



Medical Intern Recruitment to NSW Prevocational Training Positions

Annual Report for the 2025 clinical year

21 March 2025

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Acknowledgement of Country

Health Education and Training Institute acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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Executive Summary

The Medical Portfolio of the Health Education and Training Institute (HETI) has delegated authority from the NSW Ministry of Health to recruit medical graduates to prevocational training positions in NSW on behalf of Local Health Districts (LHDs) or Public Health Organisations. HETI coordinates the recruitment of medical graduates from Australian Medical Council (AMC) accredited Australian and New Zealand universities seeking their initial training position as a doctor.

In NSW, prevocational training positions are located within 15 prevocational training networks. Prevocational training positions offered by HETI are two-year positions and enable the trainee to complete their first and second postgraduate year (PGY) in a single network. All the terms and facilities in the network are accredited for prevocational training. Networks consist of multiple hospitals from metropolitan, regional and rural locations who work cooperatively to provide the training and experiences required to prepare prevocational doctors for a diverse range of medical practice.

The trainees are employed by the LHD that governs the hospital administering their employment. Applicants who accept positions acknowledge they may rotate to any facility in the network if required. It may be necessary for them to complete at least one term in the two-year period outside their administrative hospital.

This report reflects work undertaken by HETI in 2024 to recruit medical graduates to intern positions commencing in January 2025.

In 2024, 1544 medical graduates applied for an intern position in NSW for the 2025 clinical year. Of these applicants, 965 were NSW domestic students who were guaranteed an offer, with 852 guaranteed applicants accepting a position. In addition, there were 145 graduates of interstate universities (136 domestic and 9 international), 98 NSW international graduates and 4 offshore graduates that were recruited.

For the 2025 clinical year there were 1175 Ministry of Health funded positions, an increase of 21.5 positions from 2024. A total of 1095 of the 1175 Ministry of Health funded positions were filled by 1099 medical graduates (eight are completing their internship part time). This is an increase of 38 medical graduates placed in the previous year.

The NSW Health Priority List for intern recruitment for 2025 is on page 8. Table 1 below shows the number of applicants accepting positions by priority category.

Table 1: Acceptances by priority category for the 2025 clinical year

Priority Category	Positions accepted (headcount) for 2025 clinical year
1	852
2	94
3	42
4	98
5	9
6	4
Total	1099

**Eight medical graduates are completing their internship part time*

A total of 29 Aboriginal medical graduates applied for internship through the Aboriginal Medical Workforce (AMW) pathway for the 2025 clinical year. This included 26 NSW graduates and three interstate graduates. Of the 29 applicants who applied, 26 accepted their positions and commenced their internship in the 2025 clinical year in the hospitals or networks they requested. Three declined their offer.

For the 2025 clinical year there were initially 218 positions available through the Rural Preferential Recruitment (RPR) Pathway although fourteen positions were converted to rotational positions during the campaign, reducing available RPR positions to 204. This is an increase of eight positions from the previous year. A total of 167 applicants accepted positions at RPR hospitals with 12.5 of these positions filled through the AMW Pathway.

Following exhaustion of eligible applicants from the initial RPR interviews, a total of ten positions were filled through an Expression of Interest (EOI) process at the following RPR hospitals:

- Albury Wodonga Health - Albury Campus [2]
- Lismore Base Hospital [1]
- Manning Base Hospital [2]
- Port Macquarie Base Hospital [4]
- Maitland Hospital [1]

At the commencement of the LVM process on 11 November 2024, all eligible onshore and offshore applicants were exhausted in NSW for the 2025 clinical year. Several networks and RPR hospitals had vacancies leading into the LVM process and further vacancies arose during the LVM due to declines from applicants who had previously accepted an offer. As the applicant pool managed by HETI was exhausted, no further intern positions could be filled for the 2025 clinical year.

At the close of the LVM process on 21 March 2025, there were 80 vacancies remaining in total. This is 14.5 less vacancies compared to the 2024 clinical year. The National Audit process identified that similar to the last clinical year, the number of available intern positions in Australia for the 2025 clinical year exceeded the number of applicants. In NSW LHDs were advised by the Ministry of Health to manage the vacancies using a range of appropriate strategies in accordance with their local recruitment processes.

Table 2 below shows the distribution of unfilled network positions at the close of the campaign.

Table 2: Unfilled network positions for the 2025 clinical year

Network	Administrative hospital/s	Unfilled positions
2	Bankstown-Lidcombe Hospital and Campbelltown/Camden Hospital	1
3	Concord Hospital	3
4	Liverpool Hospital	2
5	Royal North Shore Hospital	1
6	Hornsby Ku-ring-gai Hospital	5
7	Gosford Hospital & Wyong Hospital	7.5
9	The Prince of Wales Hospital	2
10	St Vincent's Hospital	1
11	Wollongong Hospital	5
12	John Hunter Hospital	5
13	Westmead Hospital	3
14	Nepean Hospital	4
15	Blacktown Hospital & Mt Druitt Hospital	2.5
Total		42

Table 3 below shows the distribution of unfilled rural hospital positions.

Table 3: Unfilled rural hospital positions for the 2025 clinical year

Rural Hospital	Unfilled positions
Albury Wodonga Health - Albury Campus	1
Port Macquarie Base Hospital	1
Coffs Harbour Health Campus	6
Lismore Base Hospital	4
Manning Hospital	8.5
Orange Health Service	1
Tamworth Hospital	13
Tweed Valley Hospital	2.5
Wagga Wagga Health Service	1
Total	38

Introduction

HETI coordinates the recruitment of medical graduates from Australian Medical Council (AMC) accredited medical schools in Australia and New Zealand into prevocational training positions in NSW on behalf of Local Health Districts (LHDs).

The 2006 Council of Australian Governments (COAG) Agreement between the Commonwealth and the NSW government, guarantees all medical graduates from NSW medical schools, who are Australian citizens and permanent residents will be offered an internship position. International full fee-paying students are eligible to apply for internship but are not guaranteed an internship position.

