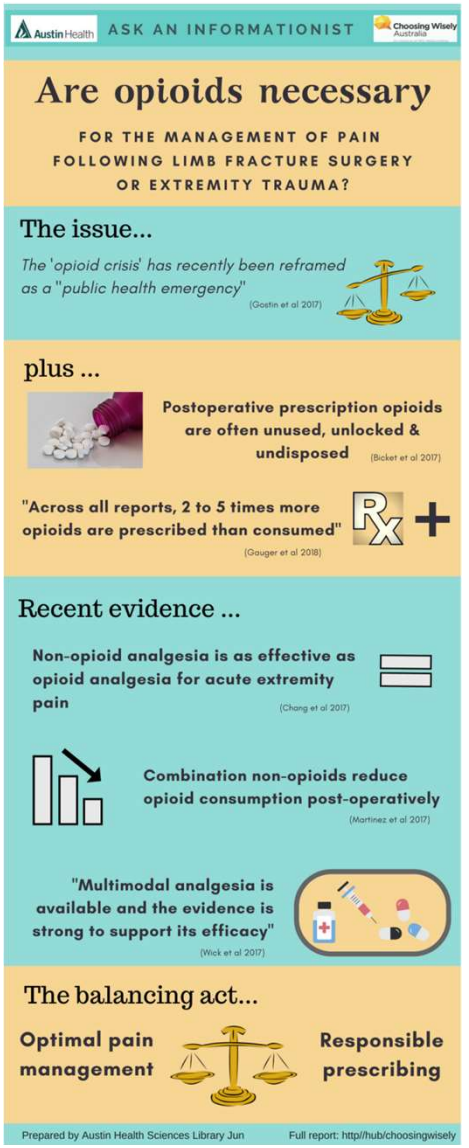
Fact or Fiction?

"... at present, the available data would suggest that magnesium, as an adjunct to electric cardioversion

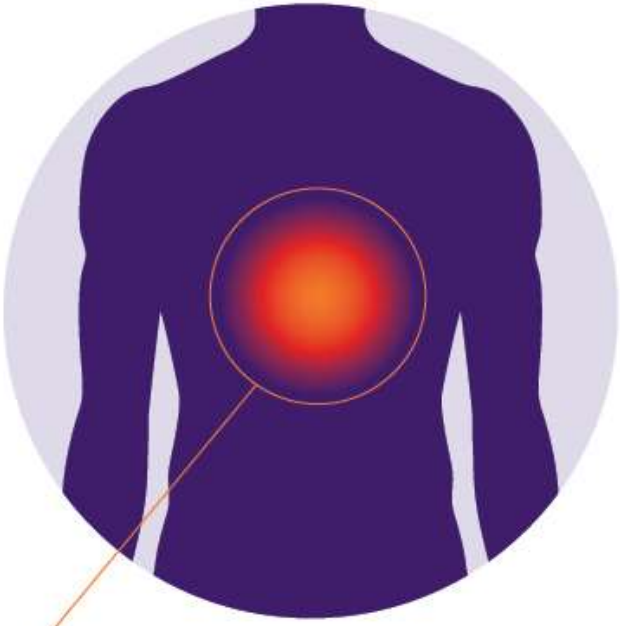
Choosing Wisely – Ask an Informationist







HEARTBURN AND REFLUX MEDICINE USE IN AUSTRALIA



NOT EVERYONE WITH HEARTBURN AND REFLUX NEEDS DAILY MEDICINE FOR THEIR SYMPTOMS

About 1.6 million Australians take prescription heartburn and reflux medicine* daily

Over 19 million prescriptions issued for heartburn and reflux medicine* in 2013-14†

The most common heartburn and reflux medicine* cost the taxpayer over $200 million‡ in 2013-14†

A person taking daily prescription heartburn and reflux medicine pays about $450# per year

Up to 30% of people taking heartburn and reflux medicine* may be able to stop after their initial course (typically 4-8 weeks)

Choosing Wisely Australia
An initiative of NPS MedicineWise

Government of Western Australia
North Metropolitan Health Service
Sir Charles Gairdner Osborne Park Health Care Group

Austin Health

Choosing Wisely Australia

An initiative of NPS MedicineWise

Bye, Bye PPI

Does your patient still need a PPI?

