Rural Generalist Intern Placement Preferencing and Ballot Guide

Purpose
The intent of this guide is to outline the Rural Generalist Intern Placement Preferencing and Ballot process.

Scope
This guide applies to all successful Rural Generalist trainee applicants who are due to commence internship the following year.

Principles
The recruitment, selection and balloting of Rural Generalist trainee applicants is administered by the QRGP team in collaboration with the Medical Advisory and Prevocational Accreditation Unit (MAPAU) and is undertaken independently from and prior to the state-wide Queensland Health general intern recruitment campaign. All successful Rural Generalist trainee applicants must participate in the Rural Generalist Intern Preferencing and Ballot process.

Rural Generalist trainee applicants initially select Rural Generalist Training Hospital locations in their preferred order during the application period; this selection is not binding. The QRGP team encourages Rural Generalist trainee applicants to research Rural Generalist Training Hospitals and preference those which complement personal circumstances and career aspirations.

A live preferencing process is undertaken for Rural Generalist trainee applicants who are successful at interview and accept a position with the QRGP. During the live preferencing phase, successful Rural Generalist trainee applicants view a live Position Status Report which shows positions available at each facility versus first preferences by Group A and Group B (refer Table 1) status. Rural Generalist trainee applicants can change their preferences as many times as they wish during this period.

Table 1: Applicant group definitions

<table>
<thead>
<tr>
<th>Group</th>
<th>Definition</th>
</tr>
</thead>
</table>
| A     | Medical graduates of Queensland universities who are Australia / New Zealand citizens or Australian permanent residents; and:  
- are seeking an internship commencing in the year immediately following graduation; OR  
- received Review Committee approval from a previous campaign to defer commencement of internship |
| B     | Medical graduates of Australian (interstate) or New Zealand universities who are Australian / New Zealand citizens or Australian permanent residents; OR  
Medical graduates of Queensland universities who are Australian / New Zealand citizens or Australian permanent residents who do not meet the criteria outlined in Group A |
Upon closure of live preferencing, no further changes are permitted. The following then occurs:

- Group B Rural Generalist trainee applicants are not eligible to be considered for joint ticket or exemption / special consideration.
- Group A Rural Generalist trainee applicants approved for exemption / special consideration will be allocated to their first preferenced Rural Generalist Training Hospital and precluded from any oversubscribed Rural Generalist intern ballot process. The only exception to this is when the number of approved exemption / special consideration applications is greater than the number of facility positions available. In this instance an exemption ballot will take place prior to the main ballot. This process may affect Group B allocations for those who have first preferenced facilities with an equal number of first preferences to the number of positions available. (See Rural Generalist Intern Ballot Exemption / Special Consideration Guide).
- Approved Group A joint ticket holders are not exempt from the ballot and can be balloted if they or their partner are selected during the ballot process. Both joint ticket holders are balloted to their next available preference where two positions remain available (see Rural Generalist Intern Joint Ticket Guide).
- At the conclusion of live preferencing, if a Rural Generalist Training Hospital is undersubscribed or has been preferred in a number equal to the number of positions available, Group A Rural Generalist trainee applicants who nominated this hospital as their first preference are successful in their allocation.
- At the conclusion of the exemption / special consideration allocation process, if a Rural Generalist Training Hospital is oversubscribed, a ballot process occurs whereby:
  - Oversubscribed facilities are grouped by applicant status.
  - Group A oversubscribed facilities are drawn first until oversubscription due to Group A Rural Generalist trainee applicants no longer occurs.
  - Group B oversubscribed facilities are then drawn.
Ballot Example
The following is a hypothetical ballot example.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Available positions</th>
<th>Group A: 1st pref</th>
<th>Group B: 1st pref</th>
<th>Group A Ballot facilities</th>
<th>Group B Ballot facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>2 x Group A</td>
<td>2 x Group B</td>
</tr>
<tr>
<td>B</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>0 x Group A</td>
<td>3 x Group B</td>
</tr>
<tr>
<td>C</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>0 x Group A</td>
<td>1 x Group B</td>
</tr>
<tr>
<td>D</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>1 x Group A</td>
<td>0 x Group B</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0 x Group A</td>
<td>0 x Group B</td>
</tr>
<tr>
<td>F</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>0 x Group A</td>
<td>0 x Group B</td>
</tr>
</tbody>
</table>

- Hospitals A and D enter the Group A oversubscribed ballot process and hospitals A, B and C enter the Group B oversubscribed ballot process

- A ballot committee member randomly selects one hospital from the Group A Ballot facilities. In this example Hospital D is randomly chosen.

- The Group A Rural Generalist trainee applicants who preferenced the oversubscribed hospital (Hospital D) as their first preference are selected for balloting. In this instance, six Rural Generalist trainee applicants participate in this process.

- A ballot committee member randomly selects one Rural Generalist trainee applicant. In this example Trainee 2 is randomly selected. Therefore Trainee 2 is balloted out of Hospital D to their next available preference.

  Trainee 2’s preferences were as follows:
  Hospital D
  Hospital A
  Hospital C
  Hospital B
  Hospital F
  Hospital E

  In this example, Hospitals A, C and B are all oversubscribed and therefore Trainee 2 cannot be allocated to any of these hospitals. Therefore, the next available hospital that Trainee 2 can be allocated to is their fifth preference, Hospital F.

- This process continues until hospitals are no longer oversubscribed with Group A Rural Generalist trainee applicants.

- A ballot committee member then randomly selects one hospital from the Group B Ballot facilities. In this example Hospital A is randomly chosen.

- The Group B Rural Generalist trainee applicant who preferenced the oversubscribed hospital (Hospital A) as their first preference are selected for balloting. In this instance, two Trainees participate in this process.

- A ballot committee member randomly selects one Rural Generalist trainee applicant. In this example Trainee 1 is randomly selected. Therefore Trainee 1 is balloted out of Hospital A to their next available preference.
Trainee 1’s preferences were as follows:
Hospital A
Hospital C
Hospital F
Hospital B
Hospital E
Hospital D

In this example, Hospital A and C are oversubscribed and therefore Trainee 1 cannot be allocated to these hospitals. Therefore, the next available hospital that Trainee 2 can be allocated to is their third preference, Hospital F.

- This process continues until hospitals are no longer oversubscribed with Group B Rural Generalist trainee applicants.

Further Information
If you require any further information, please do not hesitate to contact the Queensland Rural Generalist Pathway team.

Phone: 1800 680 291
Email: rural_generalist@health.qld.gov.au
Website: http://ruralgeneralist.qld.gov.au/

Related documents
- Rural Generalist Intern Application Guide
- Rural Generalist Intern Exemption and Special Consideration Guide
- Rural Generalist Intern Joint Ticket Guide
- Rural Generalist Intern Roll-back Guide
- Rural Generalist Intern Swapping and Withdrawal Guide

Version Control
This document will be reviewed annually.

Date of last review: 17 December 2019