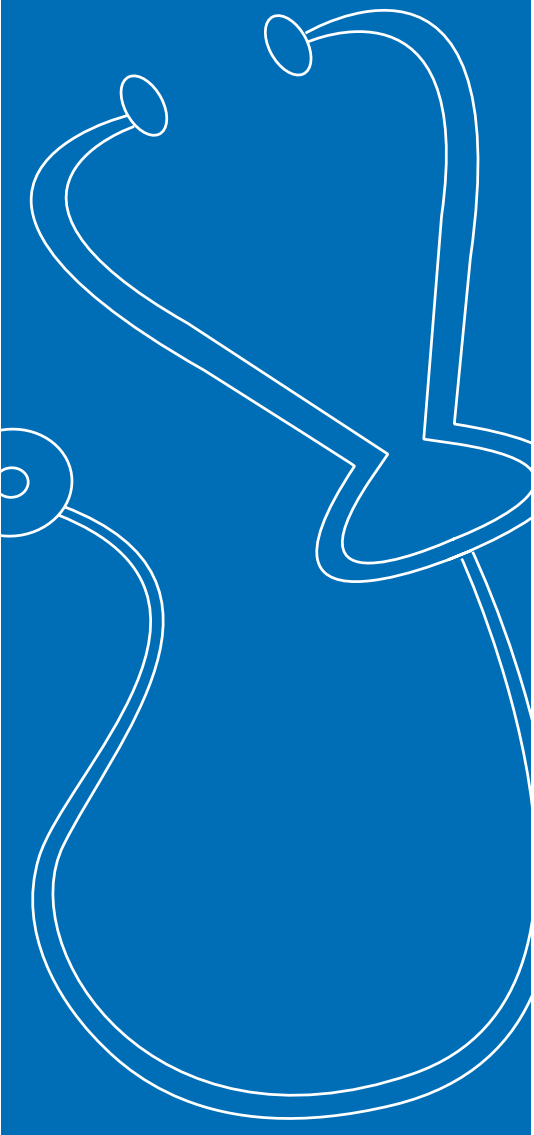


May 2015

Medical Training Review Panel Eighteenth Report





Medical Training Review Panel 18th Report

Print ISBN: 978-1-76007-162-2

Online ISBN: 978-1-76007-163-9

Publications approval number: 11027

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Australian Government
Department of Health

Medical Training Review Panel

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The Hon Sussan Ley MP
Minister for Health
Minister for Sport
Parliament House
Canberra ACT 2600

Dear Minister

In accordance with the requirements of subsection 3GC(4) of the *Health Insurance Act 1973*, I am pleased to submit to you the eighteenth report of the Medical Training Review Panel (MTRP).

The report covers the three levels of medical training in Australia, providing data on all trainees in undergraduate, postgraduate and vocational training programs in 2014. It also provides information on graduates and college fellows for 2013. Details of overseas trained medical practitioners and their education levels, and their migration patterns to work in Australia have also been documented to provide a more complete picture of the supply of medical practitioners.

Data were provided by the Medical Deans Australia and New Zealand Inc., state and territory health departments through their postgraduate medical councils, specialist medical colleges, General Practice Education and Training Limited and the Australian Medical Council. Selected administrative data from the Australian Government Department of Health and the Australian Government Department of Immigration and Border Protection are also included in the report.

In 2014, there were 16,837 medical students studying in Australian universities. Over three-quarters of all places were Commonwealth-supported.

Of the total medical students, 3,737 were in the first year of their medical studies and 3,185 or 85.2% of these were domestic students. Domestic students with a rural background comprised just over a quarter of all commencing domestic students.

Overall international students occupied 2,453 or 14.6% of places. These students were studying onshore in Australia as private or sponsored students and were not Australian citizens, permanent residents or New Zealand citizens.

In 2013, a total of 3,441 students graduated from Australian medical schools. Of these, 2,944 or 85.6% were domestic students.

There were also 3,287 trainees commencing their postgraduate year 1 training in 2014. This was an increase of 169 (5.4%) from 2013.

The number of vocational medical trainees (19,158) in 2014 was over two and a half times the number reported in 2000.

There were 2,954 new college fellows in 2013, of these over two-fifths were females.

In 2013, a total of 50,704 medical practitioners were fellows of medical colleges, over one-third of all fellows were females.

In 2013-14, there were 2,650 visas granted to medical practitioners across the two main subclasses – 457 and 442/402. Almost half of visas under the main classes were granted to applicants from the United Kingdom and Republic of Ireland.

The data within the report highlight the continued increase in medical education and training that has occurred during the last ten years.

The production of the MTRP annual report is managed with involvement of representatives from the key stakeholders in medical workforce training. These representatives bring different insights into the way medical education and training can deal with the challenges of increasing student and trainee numbers, and produce a workforce with the skills that match the future needs of the Australian community.