Long term use =

- Pneumonia
- *C. Diff*
- Fractures
- Vitamin deficiencies
- Dementia
- Interstitial Nephritis
- Spontaneous bacterial peritonitis

Wean or Stop if:

- 2 weeks post variceal surveillance banding
- ICU Stress Ulcer Prophylaxis
- Peptic Ulcer disease treatment
- complete
- Upper GI symptoms resolved
- Treated H. Pyori
- See PPI deprescribing algorithm

For more information contact: christopher.leung@austin.org.au

Choosing Wisely Australia
An initiative of NPS MedicineWise

Should your patient be on a PPI?

Yes – for the following indications:

- Barretts Oesophagus
- NSAIDs / chronic antiplatelet anticoagulation prescribed for more than 1 week with bleeding risk (as determined by appropriate unit eg. Gastro / Haem)
- GI ulceration (acute / chronic bleeding)
- Partial gastrectomy with intact antrum / oesophagectomy
- Other (low levels of supporting evidence):
  - Severe oesophagitis including chemotherapy induced mucositis
  - Solid organ transplant for stress ulcer prophylaxis
  - ICU stress ulcer prophylaxis
  - Coagulopathy and platelets < 50
  - High dose steroids

→ **Continue PPI** →

On Discharge:

- Document a clear prescribing plan in discharge summary:
  - Indication
  - Dose / Frequency
  - Duration of PPI therapy (please specify a STOP date if applicable)
- Educate patient of change

Maybe – for the following indications:

- Mild – moderate oesophagitis
- Bariatric surgery

Consider →

No – for the following indications:

- Peptic ulcer disease treated for 6-12 weeks (NSAIDs stopped, *H.pylori* eradicated)
- Upper GI symptoms without endoscopy (asymptomatic for 3 consecutive days)
- Uncomplicated *H.pylori* treated for 2 weeks and symptomatic (aim to stop once eradicated)
- GORD treated 4-8 weeks (oesophagitis healed, symptoms controlled for 3 months)

→ **Desprescribe or stop PPI** →

Options to De-Prescribe or Stop PPI

REDUCE DOSE – If on PPI for > 6 months, half the dose weekly until on lowest possible dose then stop. Tapering will reduce the risk of rebound symptoms