The number of prevocational training positions available for the clinical year is determined by the LHDs. Prevocational training comprises two postgraduate years in accordance with the National Framework for Prevocational Medical Training. Both PGY1 and PGY2 years are a period of supervised general clinical experience in accredited positions within a health service while receiving ongoing education and training.

Prevocational training positions are located within 15 prevocational training networks. Each network consists of a range of hospital and non-hospital facilities who work cooperatively to provide the training and experiences required for trainees to achieve general registration.

Allocation occurs using four recruitment pathways and the NSW Health Priority List. The recruitment pathways are:

1. Aboriginal Medical Workforce Pathway
2. Rural Preferential Recruitment Pathway
3. Direct Regional Allocation Pathway
4. Optimised Allocation Pathway

The Ministry of Health determines the NSW Health Priority List each year. This specifies the eligibility of applicants for the recruitment process, as well as the order in which offers will be made within the individual recruitment pathways. The NSW Health Priority List for the 2025 Clinical Year is displayed in Table 4. Offers are made according to a nationally agreed set of dates (Table 5).

NSW employs more interns than any other State or Territory in Australia. For the 2025 clinical year there were 1175 Ministry of Health funded positions, an increase of 21.5 positions from 2024. The number of positions available by clinical year is outlined in Table 6. The number of positions available for the 2025 clinical year by prevocational training network is listed in Table 7. In addition, nine positions for NSW graduates were recruited by the ACT to fill positions in South East Regional and Goulburn Hospitals which form part of the ACT prevocational training network.

For the 2025 clinical year a total of 1544 medical graduates applied through the Medical Intern Recruitment campaign. Of these, 965 were NSW domestic students who were guaranteed an internship offer.

Table 8 provides a summary report of the outcomes of the recruitment process for the clinical year by each priority category. All NSW domestic graduates received an offer, with 852 accepting a position. There were 98 NSW international students recruited; this was a decrease of 35 from the previous year. In addition, there were 145 graduates of interstate universities recruited (136 domestic students and four international) and four medical graduates of an AMC accredited offshore facility, an increase by three from the previous year. The nine NSW Health funded positions at South East Regional and Goulburn Hospital were filled by the ACT.

A total of 1095 intern positions in NSW, were filled by 1099 medical graduates with eight completing their internship part time.

Table 4: NSW Health priority list for intern recruitment for the 2025 clinical year

Priority Category	Definition
1	Medical graduates of NSW universities who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place and Domestic Full Fee paying). This priority category is guaranteed an intern position in NSW.
2	Medical graduates of interstate or New Zealand universities who completed Year 12 studies in NSW who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place, Domestic Full Fee paying or NZ equivalent).
3	Medical graduates of interstate or New Zealand universities who completed Year 12 studies outside of NSW who are Australian/New Zealand citizens or Australian permanent residents (Commonwealth Supported Place, Domestic Full Fee paying or NZ equivalent).
4	Medical graduates of NSW universities who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work.
5	Medical graduates of interstate or New Zealand universities who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work in Australia.
6	Medical graduates of Australian Medical Council accredited universities with campuses that are located outside of Australia or New Zealand (University of Queensland (UQ) Ochsner and Monash Malaysia) who are not Australian/New Zealand citizens or Australian permanent residents and who hold a visa that allows them to work or are able to obtain a visa to work in Australia.

Table 5: Key dates for NSW medical intern recruitment for the 2025 clinical year

Monday 8 April 2024	Medical intern recruitment information available on HETI website
Monday 6 May 2024	Medical intern applications open in MIRA
Monday 6 May 2024	Rural preferential recruitment (RPR) applications open in JMO Career Portal
Thursday 6 June 2024 (11.59pm)	Rural preferential recruitment applications close in JMO Career Portal
Thursday 6 June 2024 (11.59pm)	Medical intern applications close in MIRA
Friday 14 June 2024	Aboriginal Medical Workforce Pathway Committee meets
Monday 17 June 2024	Rural Preferential Recruitment interview period commences
Thursday 20 June 2024	Extenuating Circumstances Committee meets
Wednesday 26 June 2024	National Audit of Applications commences
Thursday 27 June 2024	Rural Preferential Recruitment interview period concludes
Thursday 27 June 2024 (11.59pm)	Deadline for RPR applicants to edit RPR preferences on JMO Career Portal
Monday 1 July 2024 (5.00pm)	Deadline for RPR hospitals to finalise applicant rankings
Monday 15 July 2024	National Offer Period 1 commences
Monday 15 July 2024	Aboriginal Medical Workforce pathway offers made
Monday 15 July 2024	Rural Preferential Recruitment pathway offers commence
Wednesday 17 July 2024	Direct Regional Allocation pathway offers commence
Wednesday 17 July 2024	Optimised Allocation pathway offers commence
Friday 2 August 2024	Offer Period 1 closes
Tuesday 6 August 2024	1st National Audit of Acceptances and Unplaced Applicants commences
Thursday 15 August 2024	Offer Period 2 commences
Friday 6 September 2024 (9.00am)	Closing date for swaps requests
Friday 6 September 2024	Offer Period 2 closes
Tuesday 10 September 2024	2nd National Audit of Acceptances and Unplaced Applicants
Thursday 19 September 2024	Offer Period 3 commences
Friday 18 October 2024	Offer Period 3 closes - National Intern Recruitment Close Date
Tuesday 22 October 2024	3rd National Audit of Acceptances and Unplaced Applicants commences
Monday 11 November 2024	National Late Vacancy Management (LVM) Process starts
Friday 21 March 2025	National Late Vacancy Management (LVM) Process closes