Yours sincerely



Penny Shakespeare
Chair
Medical Training Review Panel

15 April 2015

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Acronyms

ABS	Australian Bureau of Statistics
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSP	Australasian College of Sports Physicians
AGPT	Australian General Practice Training Program
AMC	Australian Medical Council
AMDSP	Approved Medical Deputising Services Program
ANU	Australian National University
ANZCA	Australian and New Zealand College of Anaesthetists
ANZCA-FPM	Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine
APEDP	Approved Private Emergency Department Program
APSPP	Approved Placements for Sports Physicians
ASGC-RA	Australian Standard Geographical Classification – Remoteness Area
AST	Advanced Specialist Training
BMP	Bonded Medical Places Scheme
CCT	Core clinical training
CICM	College of Intensive Care Medicine of Australia and New Zealand
CMO	Career Medical Officer
COAG	Council of Australian Governments
CPMEC	Confederation of Postgraduate Medical Education Councils
DWS	District of Workforce Shortage
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FGAMS	Foreign graduates of an accredited medical school
FTE	Full-time equivalent
GPET	General Practice Education and Training Ltd
HECS-HELP	Higher Education Contribution Scheme – Higher Education Loan Program
HMO	Hospital Medical Officer

MBBS	Bachelor of Medicine and Bachelor of Surgery
MCQ	Multiple Choice Questionnaire
MD	Doctor of Medicine
MDANZ	Medical Deans Australia and New Zealand Inc.
MRBS	Medical Rural Bonded Scholarship Scheme
MSOD	Medical Schools Outcomes Database
MTRP	Medical Training Review Panel
PESCI	Pre-employment structured clinical interview
PG	Postgraduate
PGPPP	Prevocational General Practice Placements Program
PGY1	Postgraduate Year 1 (also known as Intern year)
PGY2	Postgraduate Year 2
PGY3	Postgraduate Year 3
PREP	Physician Readiness for Expert Practice
PRRT	Primary Rural and Remote Training
QCRD	Queensland Country Relieving Doctors Program
RACDS	Royal Australasian College of Dental Surgeons
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACP-AChAM	Royal Australasian College of Physicians – Australasian Chapter of Addiction Medicine
RACP-AChPM	Royal Australasian College of Physicians – Australasian Chapter of Palliative Medicine
RACP-AFOEM	Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine
RACP-AFPHM	Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine
RACP-AFRM	Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine
RACP-AM	Royal Australasian College of Physicians – Adult Medicine Division
RACP-PCH	Royal Australasian College of Physicians – Paediatrics and Child Health
RACS	Royal Australasian College of Surgeons

RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RLRP	Rural Locum Relief Program
RMO	Resident Medical Officer
RRMA	Rural, Remote and Metropolitan Areas (Classification System)
RTP	Regional Training Provider
RVTS	Remote Vocational Training Scheme
RWA	Rural Workforce Agency
SET	Surgical Education and Training
TMO	Trainee Medical Officer
TROMPs	Temporary Resident Other Medical Practitioners Program
UG	Undergraduate
UNE	University of New England
UNSW	University of New South Wales
UQ	University of Queensland
UWA	University of Western Australia
UWS	University of Western Sydney

Symbols and other usages

-	Nil or rounded to zero
..	Not applicable
na	Not available



EXECUTIVE SUMMARY

The Medical Training Review Panel (MTRP) was formed under legislation in 1997 to report to the Commonwealth Minister for Health on the activities of the MTRP and provide data on medical training opportunities in Australia. Over the years, through its annual report, the Panel has provided a comprehensive picture of medical education and training, supplementing this with other data on the medical workforce supply.

The eighteenth annual report of the MTRP, like the previous reports, provides information on university, prevocational and vocational medical training positions, students and trainees, examination results and college fellows. Information is also included on overseas trained medical practitioners who are seeking to work or currently work in Australia.

The report was compiled by the Australian Government Department of Health, with oversight by the MTRP.

Data were provided by the Medical Deans Australia and New Zealand Inc. (Medical Deans), state and territory health departments through their postgraduate medical councils, specialist medical colleges, General Practice Education and Training Limited (GPET) and the Australian Medical Council (AMC). Selected administrative data from the Australian Government Department of Health and the Australian Government Department of Immigration and Border Protection have also been included.

To aid readability, tables in the body of the report present time series information on the last five years for which data were available. Data for all years are included in Appendix D and where possible date back to 1997, which was the first year of annual reporting by the MTRP. For the purposes of the Executive Summary, the latest available data have been summarised and trends in the data have been examined across all years for which national data were available.

University Medical Training

In Australia, professional entry level medical education is provided by university medical schools as four to six year bachelor degree or largely four year postgraduate master level degree courses. There are 18 universities with accredited medical schools, and a number of these were established in the last ten years. All of these universities have now produced graduates. The University of Melbourne was the first to commence Doctor of Medicine (MD) program in 2011 and had the first cohort of postgraduate degree graduates in 2014.

In 2014, there were 16,837 medical students studying in Australian universities. This was a decrease of less than one percent (157 or 0.9%) from 2013. Almost half (8,132 or 48.3%) of these students were undertaking a four-year course. This was slightly higher than in 2013 (7,805 or 45.9%).