OR

USE ON DEMAND – daily until symptoms stop or H2 antagonist

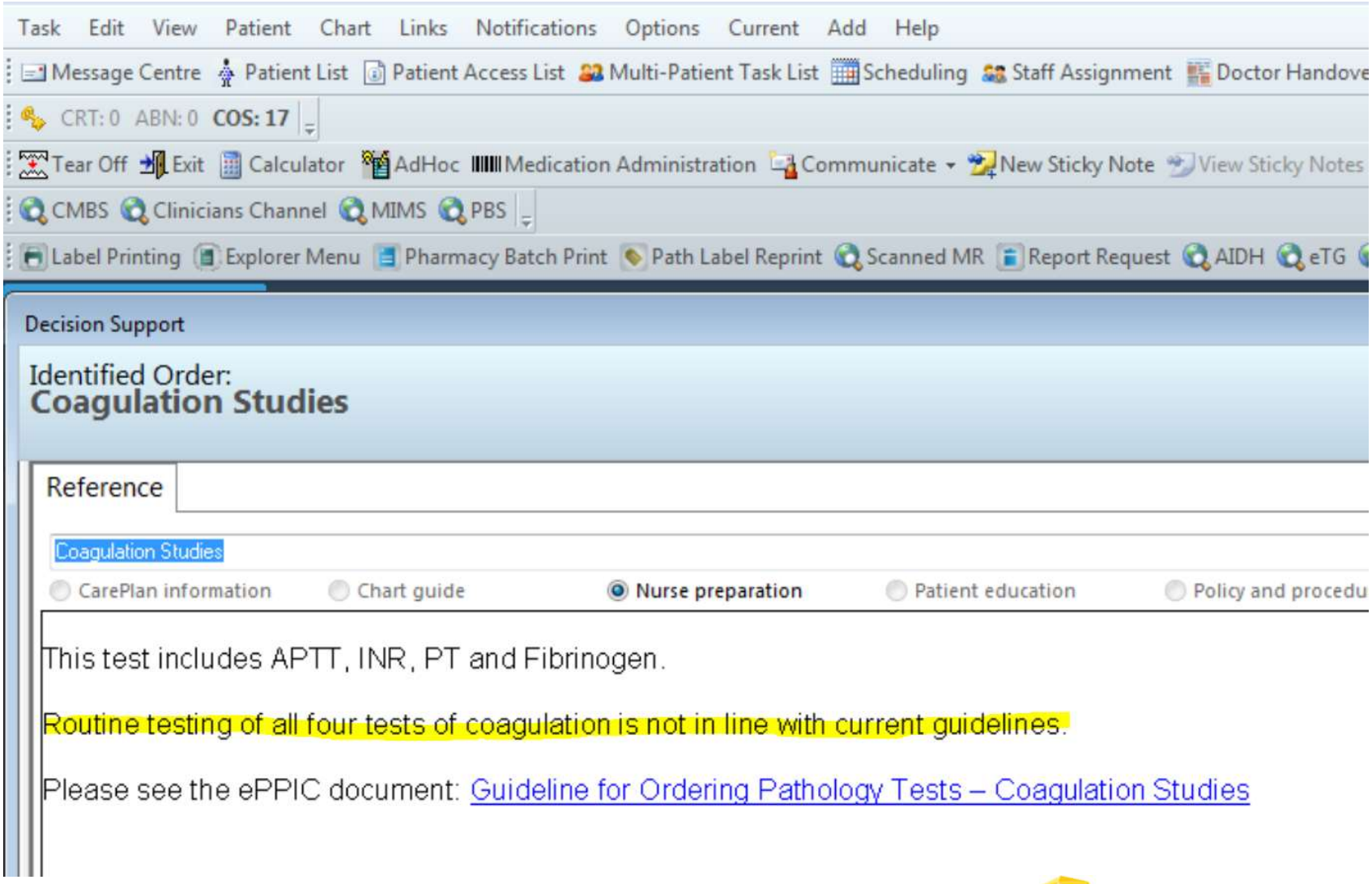
OR

STOP – If on PPI < 6 months or in hospital indication resolved.

→

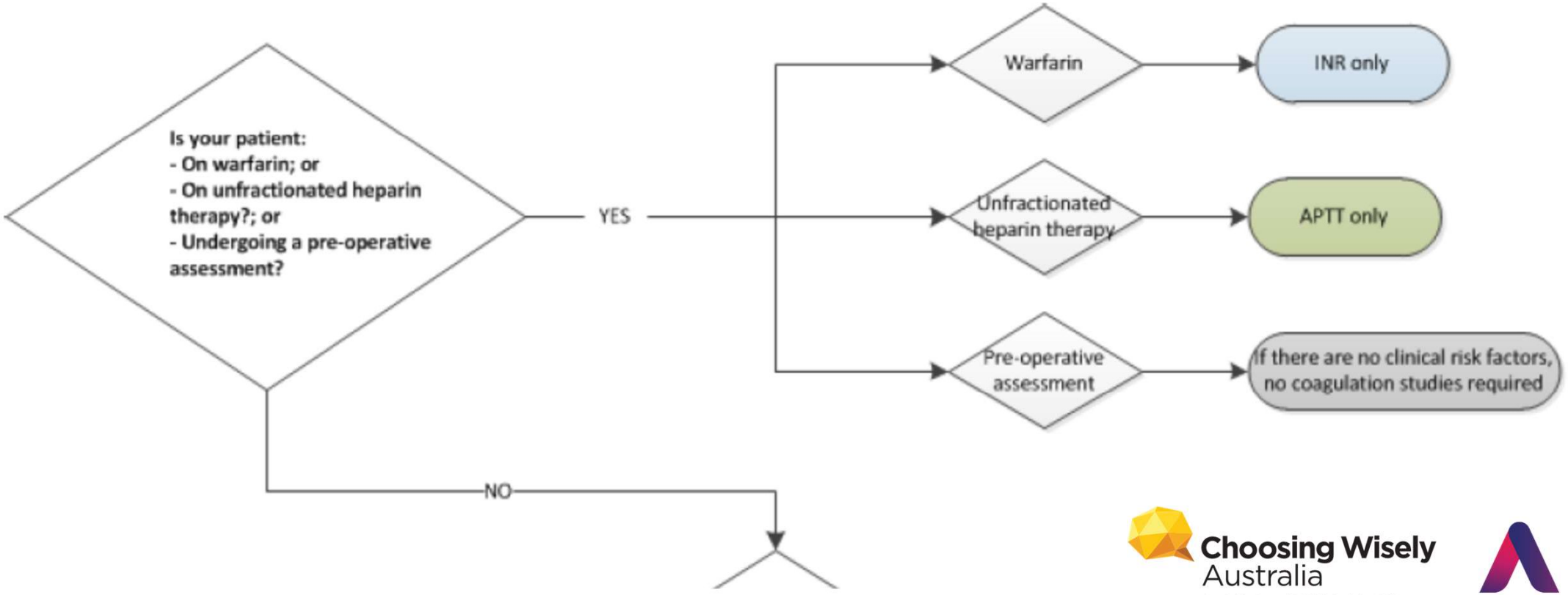
On Discharge:

- Document a clear de-prescribing plan in discharge summary:
  - Duration of PPI therapy (please specify a STOP date)
- Educate patient of change



Choosing Wisely
Australia
An initiative of NPS MedicineWise

Education with decision support



Choosing Wisely Australia
An initiative of NPS MedicineWise

INTERNAL MEDICINE JOURNAL

RACP Specialists. Together

doi:10.1111/imj.13712

Limited utility of routine chest X-ray in initial evaluation of neutropenic fever in patients with haematological diseases undergoing chemotherapy

Ortis Estacio,[1] Zoe Loh,[1] Amy Baker,[2] Geoff Chong,[2] Andrew Grigg,[1,2] Leonid Churilov[3] and Eliza A. Hawkes [2,4]

[1]Department of Medicine, and [2]Department of Clinical Haematology and Medical Oncology, Olivia Newton John Cancer Research and Wellness Centre, Austin Health, [3]Statistics and Decision Analysis Academic Platform, Florey Institute of Neuroscience and Mental Health, and [4]Eastern Clinical Research Unit, Eastern Health Monash University Clinical School, Melbourne, Victoria, Australia

Key words

chest X-ray, neutropenic fever, haematological malignancy, choosing wisely.

Correspondence

Eliza A. Hawkes, Department of Clinical Haematology and Medical Oncology, Olivia Newton John Cancer Research and Wellness Centre, Level 4, Austin Health, 145 Studley

Abstract

Background: Routine chest X-ray (CXR) is recommended for neutropenic fever (NF) management however its role is relatively understudied in haematology patients.

Aim: To investigate the utility of CXR in the diagnosis and management of patients with haematological conditions complicated by NF.

Methods: Retrospective, single-centre analysis of haematology patients admitted with NF between January 2011 and December 2015. Baseline demographics, treatment details and outcomes were collected from electronic patient records. CXR underwent

Urine Cultures at the Onset of Febrile Neutropenia (FN) in Patients with Haematological Malignancies Rarely Impact Antibiotic Management in the Absence of Urinary Symptoms

Sam Grigg, Patrick Date, Eliza A Hawkes, Douglas Johnson, Zoe Loh, Ortis Estacio, and Andrew P Grigg

Blood 2017 130:3435;