Table 6: NSW Health funded intern positions from 2019 – 2025 Clinical Years

Positions by Local Health District / Private Health Ltd	2019	2020	2021	2022	2023	2024	2025
Adventist Health Care Ltd							
Sydney Adventist Hospital	4	4	4	4	4	4	4
Total	4						
Albury Wodonga Health							
Albury Wodonga Health – Albury Campus	5	5	5	10	10	10	10
Total	5	5	5	10	10	10	10
Central Coast LHD							
Gosford Hospital	39	38	38	38	38	40	40
Wyong Hospital	30	30	30	30	32	32	32
Total	69	68	68	68	70	72	72
Far West LHD							
Broken Hill Base Hospital	3	3	3	3	3	4	5
Total	3	3	3	3	3	4	5
Hunter New England LHD							
Armidale Hospital	3	3	3	3	3	3	0
Belmont Hospital	12	12	12	12	12	12	13
Calvary Mater Newcastle	20	19	19	19	19	19	21
John Hunter Hospital	51	50	48	49	49	49	52
Manning Base Hospital	6	8	10	11	11	12	14
Tamworth Hospital	20	20	20	21	21	23	26
Maitland Hospital	8	8	8	10	10	11	13
Hunter New England Mental Health	5	5	5	5	5	5	5
Total	125	125	125	130	130	134	144
Illawarra Shoalhaven LHD							
Shellharbour Hospital	3	3	3	3	3	7	7
Shoalhaven District Memorial Hospital	9	9	9	9	9	11	11
Wollongong Hospital	48	52	52	57	58	58	58
Total	65	69	69	74	75	76	76
Mid North Coast LHD							
Coffs Harbour Health Campus	19	19	19	22	24	28	27
Port Macquarie Base Hospital	16	16	16	18	18	21	23
Total	35	35	35	40	42	49	50
Murrumbidgee LHD							
Griffith Base Hospital	2	2	2	2	2	2	2
Wagga Wagga Health Service	25	25	27	28	28	30	34
Total	27	27	29	30	30	32	36
Nepean Blue Mountains LHD							
Blue Mountains District Anzac Memorial Hospital	3	3	3	3	3	3	3
Hawkesbury District Hospital	4	4	4	4	4	4	4
Nepean Hospital	58	56	59	60	67	68	69
Total	65	63	66	67	74	75	76
Northern NSW LHD							
Lismore Base Hospital	14	14	14	15	17	21	22
Tweed Valley Hospital	18	18	18	18	25	25	26

Total	32	32	32	33	42	46	48
Northern Sydney LHD							
Hornsby Ku-ring-gai Hospital	17	17	17	17	17	17	17
Mona Vale Hospital	2	2	2	2	2	2	2
Northern Beaches Hospital	18	17	17	17	17	17	17
Royal North Shore Hospital	44	44	45	44	44	44	44
Ryde Hospital	11	11	10	10	10	10	10
North Shore Private			2	2	2	2	1
Total	92	91	93	92	92	92	91
St Vincents Health Australia							
St Vincent's Hospital	29	29	29	29	29	29	29
Total	29	29	29	29	29	29	29
South Eastern Sydney LHD							
St George Hospital & Community Health Service	43	43	48	49	49	49	51
Sutherland Hospital	24	24	18	18	18	18	18
Prince of Wales Hospital	37	37	37	37	44	47	47
Total	106	106	105	106	113	116	116
South Western Sydney LHD							
Bankstown-Lidcombe Hospital	27	27	27	29	31	31	31
Campbelltown/Camden Hospital	24	24	24	24	26	29	32
Fairfield Hospital	10	10	10	10	11	11	11
Liverpool Hospital	46	46	46	46	51	56	56
Total	107	107	107	109	119	127	130
Sydney LHD							
Canterbury Hospital	11	11	12	12	12	12	12
Concord Hospital	32	35	33	33	38	37.5	36
Royal Prince Alfred Hospital	48	48	48	48	48	48	51
Total	94	97	96	96	101	100.5	99
Western NSW LHD							
Bathurst Health Service	7	7	11	11	11	10	11
Dubbo Hospital	12	13	14	16	18	18	18
Orange Health Service	17	19	19	19	20	22	23
Total	36	39	44	46	49	50	52
Western Sydney LHD							
Auburn Hospital	10	10	10	10	10	10	10
Blacktown Hospital & Mt Druitt Hospital	47	47	48	48	48	48	48
Westmead Hospital	73	73	73	79	79	79	79
Total	130	130	131	137	137	137	137
Grand total	1024	1030	1041	1074	1120	1153.5	1175

Table 7: Available NSW PGY1 position capacity by prevocational training network and RPR hospitals for 2025

Prevocational Training Network	Positions in 2024	Positions in 2025
Network 1: Inner West & Western Plains	69	69
Network 2: Bankers and Campers	60	63
Network 3: Concord & Canterbury & Broken Hill Hospital	53.5	53
Network 4: South West Sydney, Tweed Heads	92	93
Network 5: North Shore & Port Mac	77	78
Network 6: Hornsby & Northern Beaches	40	40
Network 7: Central Coast Network	72	72
Network 8: St George, Sutherland, Albury & Griffith Hospitals	81	81
Network 9: From Coast to Coast	67	69
Network 10: Eastern to Greater Southern	59	63
Network 11: Oceans 11	76	76
Network 12: Hunter New England	134	144
Network 13: Westnet	139	139
Network 14: Nepean & Blue Mountains	75	76
Network 15: Central West	59	59
Grand Total	1153.5	1175

Rural Preferential Recruitment (RPR) Hospital	RPR hospital positions 2025	Network rotation positions 2025
Albury Wodonga Health – Albury Campus	10	0
Broken Hill Base Hospital	1	4
Coffs Harbour Health Campus	18	9
Dubbo Hospital	14	4
Lismore Base Hospital	20	2
Manning Base Hospital	14	0
Orange Health Service	23	0
Port Macquarie Base Hospital	13	10
Tamworth Hospital	26	0
Maitland Hospital	6	7
Tweed Valley Hospital	25	1
Wagga Wagga Health Service	34	0
SUBTOTAL	204	37
RPR Total***	241	

*Three RPR positions at Port Macquarie Base Hospital were converted to rotational positions and filled through the network.

*Four RPR positions at Broken Hill Base Hospital were converted to rotational positions and filled through the network.

*Seven RPR positions at The Maitland Hospital were converted to rotational positions and filled through the network.

Table 8: Outcome of allocation process for 2025 clinical year by priority category

Priority category	Offer accepted (head count)	Offer declined	Withdrawn prior to offer	Not eligible to receive offer in LVM	Total
1	852	113	0	0	965
2	94	62	0	0	156
3	42	134	3	0	179
4	98	30	0	0	128
5	9	45	3	0	57
6	4	54	1	0	59
Totals	1099	438	7	0	1544

*Eight medical graduates are completing their internship part time.