Over three-quarters of all places in 2014 were Commonwealth-supported (13,351 or 79.3%). This is similar to previous years, with 78.4% of students receiving Commonwealth support in 2013 and 78.8% in 2012. Figure 1 shows that the majority of these students (9,587 or 71.8%) received support through the Higher Education Contribution Scheme – Higher Education Loan Program (HECS-HELP) only. The remaining students were in bonded places receiving assistance through the Bonded Medical Places (BMP) Scheme and the Medical Rural Bonded Scholarship (MRBS) Scheme.

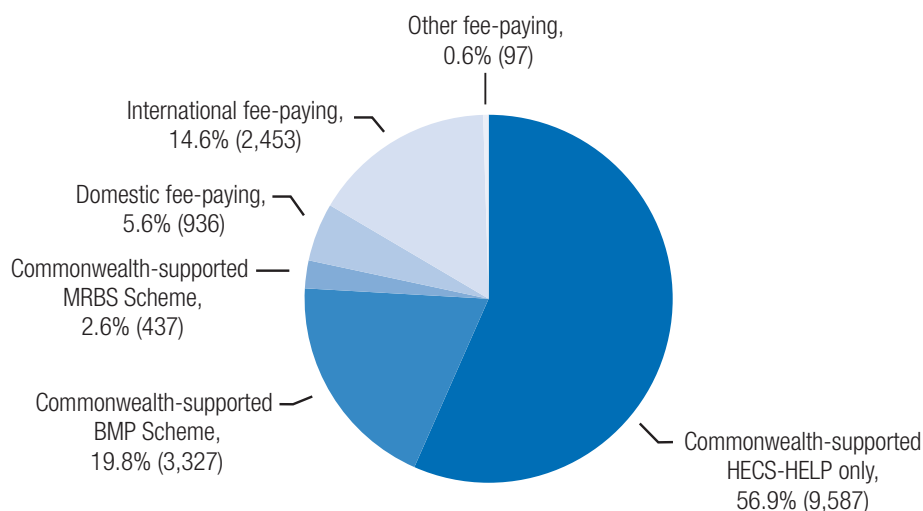
Students participating in the BMP Scheme have a return of service obligation to work in a District of Workforce Shortage (DWS) as identified by the Commonwealth, for a period of time equal to the length of the medical degree. However, up to half of the return of service obligation can be met while completing prevocational and vocational training.

Recipients of the MRBS Scheme scholarship are required to work for six continuous years in locations within Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) 2 to 5. MRBS Scheme doctors start their six year commitment to work in rural Australia after completing their vocational training.

In addition, medical students can be supported by scholarships through a variety of other sources, namely the state or territory, the university or other institutions and, for international students, their home country.

Overall, international students occupied 2,453 or 14.6% of places. These students were studying as private or sponsored students and were not Australian citizens, permanent residents or New Zealand citizens. This proportion decreased from 2013. A small proportion of Australian citizens (936 or 5.6% of medical students) also pay fees.

Figure 1: Medical students by type of student place: Number and proportion of places, 2014



Source: Medical Deans Australia and New Zealand Inc

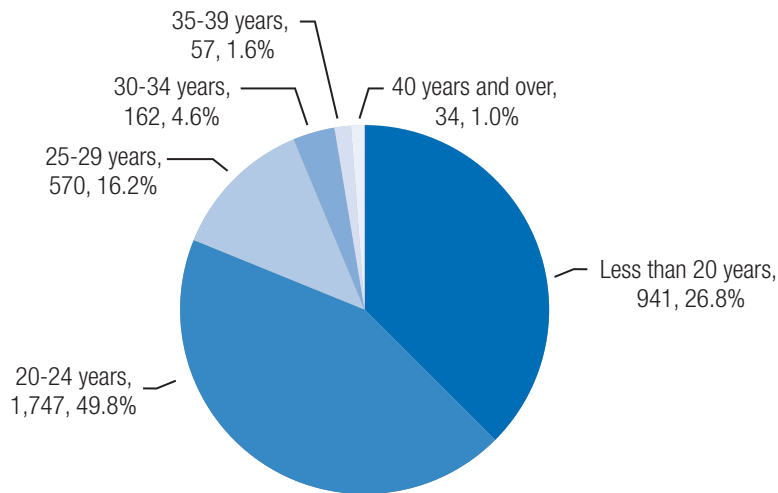
In 2014, 275 medical students identified that they were of Aboriginal or Torres Strait Islander descent. Although this is a small proportion of all medical students, it represents an increase of 5.4% from 2013 and is over two-and-a-half times the number of students who identified themselves as Aboriginal and/or Torres Strait Islander people(s) in 2006 (99).

Of the total medical students, 3,737 were in the first year of their medical studies and 3,185 or 85.2% of these were domestic students.