Previous

Abstract

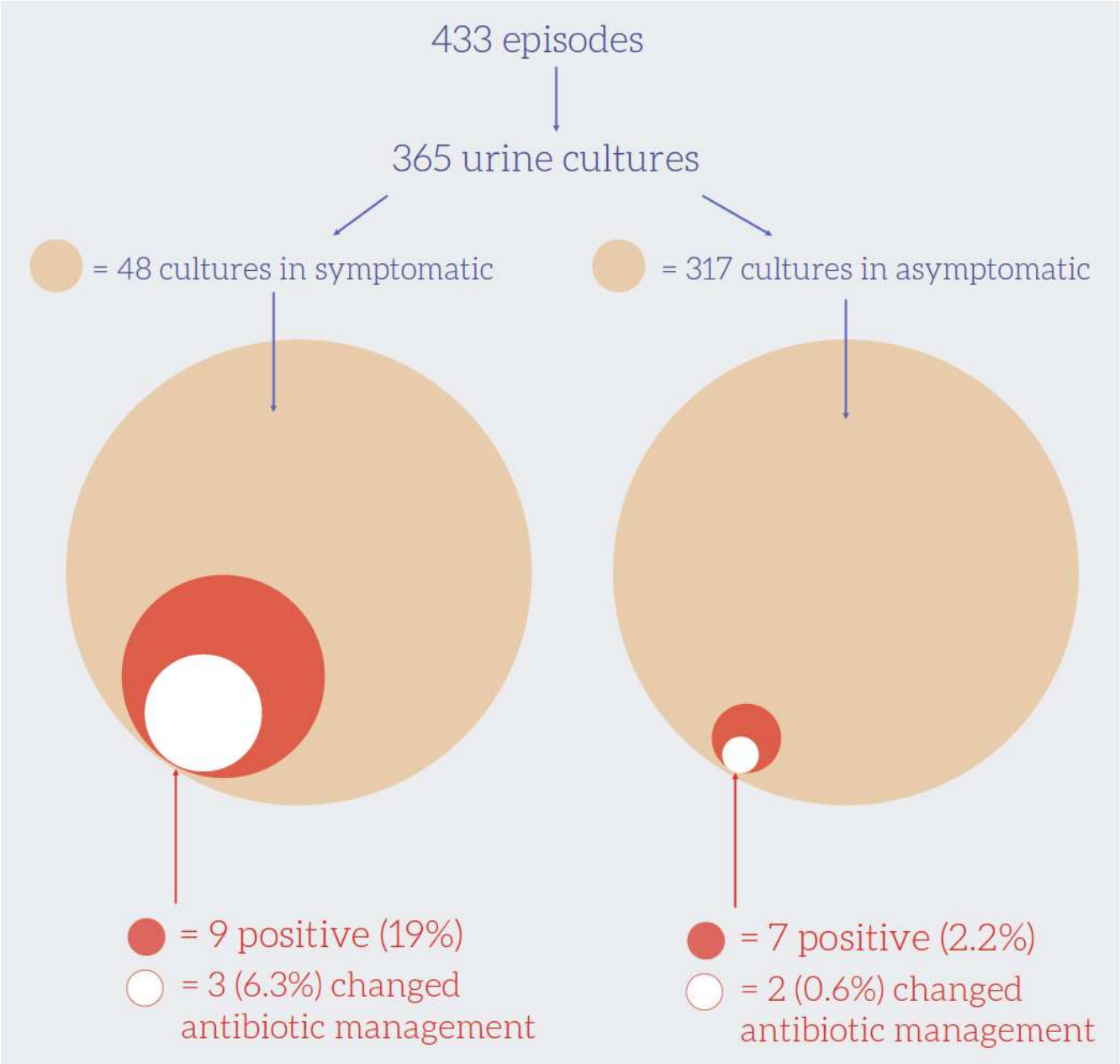
Introduction

The Choosing Wisely initiative aims to reduce wasteful testing. Our institution is participating

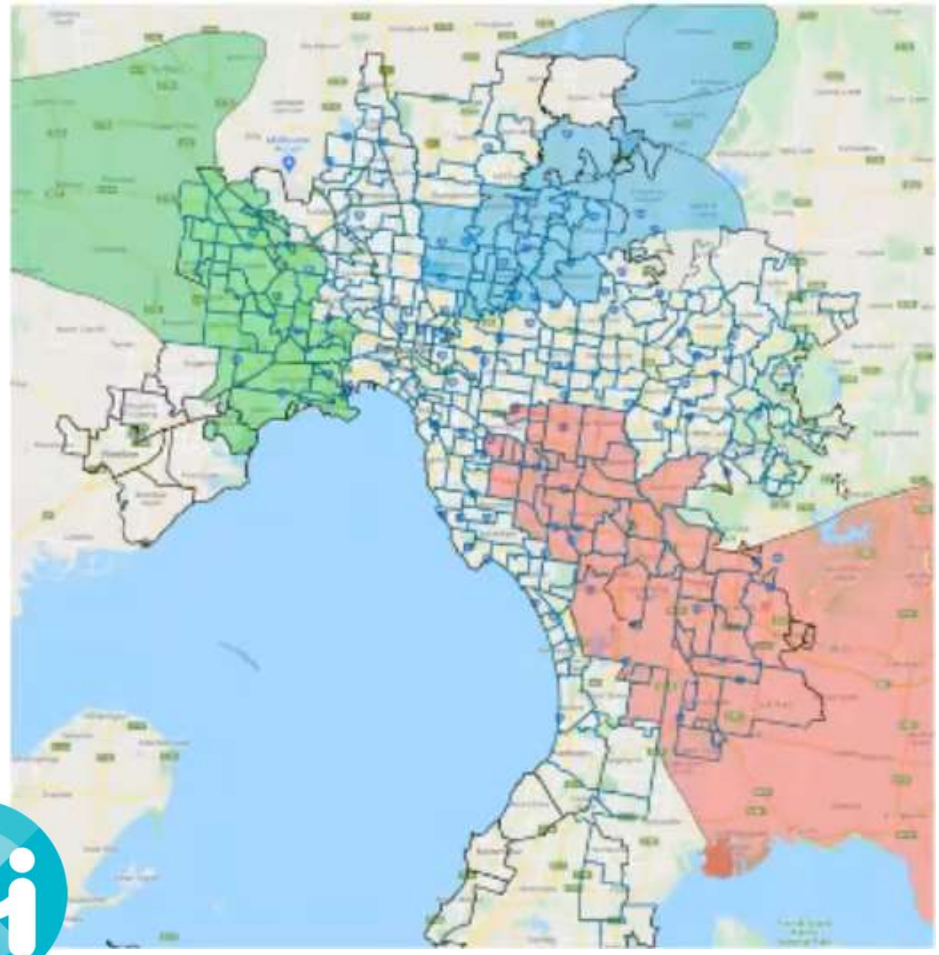
Choosing Wisely Australia
An initiative of NPS MedicineWise