Definitions	
Offer accepted	The applicant has accepted a preliminary position offer.
Offer declined	The applicant has either: declined a preliminary offer, withdrawn their application after accepting an offer, or failed to respond to a preliminary offer within the nominated timeframe.
Withdrawn prior to offer	The applicant has withdrawn their application following the audit of applications and prior to receiving a preliminary position offer.
Not Eligible to receive offer in LVM	The applicant was not eligible to participate in the Late Vacancy Management process.

Table 9: Acceptances by NSW university and priority category for 2025 clinical year

NSW Universities	NSW domestic graduate acceptances (Category 1)	NSW international graduate acceptances (Category 4)	Total
University of Sydney	261	15	276
University of New England	56	0	56
University of New South Wales	166	41	207
University of Newcastle	94	13	107
Notre Dame University Sydney	76	1	77
Western Sydney University	98	20	118
University of Wollongong	53	3	56
Macquarie University	48	5	53
Total	852	98	950

Aboriginal Medical Workforce Pathway

To build capacity and success of the Aboriginal health workforce, it is important to recognise the importance of cultural issues. This includes fulfilling family responsibilities, participating in the community and having access to country. In addition, it is important to ensure the workplace is a culturally safe environment and that Aboriginal people are provided with the necessary support to succeed.

The development and implementation of the Aboriginal medical workforce pathway by HETI is informed by key partners including Aboriginal medical graduates, the Australian Indigenous Doctors Association (AIDA) and NSW Ministry of Health Aboriginal Workforce Unit.

The NSW Ministry of Health, Local Health Districts, Specialist Health Networks and other Health Organisations are committed to deliver the Aboriginal medical graduate workforce recruitment initiative under the NSW Health Aboriginal Workforce Composition Policy¹.

The Aboriginal Medical Workforce pathway offers Aboriginal medical graduates the opportunity to apply for prevocational training at a rural hospital or prevocational training network of their first preference in NSW. The pathway has been offered to final year medical graduates since 2010.

To be eligible for the Aboriginal Medical Workforce (AMW) pathway, applicants are required to address a number of criteria on the online application form. The criteria requests applicants to: provide their personal story including connections to family, culture and country, and how they celebrate their Aboriginality; provide reasons why they have chosen the selected prevocational training network or rural preferential hospital; outline how they have shown commitment to improve health outcomes for Aboriginal and/or Torres Strait Islander people; what being an Aboriginal doctor means to them and what their goals are as an Aboriginal doctor; and, comment on their association or membership to organisations as AIDA, IAHA, NATSIHWA, ALS NSWALC or other community groups.

Applications for this pathway are assessed by a panel comprising of representatives from AIDA, NSW Ministry of Health's Aboriginal Workforce Unit, consumer representation and HETI.

For the 2025 clinical year, a total of 29 Aboriginal medical graduates applied via this pathway, including 3 interstate applicants. Of these, 26 applicants accepted positions in the hospitals or networks requested. Three applicants declined their offer.

Table 10: Distribution of applicants through the Aboriginal Medical Workforce pathway and positions accepted

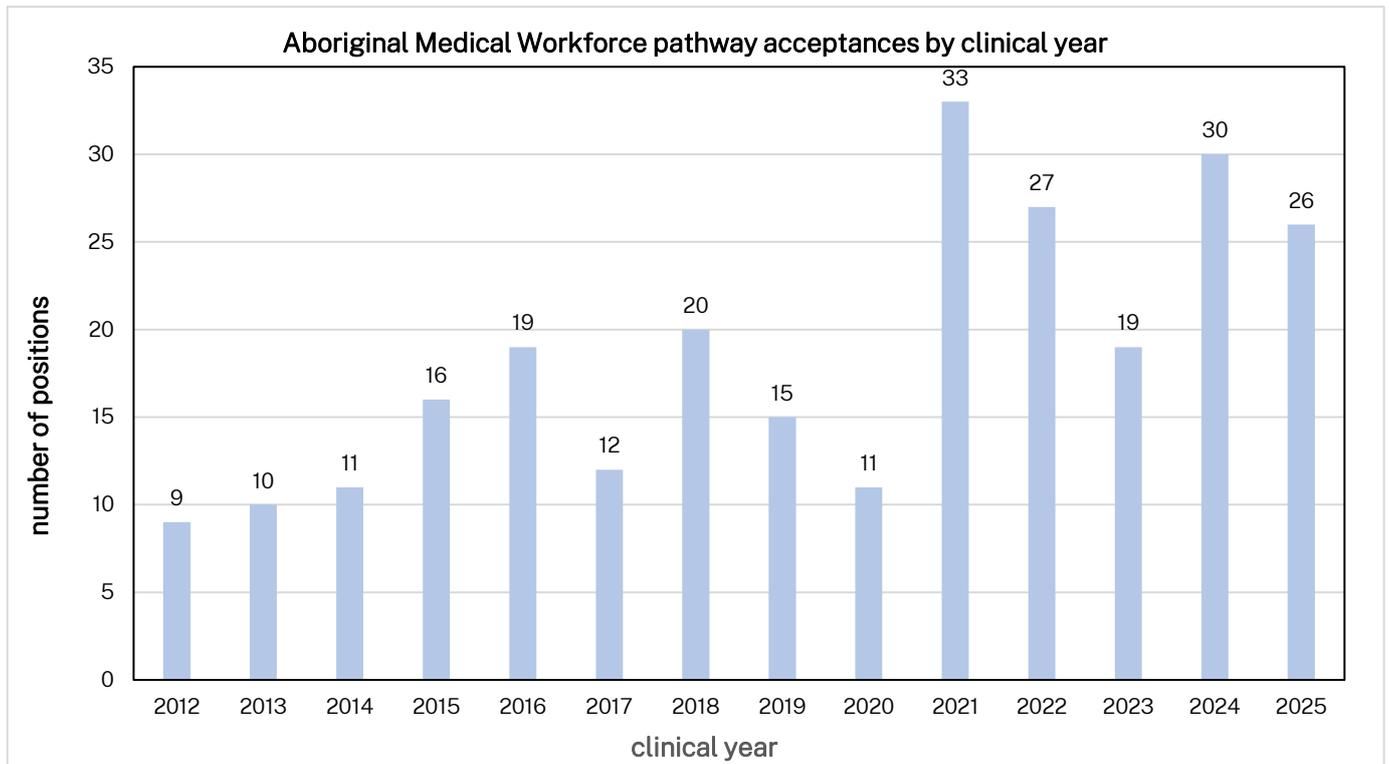
Aboriginal Medical Workforce Pathway for 2025 clinical year		
	Number of applicants	Accepted positions
NSW Universities	26	23
Interstate Universities	3	3
Total	29	26