Most students were under the age of 25 years when they commenced their medical studies. Data from 2013 shows that just over three quarters (76.6%) of students were under 25 years

(Figure 2). A further 16.2% were aged between 25 and 29 years and 7.2% were 30 years or older. Over half (57.3%) of the medical students commencing in 2013 began their studies after finishing another degree.

Figure 2: Commencing medical students by age groups, 2013



Source: Medical Schools Outcomes Database

Adult medicine and general practice were among the most preferred types of future medical practice for students in their final year of medical school and in their first postgraduate year (PGY1). Males ranked surgery as their most popular preference, while females favoured general practice.

Domestic students with a rural background comprised just over a quarter of all commencing domestic students (878 or 27.6%).

Over the last decade, the total number of commencing medical students has almost doubled, with the intake increasing by 1,617 or 76.3% from 2,120 in 2004 to 3,737 in 2014. This was primarily due to increases in the number of commencing domestic students, which rose by 87.5% compared with an increase of 31.1% for international students.

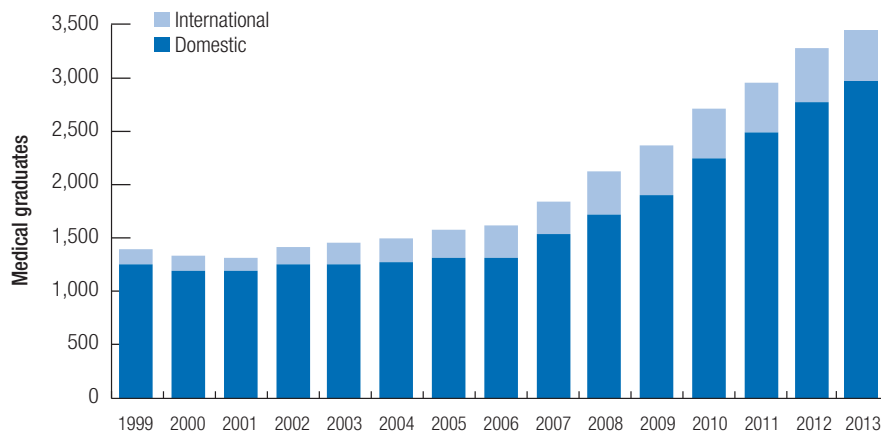
These increases are mirrored in the number of medical graduates each year. In 2013 there were 3,441 medical graduates, over double the 1,400 graduates in 1999 (Figure 3). The increase in numbers graduating annually fluctuated slightly up until 2006, but since then there have been marked annual changes.

The trend is somewhat different between graduating domestic and international students. International students constituted just 10.3% (or 144 of 1,400 graduates) in 1999, the first year for which data on these graduates were published. Since then the number has more than trebled, rising to 497 graduating international students in 2013. The number has also increased as a proportion of all medical graduates, reaching a peak of 19.5% in 2009. The proportions of graduating international students have seen a downward trend since 2009, where it decreased to 14.4% of all medical graduates in 2013.

The number of domestic students graduating each year increased from 1,256 in 1999 to 2,944 in 2013.

In 2013, 2,765 or 80.4% of medical graduates were Commonwealth-supported, with the majority of these in HECS-HELP only places. Almost three-quarters of fee-paying graduates were international students (74.5%).

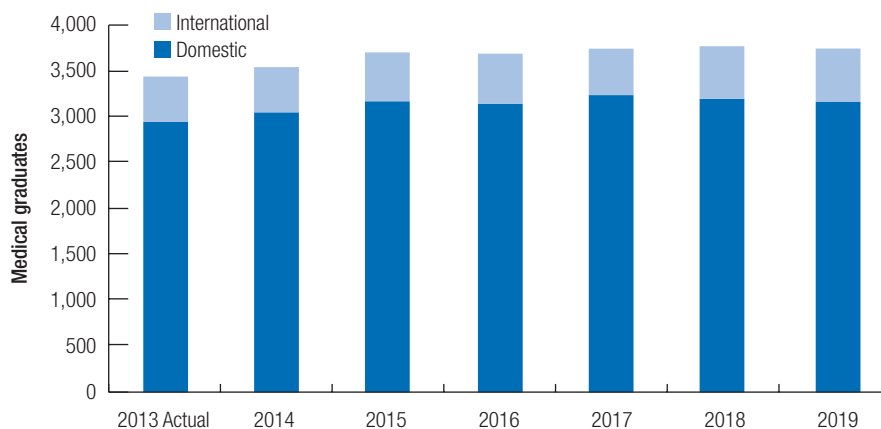
Figure 3: Domestic and international medical graduates, 1999–2013



Source: Medical Deans Australia and New Zealand Inc

From 2012 to 2013, the actual number of graduates increased by 4.8% rising from 3,284 to 3,441. It is projected that there will be 3,549 medical graduates in 2014, with a further small increase anticipated in 2015 (to 3,712). Based on current student enrolments it is expected that the number of medical graduates will be 3,763 in 2019 (Figure 4).