Supportive Care in Cancer Accepted 17 Sept 2018

Choosing Wisely Australia
An initiative of NPS MedicineWise



Clinical Education opportunities with the new Public Health Units



North-East PHU

Southern PHU

Western PHU

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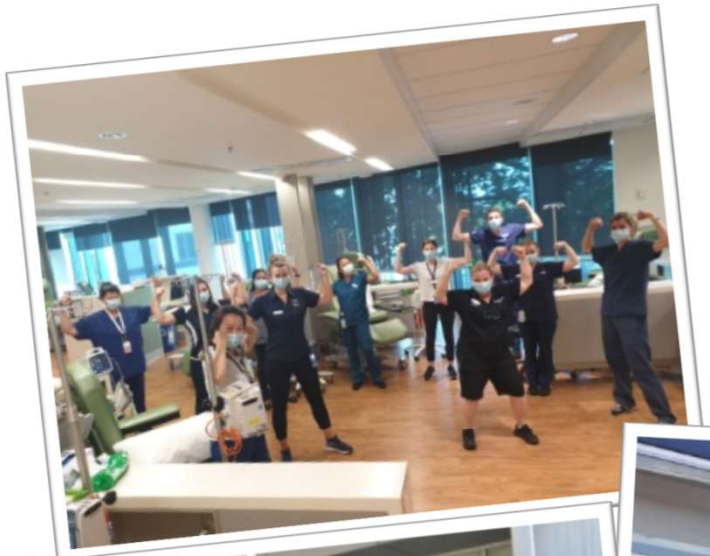
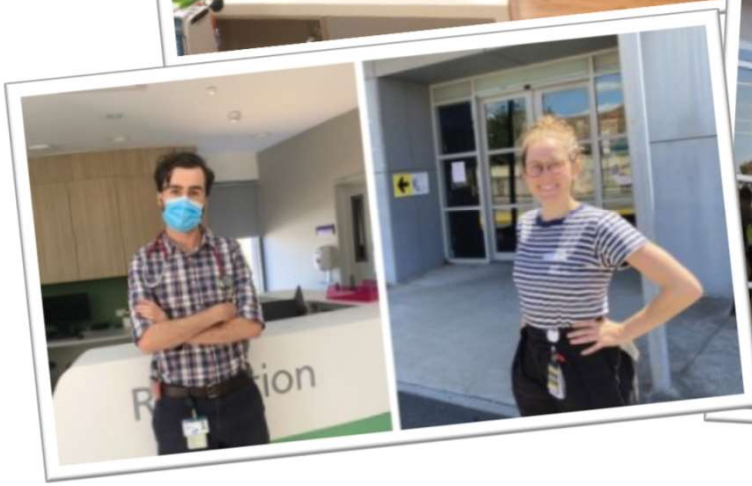
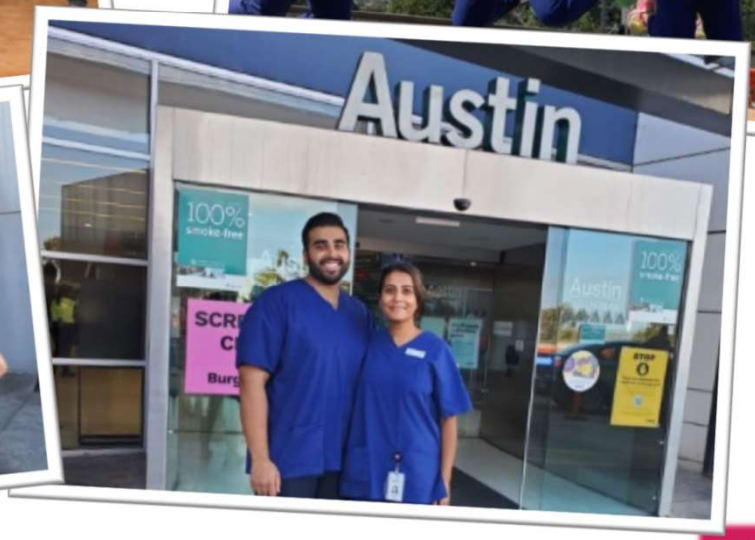
Why Austin? Talk to our clinicians







Summary Video

Why Austin? Talk to our clinicians!