¹ NSW Health Aboriginal Workforce Composition Policy (PD2023_046)

Of the 26 Aboriginal trainees who commenced internship, 13 are in rural hospitals and 13 are in regional and metropolitan networks in NSW. A total of 25.5 positions were filled through the Aboriginal Medical Workforce pathway by 26 medical graduates as one is completing their internship part time.

Figure 1 below shows the number of Aboriginal medical graduates who accepted intern positions through this pathway from 2012 to 2025 clinical years.

Figure 1: Aboriginal Medical Workforce pathway acceptances 2012 – 2025 clinical years



Rural Preferential Recruitment Pathway

The Rural Preferential Recruitment (RPR) pathway is a merit-based recruitment process that facilitates recruitment of rural cadets and all other medical graduates to prevocational training positions in rural hospitals. Applicants from all priority categories are eligible to apply.

The following principles underpin the development and review of the RPR pathway:

- Building and retaining a sustainable medical workforce in rural areas.
- Improving access to services to achieve better health outcomes across rural NSW.
- Ensuring a clear pathway from undergraduate training to postgraduate medical training positions in rural areas.

Applicants who wish to work in a rural hospital were required to complete an online application as part of the Medical Intern Recruitment campaign, as well as applying to individual rural hospitals through the JMO Career Portal. The rural hospitals, which are also known as RPR hospitals, interviewed and ranked applicants. Following interviews applicants had an opportunity to adjust their hospital preferences prior to hospitals finalising their preference ranking.

After completion of ranking by both the RPR hospitals and the applicants, HealthShare performed a preference matching process and provided the results to HETI. Offers were then made to RPR positions by HETI.

For the 2025 clinical year all offers were made to successfully matched category 1 to category 3 applicants at the commencement of offer period one. The remaining positions were then offered to all other successfully matched and eligible applicants until all positions had been offered. Thirty-eight RPR positions remained unfilled as outlined on page 6. These vacancies remained unfilled due to the exhaustion of eligible applicants on RPR e-lists and lack of interest from applicants through the Expression of Interest (EOI) process.

A total of 204 positions were available to be filled in rural hospitals. Of these, 143.5 positions were filled directly through the RPR pathway (one is completing their internship part time), 12.5 positions were filled through the Aboriginal Medical Workforce pathway (one is completing their internship part time) and 10 positions were filled through an EOI process at the below hospitals. A total of 166 positions were filled at rural hospitals by 167 medical graduates as two are completing their internship part time.

- Albury Wodonga Health - Albury Campus [2]
- Lismore Base Hospital [1]
- Manning Base Hospital [2]
- Port Macquarie Base Hospital [4]
- Maitland Hospital [1]

The EOI process is used in consultation with the RPR hospital to fill a vacancy when there are no successful or eligible applicants remaining on the preference matched list. The process is completed by HETI sending an email to all remaining unplaced applicants advising them of which RPR hospital has vacancies. Applicants who wish to be considered for recruitment to that hospital are requested to respond and provide their CV. The hospitals interviewed applicants who applied via the EOI process and provided HETI with a ranked list. HETI then made offers to these applicants.

In addition to the 204 positions available through the RPR pathway, there were 37 rotational positions in RPR hospitals. This includes seven unfilled RPR positions at The Maitland Hospital, four at Broken Hill Base Hospital, and three at Port Macquarie Base Hospital that were filled as rotational positions through the networks. The rotational positions provide opportunity for prevocational trainees appointed through any of the other recruitment pathways to experience a rural term as part of their prevocational training.

A summary of positions available for the 2025 clinical year by RPR hospital is provided in Table 11 below, and identifies positions filled directly through the RPR pathway at each rural hospital.

Table 11: Rural Preferential Recruitment pathway outcome for the 2025 clinical year

Network	Rural Hospital	Rural positions available for 2025 clinical year	Number of positions recruited via the RPR pathway (excluding EOI)	% of positions filled via RPR pathway (excluding EOI)
1	Dubbo Hospital	14	13	93%
3	Broken Hill Base Hospital	1*	0	0%
4	Tweed Valley Hospital	25	21	84%
5	Port Macquarie Base Hospital	13*	8	62%
8	Albury Wodonga Health – Albury Campus	10	6	60%
9	Lismore Base Hospital	20	14	70%
10	Wagga Wagga Health Service	34	32	94%
12	Tamworth Hospital	26	11	42%
12	Manning Base Hospital	14	3.5	25%
12	Maitland Hospital	6*	5	83%
13	Orange Health Service	23	19	83%
13	Coffs Harbour Health Campus	18	11	61%
	Total	204	143.5**	70%

*Three RPR positions at Port Macquarie Base Hospital were converted to rotational positions and filled through the network.

*Four RPR positions at Broken Hill Base Hospital were converted to rotational positions and filled through the network.