Figure 4: Projections of domestic and international medical graduates, 2013–2019



Source: Medical Deans Australia New Zealand Inc

Prevocational Medical Training

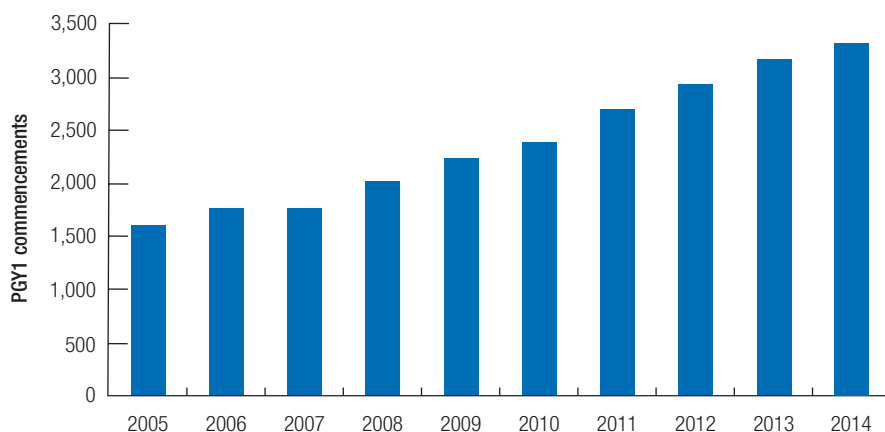
Satisfactory completion of the first postgraduate year (PGY1) is required before junior doctors are eligible for general registration. After PGY1, and prior to starting vocational training, most doctors spend one or more years working in public, private or community settings to gain more clinical experience.

In 2014, there were 3,287 trainees commencing PGY1 (Figure 5). This was an increase of 169 (5.4%) from 2013.

Just over four-fifths (2,651 or 80.7%) of all PGY1 trainees commenced training in the state or territory where they completed their medical degree.

PGY1 commencements have increased substantially each year, with the exception of 2007, showing an overall increase of 1,665 or 102.7% trainees from 2005 to 2014.

Figure 5: Postgraduate year 1 commencements, 2005–2014

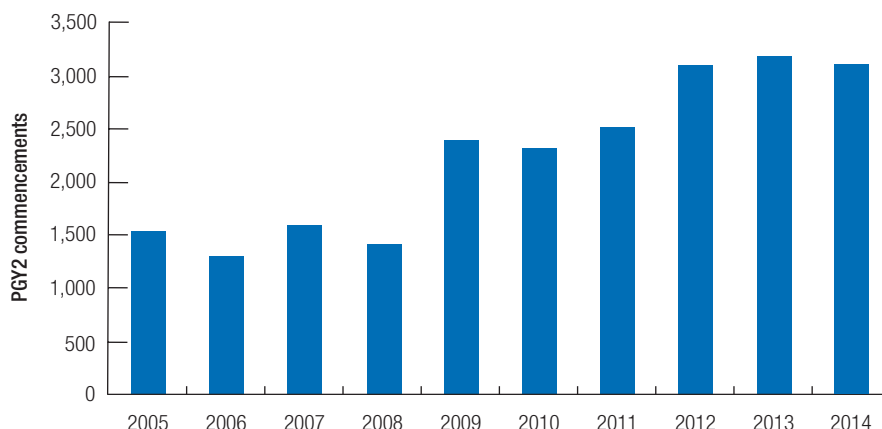


Source: State and Territory government health departments

In 2014, there were 3,107 doctors who were identified as commencing in postgraduate year 2 (PGY2) supervised medical training positions across Australia. This was a decrease of 87 or 2.7% from the previous year (Figure 6). This is likely to be an underestimation of the true numbers of doctors undertaking their second year of prevocational training, as unknown numbers may be recruited by health services.

The number of PGY2 commencements appears to have increased substantially in recent years. However, it is difficult to ascertain the true extent of the increase due to differences in the way prevocational trainees are actually contracted and methodological issues in obtaining data as a result of differences in the data captured through the various state and territory reporting systems.

Over two-thirds (2,343 or 75.4%) of all Australian trained PGY2 doctors commenced their second year of training in the state or territory in which they were trained in previously, compared with 351 or 11.3% who came from interstate.

Figure 6: Postgraduate year 2 commencements, 2005–2014

Source: State and Territory government health departments

Not all junior doctors go on to train in a medical specialty. A number continue to work in hospital settings in non-vocational career roles, typically as career medical officers (CMOs).

While a number of specialist medical colleges may accept entrants to vocational training programs directly following completion of PGY1, most require applicants to have completed the PGY2 in general prevocational training.

Vocational Medical Training

Most junior doctors seek entry into specialist or vocational training, which leads to a fellowship from an accredited specialist medical college. In 2014, training was provided through the specialist medical colleges and, in the case of general practice, General Practice Education and Training Ltd (GPET) and a network of Regional Training Providers. Vocational training programs were accredited by the Australian Medical Council (AMC). Each college had its own training program and requirements.

Data covers all Australian trainees, as well as international medical graduates who were registered vocational trainees and who were working or training in an accredited training position, post, facility or program.