SW Summary Video (extra in review)

Questions and Answers

Medical Staff Panel:

- Victor Zhang – Neurology Registrar
- Peter Le – Intern
- Cindy Jiao – HMO
- Luke Wang – HMO
- Sue Sritharan – HMO
- Esther Johns – Intern
- Ethan Tan – Intern
- Anna Vaux - Intern

Questions and Answers
2022 Intern Recruitment Information Session
Tuesday, 4 May 2021

- **Is the standard CV Template for Austin Health the same as the PMCV CV Template?**

Yes, please use the Example CV Template 2021 available through the PMCV. This can be downloaded from the PMCV website.

We have also included a copy on our Intern Recruitment web page.

- **Is there a page limit to the CV?**

We have not set a page limit for CVs; however, it is important that content included in the CV is relevant and appropriate.

The standardized CV template provides various headings/sections for you to complete and follow.

- **Can the non-clinical reference be a research supervisor?**
- **Can the non-clinical reference be an academic supervisor/mentor that hasn't supervised us in a clinical setting?**

The non-clinical reference can be anyone of your choice, however, it is recommended that you select a referee who has known you well enough to provide a strong character reference and able to comment on your skills, attributes and abilities.

Examples of non-clinical referees could include a past employer/manager/supervisor or someone you have worked with as part of a volunteer or community organisation, a sporting group or research supervisor.

- **Is there a form for the non-clinical reference to complete or is this just a general written reference?**
- **Will the non-clinical referee be asked to rate us on a sliding scale, give worded responses or both?**

There is no specific form, template or rating scale for non-clinical references, this is just a general written reference/letter. Ideally, the reference should only be one page.

Your referee should outline:
- Their role and the nature of their relationship with you (i.e. direct manager/supervisor),
- Confirm the period for which they have known/worked with you (i.e. start and end dates with the organisation), and
- Provide comment on your role, performance, strengths and abilities.

The non-clinical reference is an opportunity for Austin Health to obtain further insights about you and your performance in a non-clinical environment.

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- **When referring to 'Intern Review Process' occurring between 18 June – 2 July, does this refer to our pre-recorded interview or a 'live' interview?**

The period between 18 June – 2 July will be the period for which Austin Health will review the pre-recorded interviews for those who have been shortlisted for review.

Unfortunately, due to the new application framework and limited timeframe for Health Service selection and recruitment processes, Austin Health will not be conducting our own/separate interviews in 2021.

- **How many places are there for intern Radiology rotations and Radiology pathway at Austin Health?**

We have one Radiology/Liver Transplant Unit rotation available in Internship, thus will be an opportunity for 5 interns to complete this rotation.

There are no Radiology rotations available in our HMO training streams, however, all three (general, medical or surgical) provide a pathway to Radiology Training.

In terms of Radiology Training, we have four (4) First Year Radiology Registrar positions and can provide all Radiology training requirements at Austin Health.

Radiology Registrars who complete their examination requirements (usually in the first year of training) and wish to continue, are generally offered a four-year contract with Austin Health thereafter for the remaining duration of their training.

In addition to Radiology Registrar/Trainee positions, we also have a number of Radiology Fellow positions, including in Interventional Neuroradiology.

- **How does the mentoring program work? Would interns be matched with a HMO or Consultant?**

Austin Health Doctors Mentor Program is an initiative involving doctors who have pledged to become mentors so that they can be approached for advice and guidance by their colleagues and peers.

There are mentors from all departments and from different levels - participation in the program is completely voluntary and is open to all medical staff (from interns to consultants). All mentors also get formal training which has been touted as best in class by PMCV.

We did think about matching interns but feedback was that it did not allow flexibility.

Questions and Answers
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Tuesday, 4 May 2021

- **Who should we address our cover letter to?**

Please address your cover letter to Ms Ashleigh Donaldson, Medical Workforce Coordinator, Medical Workforce Unit.