*Seven RPR positions at Maitland Hospital were converted to rotational positions and filled through the network

**One medical graduate is completing their internship part time

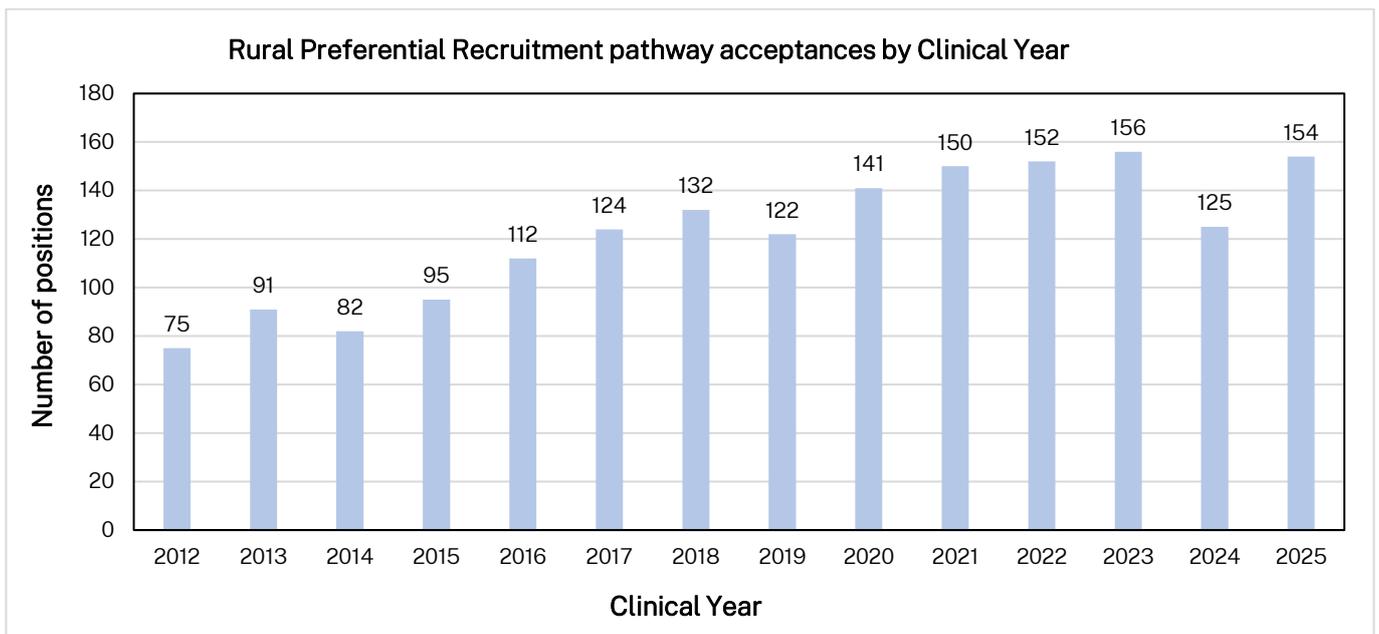
As outlined in Table 12 below, majority of the positions filled directly through the RPR pathway for the 2025 clinical year were by NSW graduates; of these, 82% were NSW domestic graduates and 3% were NSW international graduates.

Table 12: NSW medical graduates accepting positions through the RPR pathway for the 2025 clinical year

RPR pathway acceptances (headcount) for the 2025 clinical year for NSW medical graduates	
Domestic students (Category 1)	118
International students (Category 4)	5
Total	123

Figure 2 shows the number of medical graduates accepting positions at rural hospitals both through the RPR pathway and EOI process.

Figure 2: Acceptances RPR pathway and EOI process 2012 to 2025 clinical years



Direct Regional Allocation Pathway

The Direct Regional Allocation (DRA) pathway gives priority to filling regional and outer metropolitan training positions and aims to build a sustainable regional and outer metropolitan workforce over the longer term in NSW.

The following principles underpin the development and review of the DRA pathway:

- Developing and maintaining a sustainable medical workforce in regional NSW and outer metropolitan Sydney.
- Ensuring equity of access to high quality care for patients in regional NSW and outer metropolitan Sydney.
- Ensuring fairness and transparency throughout the recruitment process.

Medical graduates from priority categories 1 to 4 of the NSW Health Priority List are eligible to apply through this pathway. Applicants were required to preference one of the regional networks as their first choice in their online application.

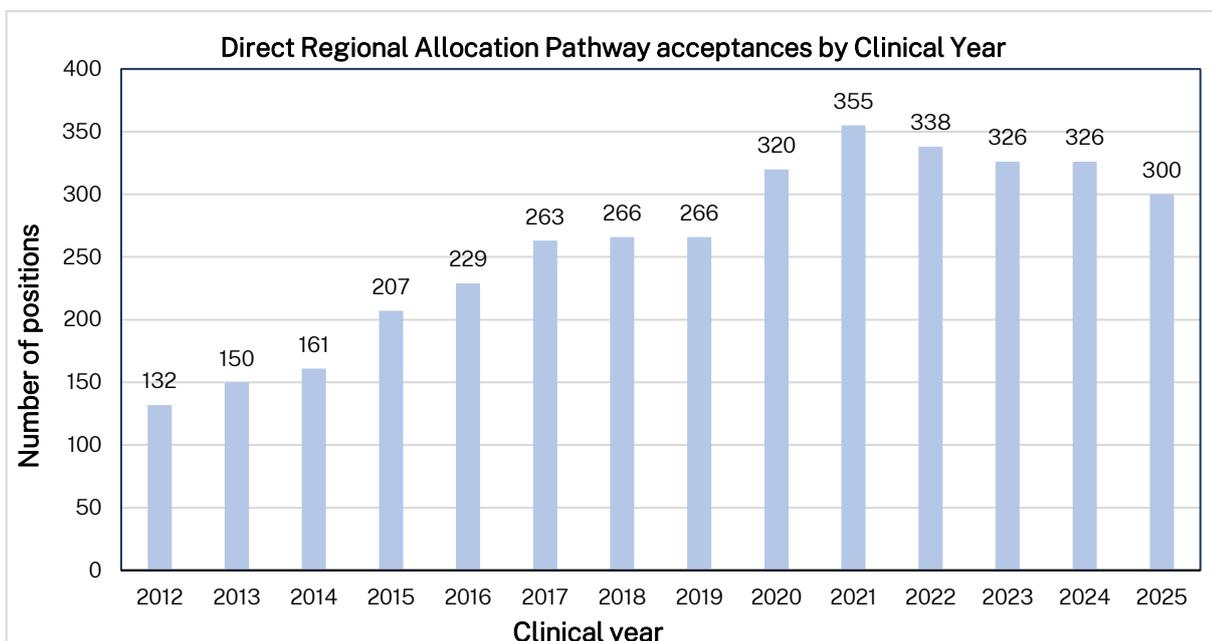
HETI directly allocates category 1 applicants to their preferred regional network, when the number of applicants applying to the network is less or equal to the number of positions available.