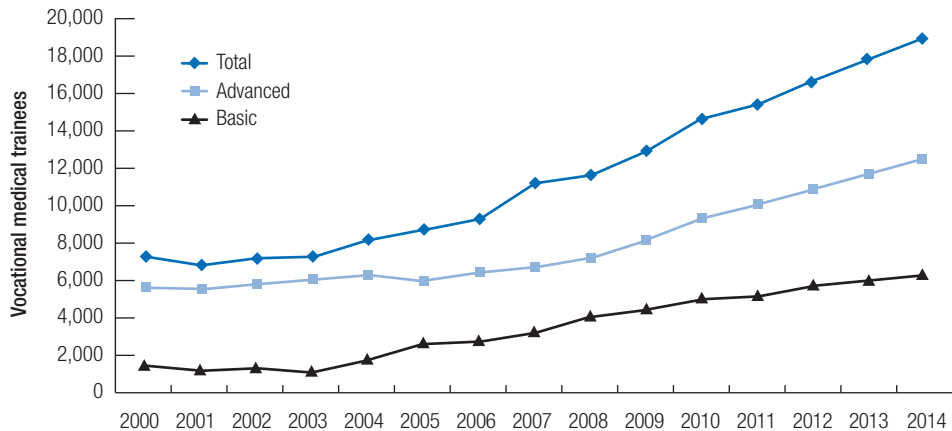
There were 19,158 vocational trainees in 2014 (Figure 7). This is over two and a half times the number reported in 2000 (7,262 vocational trainees).

In 2014, there were 6,367 basic trainees, representing one third (33.2%) of all trainees. There has been a constant increase in the number of basic trainees since 2005, mainly due to some colleges having introduced basic training as a pre-requisite to entry into their advanced training programs. Of the total number of basic trainees, 1,666 or 26.2% were in their first year.

In total, there were 12,791 advanced trainees in 2014, making up a larger proportion (66.8%) of the total number of trainees. The increase in basic trainees has resulted in advanced trainees

declining as a proportion of all trainees. However, total advanced trainee numbers have risen by 111.1% since 2005.

Figure 7: Vocational medical trainees, 2000–2014

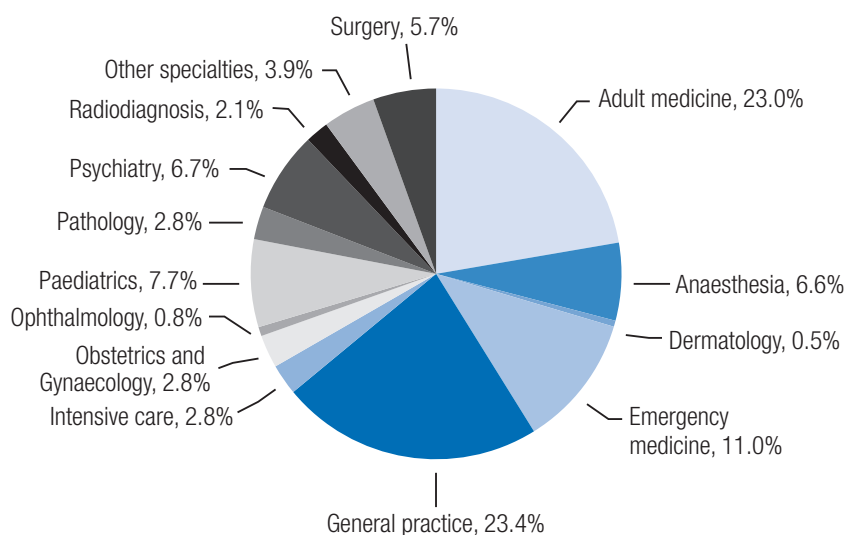


Source: Medical colleges

The education and training requirements of each medical specialty depend on the type of clinical medical practice, but commonly include basic and advanced training. Where required, a trainee can only apply for and compete for a position on an advanced specialist training program after successfully completing a basic training program or at a minimum PGY2.

Approximately one-third (33.0%) of all vocational trainees positions were in specialties governed by the Royal Australasian College of Physicians (RACP), such as addiction medicine, adult medicine, occupational and environmental medicine, paediatrics, palliative medicine, public health medicine, rehabilitation medicine and sexual health medicine, with 23.0% in adult medicine (Figure 8). Almost one-quarter (23.4%) of all vocational trainee positions were in general practice and 11.0% were in emergency medicine.