- **It was mentioned that 2 category 2 applicants may be able to secure a position. Are there any category 3 applicants who were successful last year or in past years?**

As part of the PMCV Intern Match process, Health Services nominate a minimum number of positions that they would like to withhold for Round 2/Priority Group 2 candidates. These numbers are generally based on positions in excess of Priority Group 1 requirements.

Austin Health generally and will be nominating 2 positions for 2021, however, following the Round 1 (Priority Group 1) match, more positions may become available where an offer is declined.

For 2021, four (4) Priority Group 2 candidates were matched to Austin Health.

Unfortunately, we did not have any Priority Group 3 candidates in 2021 or 2020.

- **Would you advise that we enter our applications as early as possible to ensure more time for review, or will they only be looked at after the Intern Match close date (03/06/2021)?**

There is no need to rush your applications. Our advice would be to be well prepared and obtain all the information you need prior to applying.

Allow time to prepare your CV, carefully consider your referees and contact them where necessary (especially for clinical referees who you may not have been in close contact with in the past year or two), research the Health Services you wish to apply to and put some effort into your application letters.

At Austin Health, we do not plan to start reviewing applications until a week before applications close.

- **With regards to flat hierarchy and support of JMOs, how does medical workforce support JMOs who have witnessed poor behaviour from senior doctors without fear of ramifications of career progression?**

At Austin Health, we do not accept poor behaviour at any level and across any discipline.

There are many avenues for JMOs to report poor behaviour (or any matters of concern), these can be via formal reporting lines or channels such as Human Resources.

JMOs should not have any fear in 'speaking up', however, should this be a concern, both our teams will be able to support JMOs through the process and provide anonymity should this be required.

Questions and Answers
2022 Intern Recruitment Information Session
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The Clinical Education and Medical Workforce Units are independent units that oversee, monitor and provide organisational support and governance. As such, we are not accountable or aligned to any unit/specialty, and are able to confidentially and collaboratively manage these situations from an organisational viewpoint and approach.

- **Is there an opportunity to get involved with the Melbourne Brain Centre as an intern?**

Absolutely! There are always opportunities to get involved with any of Austin's hospital departments, partner universities and independent research institutions.

It is only a matter of asking and expressing interest. If not sure, approach your CEU or MWU and we'll be able to facilitate introductions and connections.

- **Are there any statistics on the spread of interns from a variety of the Victorian Universities or is it primarily a University of Melbourne intake?**

Austin Health recruit to Intern positions based on merit and do not rank according to clinical schools or universities. Although, all Austin Clinical School students are automatically shortlisted for 'interview review'.

In terms of stats, the numbers vary each year, but we generally see a 50/30/20 or 40/40/20 spread (Melbourne/Monash/Deakin and Notre Dame).

- **What opportunities are there beyond internship for those of us interested in O&G? Are we able to undertake rotations at Mercy in PGY2?**
- **Does the General HMO year in PGY2 include O&G and Paediatrics?**

Both O&G and Paediatrics rotations are available in our General Stream.

In HMO2 year, an Ophthalmology/Gynaecology rotation is available at Austin Health and in HMO3 we have two (2) O&G positions on rotation at Mercy Health for Women and one O&G position at Mildura Public Hospital.

For Paediatrics, we have a rotation at Mildura Public Hospital in HMO2 and there is possibility to adapt a Paediatric experience at Katherine District Hospital in the Northern Territory in HMO3.

Please refer to our HMO Recruitment page for further information on our training streams and available rotations.

- **Could you please talk about BPT at Austin and the supports available for BPT trainees?**

Austin Health is part of the Central North West Basic Physician Training Consortium, one of the largest and most successful BPT programs in the state.

For detailed information on our BPT program, please refer to our HMO Recruitment page.

Questions and Answers

2022 Intern Recruitment Information Session

Tuesday, 4 May 2021

- **Is there potential for a critical care year in HMO2?**

Unfortunately, Austin Health currently does not offer a Critical Care Year in HMO2, however, we do have a very strong and competitive HMO3 Critical Care program.

- **Will the Austin use the filter function to see/select applicants who preference Austin in the top 3 or 5?**

The option for Health Services to filter applicants who have ranked them in their Top 3 or 5 will be available through the PMCV.

Austin Health may use this filter depending on how many applicants rank us in their Top 3, 5 or 8.

Our plan is to review approx. 500 applications and shortlist 300-350 for interview assessment. If 500 applicants rank us in their Top 5, then this filter would be appropriate, however, if there are only 300, then we would review all applicants who have ranked Austin in their 8.