If a regional network has fewer positions available than the number of category 1 applicants who listed it as their first preference, an algorithm randomly selects which applicants receive a position offer. When this occurs any category 1 applicants who do not receive an offer via the DRA pathway are automatically moved to the Optimised Allocation pathway.

A total of 512 positions were available to be filled at regional networks. Of these 300 positions were filled directly through the DRA pathway by 302 medical graduates (four part time), 180 positions were filled through the Optimised Allocation pathway and 5 positions were filled through the Aboriginal Medical Workforce pathway. In total 485 positions were filled at the regional networks by 487 medical graduates as four are competing their internship part time. There were 27 positions that remained unfilled.

Figure 3 shows the number of acceptances directly through the DRA pathway at regional networks by clinical year between 2012 – 2025.

Figure 3: Direct Regional Allocation pathway acceptances 2012 to 2025 clinical year



The proportion of positions filled at a regional network directly through the DRA pathway is shown in Table 13.

Table 13: Direct Regional Allocation pathway outcome by network for the 2025 clinical year

Network	Number of positions available in regional networks (less RPR positions)	Number of positions filled directly through the DRA pathway	Percentage (%) of positions filled through the DRA pathway
2	63	28	44%
4	68	63	93%
7	72	25.5	35%
11	76	32	42%
12	98*	77	79%
14	76	48	63%
15	59	26.5	45%
Total	512	300*	59%

*Four medical graduates are completing their internship part time.

*Available positions at Network 12 includes seven RPR positions that were converted to rotational positions from Maitland Hospital.

As outlined in Table 14 below, majority of positions filled directly through the DRA pathway for the 2025 clinical year were by NSW graduates; of these, 59% were NSW domestic graduates and 27% were NSW international graduates.

Table 14: NSW medical graduate acceptances through the Direct Regional Allocation pathway for the 2025 clinical year

Direct Regional Allocation pathway acceptances (headcount) for NSW medical graduates	
Domestic students (Category 1)	176
International students (Category 4)	82
Total	258

Optimised Pathway

The Optimised Allocation pathway is the main pathway through which eligible medical graduates from any priority category can be allocated to internship positions in NSW.

Applicants rank each of the 15 prevocational training networks and positions are allocated according to the preferences and priority category of the applicant. The algorithm used in the allocation to intern positions through the Optimised Allocation pathway is designed to deliver the best outcome and fairest result for all applicants in the same priority group.

For the 2025 clinical year, 617 medical graduates were allocated through the Optimised Allocation pathway, of these 535 (87%) were NSW domestic graduates with two completing their internship part time.

Extenuating Circumstances and Change in Personal Circumstances

HETI recognises that some applicants seeking a prevocational training position may have extenuating circumstances that can limit their ability to work in one or more of the prevocational training networks in NSW. For the 2025 clinical year the criteria for granting extenuating circumstances was limited to:

1. The applicant requires ongoing highly specialised medical treatment and/or
2. Separation of the applicant from their dependent/s during prevocational training would have a significant negative impact on the functioning of the applicant and/or their dependent/s, and/or
3. The applicant will be going through a significant life event during prevocational training that would have a negative impact on the applicant and/or their dependent/s and/or
4. The applicant has a disability with specific access requirements.

Twenty-seven applications were received for consideration by the Extenuating Circumstances Committee which is the same number as the previous year. Of these, 26 applicants were granted extenuating circumstances.

A further three applications were received for consideration of change in personal circumstances following the commencement of the offer periods. The applications were assessed against the extenuating circumstances criteria as outlined above and all applicants were granted change in personal circumstances.

National Intern Data Audit

The purpose of the national audit process is to ensure all applicants applying for internship have the most equitable and timely opportunity to obtain an internship position in Australia. The process assists to:

1. Identify the number of individual applicants applying for intern positions
2. Identify any shortfall in the number of intern positions available nationally, and
3. Quantify and attempt to resolve multiple acceptances by applicants across jurisdictions.

All States and Territories provide information for intern applicants to the National Data Manager who undertakes an audit process. Following each national offer period, applicants who have accepted intern positions in more than one jurisdiction are identified and contacted by the National Audit Data Manager and asked to withdraw from all intern positions, except the one where they intend to undertake their intern year.

In 2024 there were three National Audits of Acceptances and Unplaced Applicants. HETI provided data to the National Data Manager for each of these audits.

National Late Vacancy Management Process

The Late Vacancy Management (LVM) process was managed by the National Audit Data Manager to assist jurisdictions in filling vacancies after the national closing date for intern recruitment. Applicants who had not been matched to a position in any state or territory at the national close date were invited to opt into the process.

The LVM process ran between 11 November 2024 and 21 March 2025.

For the 2025 clinical year, NSW had 59.5 vacancies leading into the LVM process due to unfilled positions from previous offer periods. At the opening of the LVM process, there were no applicants on the LVM list who had applied for an intern position in NSW. The applicant pool managed by HETI was exhausted and no further intern positions could be filled for the 2025 clinical year. LHDs were advised by the Ministry of Health to manage the vacancies using a range of appropriate strategies in accordance with their local recruitment processes.

During the LVM, there were further vacancies due to declines from applicants who had previously accepted a position. At the close of the LVM process on 21 March 2025, there were 80 vacancies in total at Networks and RPR hospitals as listed on pages 5 and 6 of this report.