Figure 8: Vocational trainee positions by medical specialty, 2014



Source: Medical colleges

Fellowship

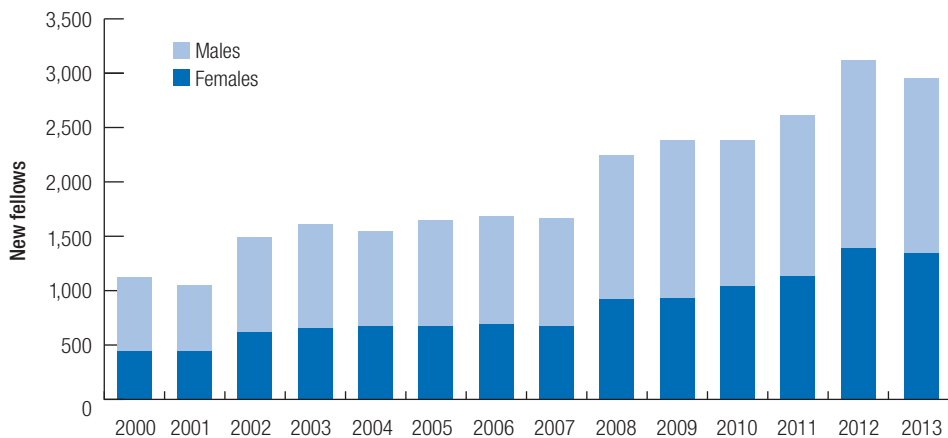
When medical practitioners finish their vocational training and have met all other requirements of the relevant specialist medical college, they are eligible to apply for fellowship of that college.

There were 2,954 new college fellows in 2013 (Figure 9). This is a significant increase since 2000, when the data were first collected, with the number of new fellows almost trebling (162.3%) from 1,126. The number of new fellows reported in 2013 slightly decreased from 2012, as new fellows who live overseas have been excluded from the total.

In 2013, over two-fifths (1,341 or 45.4%) of all new fellows were females.

Approximately one-quarter (710 or 24%) of new fellows were overseas trained specialists who had completed the requirements of the specialist medical colleges and were deemed substantially comparable with specialists trained by the medical college in Australia.

Figure 9: New fellows by gender, 2000-2013

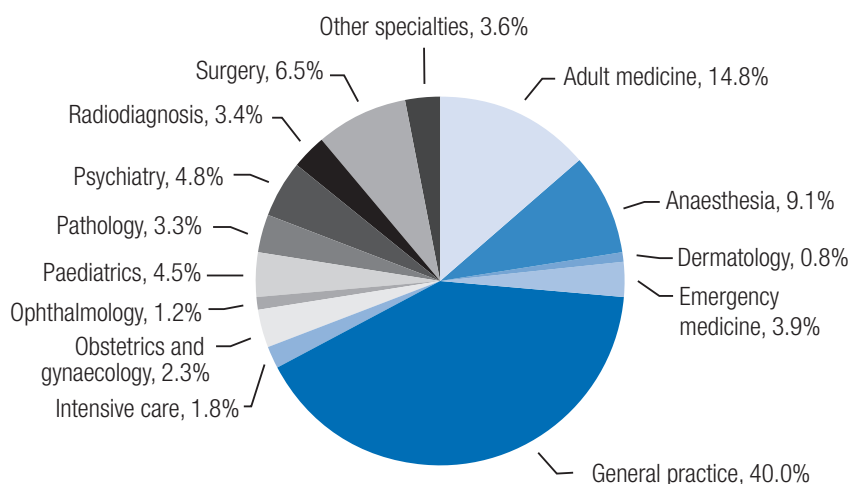


Source: Medical colleges

The proportion of new fellows in each medical specialty is shown in Figure 10. The proportionate split has remained approximately the same across the specialties over recent years, with two-fifths of all new fellows in general practice. General practice had the largest increase over the last five years in terms of absolute numbers, with 213 more new fellows in 2013 than in 2009. There were also large increases in the number of new fellows in anaesthesia (59), radiodiagnosis (56) and adult medicine (41) in 2013 over 2009.

Ophthalmology had the greatest proportional increase with the number of new fellows increasing from 11 to 36 (227.3%) between 2009 and 2013, radiodiagnosis also showed substantial growth in the last five years (127.3%).

The significance of the increased training activity and consequently the number of new fellows can be put into perspective by looking at it in relation to the total number of college fellows. There were 50,704 fellows of medical colleges reported as actively practising in their specialty.

Figure 10: Proportion of new fellows by medical specialty, 2013

Source: Medical colleges

Overall, new fellows represented 5.8% of all college fellows in 2013. The proportion of each college's fellows who were new fellows varied greatly across specialties, with the largest proportions of new fellows (8.6%) in pathology and RACP (jointly), followed by emergency medicine (7.9%), intensive care medicine (7.3%) and radiation oncology (7.0%).

Female Medical Training

In 2014, females comprised approximately half of the students commencing medical studies (52.3% domestic and 50.4% international students). Slightly different proportions of females (52.8% domestic and 49.1% international) were reported for medical graduates.

The proportion of female medical graduates has decreased slightly (0.8%) from 2012 to 52.3% in 2013. In vocational training, 53.9% of all basic trainees and 52.6% of advanced trainees were females in 2014. This proportion was far higher in some specialties, with females comprising three-fifths or more of advanced vocational trainees in obstetrics and gynaecology (74.5%), paediatrics (72.8%), public health medicine (72.8%), sexual health medicine (69.2%), rehabilitation medicine (66.3%), and general practice (63.1%). Oral and maxillofacial surgery (10.5%), sport and exercise medicine (22.0%) and surgery (27.5%) had low proportions of female advanced trainees in 2014.