Appendix 1

NSW Prevocational Training Networks

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
Network 1	Dubbo Hospital <ul style="list-style-type: none"> Dubbo Subacute Unit 	WNSWLHD	T5 OT	August 2027
	Royal Prince Alfred Hospital <ul style="list-style-type: none"> Balmain Hospital Chris O'Brien Lifehouse 	SLHD	T5 OT OT	July 2025
Network 2	Bankstown-Lidcombe Hospital	SWSLHD	T5	April 2025
	Bowral & District Hospital (PGY2 only)	SWSLHD	R	August 2025
	Campbelltown/Camden Hospital	SWSLHD	T5	June 2025
Network 3	Broken Hill Base Hospital <ul style="list-style-type: none"> Clive Bishop Medical Centre GP Superclinic 	FWLHD	T5 OT OT	December 2027
	Canterbury Hospital	SLHD	T3	June 2026
	Concord Hospital	SLHD	T5	June 2026
Network 4	Fairfield Hospital <ul style="list-style-type: none"> Braeside Hospital, Fairfield 	SWSLHD Private	T3 OT	July 2028
	Liverpool Hospital	SWSLHD	T5	December 2027
	Tweed Valley Hospital <ul style="list-style-type: none"> Byron Central Hospital 	NNSWLHD	T5 OT	October 2027

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
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Network 5	Port Macquarie Base Hospital <ul style="list-style-type: none"> Kempsey District Hospital Wauchope District Memorial Hospital Westside Medical Centre 	MNCLHD	T5 OT OT OT	April 2025
	Royal North Shore Hospital <ul style="list-style-type: none"> North Shore Private Hospital Greenwich Hospital Ochre Health Medical Centre, Parkes 	NSLHD	T5 OT OT OT	September 2026
	Ryde Hospital	NSLHD	T3	June 2025

Network 6	Hornsby Ku-ring-gai Hospital <ul style="list-style-type: none"> Hornsby & Brooklyn GP Unit 	NSLHD	T5 OT	October 2027
	Northern Beaches Hospital	NSLHD	T5	October 2025
	Sydney Adventist Hospital	Private	R	September 2027
	Mona Vale Hospital	NSLHD	R	September 2028

Network 7	Gosford Hospital <ul style="list-style-type: none"> Woy Woy Hospital 	CCLHD	T5 OT	November 2026
	Wyong Hospital	CCLHD	T5	August 2028

Network 8	Albury Wodonga Health – Albury Campus	AWH	T5	Accredited by Victoria - PMCV
	Griffith Base Hospital	MLHD	R	November 2025
	Sutherland Hospital	SESLHD	T3	September 2028
	St George Hospital and Community Health Service <ul style="list-style-type: none"> Calvary Health Care Kogarah Kirketon Road Centre The Forensic Hospital, Malabar Justice Health 	SESLHD	T5 OT OT OT	June 2025

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
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Network 9	Lismore Base Hospital <ul style="list-style-type: none"> Kyogle McKid Medical Centre Macleay District Hospital Grafton Base Hospital Ballina District Hospital 	NNSWLHD	T5 OT OT OT	January 2028
	Prince of Wales Hospital <ul style="list-style-type: none"> Sydney Children's Hospital Royal Hospital for Women 	SESLHD	T5 OT OT	September 2025

Network 10	Wagga Wagga Health Service <ul style="list-style-type: none"> Coolamon Shire Medical and Dental Clinic (PGY2 only) Finley Medical Centre Cootamundra Medical Centre Riverina Medical and Dental Corporation GP Deniliquin General Practice 	MLHD	T5 OT OT OT OT	May 2028
	St Vincent's Private Hospital (PHS)	Private	T3	February 2027
	Mater Hospital Sydney (PHS)	SVHN	T3	November 2025
	Calvary Riverina Health Care (PHS)	SVHN	R	February 2027
	St Vincent's Hospital <ul style="list-style-type: none"> War Memorial Hospital (PGY2 only) St Joseph's Hospital 	SVHN	T5 OT OT	July 2027

Network 11	Wollongong Hospital <ul style="list-style-type: none"> Bulli Hospital and Aged Care Centre Coledale Hospital (PGY2 only) 	ISLHD	T5 OT OT	August 2026
	Shoalhaven District Memorial Hospital <ul style="list-style-type: none"> Milton General Practice Milton Family Medical Practice 	ISLHD	T3 OT OT	October 2026
	Shellharbour Hospital	ISLHD	T3	January 2029

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
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Network 12	Armidale Hospital	HNELHD	R	July 2027
	Belmont Hospital	HNELHD	T3	June 2026
	Calvary Mater Newcastle	HNELHD	T3	May 2025
	Hunter New England Mental Health - The Mater Hospital Campus	HNELHD	R	September 2025
	John Hunter Hospital	HNELHD	T5	March 2029
	Maitland Hospital • Kurri Kurri Hospital	HNELHD	T5 OT	December 2026
	Manning Base Hospital • Gloucester Medical Practice • Wingham Community Hospital	HNELHD	T5 OT OT	October 2026
	Tamworth Hospital • Scone Medical Practice • Gwydir Medical • Associate Medical Practice • Rural Medical Clinic	HNELHD	T5 OT OT OT	August 2027

Network 13	Auburn Hospital	WSLHD	R	September 2026
	Macquarie University Hospital (PHS)	Private	T3	November 2028
	The Children's Hospital at Westmead (PGY2 only)	SCHN	R	December 2028
	Coffs Harbour Health Campus • Macksville District Hospital • Star Street Medical Centre	MNCLHD	T5 OT OT	June 2028
	Westmead Hospital • Cumberland Hospital	WSLHD	T5 OT	March 2025
	Orange Health Service • Cowra Health Service	WNSWLHD	T5 OT	May 2027

Network 14	Blue Mountains District ANZAC Memorial Hospital	NBMLHD	R	September 2027
	Hawkesbury District Health Service	NBMLHD	R	March 2025
	Nepean Hospital • Lithgow Hospital	NBMLHD	T5 OT	September 2026

Networks	Accredited Prevocational Training Provider	LHD/ Provider	Classification	Accredited until
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Network 15	Bathurst Health Service • Mudgee Medical Centre	WSLHD	R OT	July 2025
	Blacktown Hospital & Mt Druitt Hospital	WSLHD	T5	September 2027

Prevocational Training Provider Classification	
T3	3 Term Administrative Hospital Prevocational Training Provider (T3)
T5	5 Term Administrative Hospital Prevocational Training Provider (T5)
R	Rotation Hospital Prevocational Training Provider
OT	Offsite Term
Abbreviations	
PGY2	Post Graduate Year 2
PHS	Junior Doctor Training Program - Private Hospital Stream

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