The proportion of females who became new fellows in 2013 is somewhat lower than the proportion undertaking vocational training, remaining relatively stable at around two-fifths of the total new fellows each year since 2000. There were 1,341 new female fellows in 2013 (45.4%).

In 2013, 17,783 or 35.1% of all college fellows were females.

International Supply of Medical Practitioners

Overseas trained medical practitioners form a key part of the medical workforce in Australia, not only in rural and remote areas, but in metropolitan and regional areas.

In 2013-14, there were 2,650 visas granted to medical practitioners across the two main subclasses – 457 and 442/402. Almost half (44.1%) of visas under the main classes were granted to applicants from the United Kingdom and Republic of Ireland. Just 5.1% and 2.2% of the medical practitioners granted visas came from Canada and the United States of America respectively. More recently, larger numbers of international recruits have come from a number of Asian countries. In 2013-14, almost a third (28.5%) of all applications (visas under subclasses 457 and 442/402) was granted to medical practitioners from Malaysia (8.2%), India (6.9%), Sri Lanka (4.6%), Iran (3.2%), Singapore (3.2%) and Pakistan (2.4%).

In July 2006, the Council of Australian Governments (COAG) agreed to the introduction of a nationally consistent assessment process for international medical graduates and overseas trained specialists. This process now consists of three main assessment streams: the Competent Authority Pathway, the Standard Pathway and Specialist Pathway. The Australian Medical Council is responsible for processing applications by international medical graduates and overseas trained specialists.

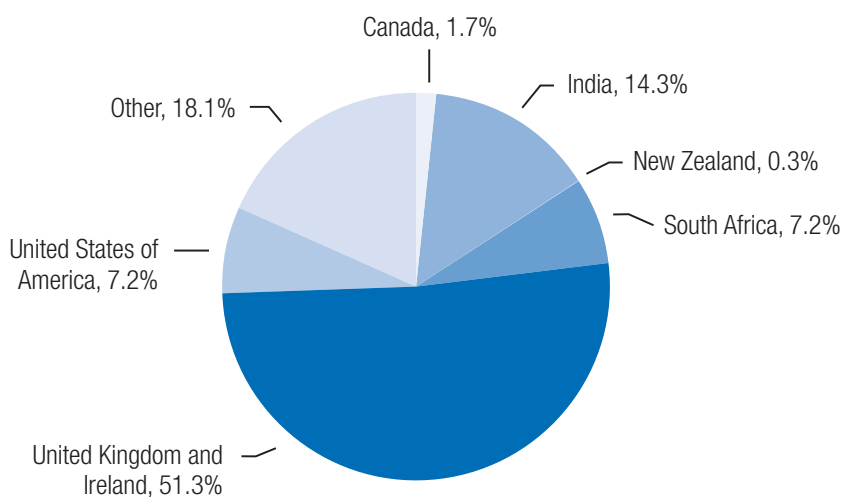
In 2013, the Australian Medical Council assessed a total of 1,123 applicants through the Competent Authority Pathway, with 662 applicants being granted Australian Medical Council Certificates, allowing them to apply for general registration. Just over two-thirds of the Australian Medical Council Certificates granted in 2013 were to international medical graduates from the United Kingdom.

Under the Standard Pathway 1,508 international medical graduates passed the Multiple Choice Questionnaire (MCQ) examination and 1,055 passed the Australian Medical Council clinical examinations. A total of 76 international medical graduates passed workplace-based assessment of their clinical skills and knowledge by an AMC-accredited authority.

There were 2,234 overseas trained specialists who applied to be recognised as a specialist under the Specialist Pathway to registration in 2013. Medical colleges conduct the assessments of comparability to Australian standards for the specialists and found 349 substantially comparable. These specialists were still required to complete periods of oversight and workplace based assessments by most medical colleges before being recommended to specialist registration. A further 335 specialists were deemed as partially comparable and requiring further training and/or examinations.

Of the 349 overseas trained specialists who were recognised as substantially comparable, over half (179 or 51.3%) were trained in the United Kingdom and the Republic of Ireland. This is a decrease in the number approved from these countries in 2012 (311 or 59.4%). The next largest number of overseas trained specialists (Figure 11) found substantially comparable in 2013 came from India (50 or 14.3%).

Figure 11: Country of training of overseas trained specialists with approved applications, 2013



Source: Australian Medical Council administrative data

Under Section 19AA of the *Health Insurance Act 1973 (the Act)*, Special Purpose Training Programs provide for those doctors who are seeking vocational recognition, but who are not involved in a specialist training program. Some of these programs specifically cover medical practitioners who have trained overseas to assist with their integration into the Australian workforce.

At June 2014, there were 11,138 overseas trained doctors with section 19AB exemptions restricting their practice to Districts of Workforce Shortage (DWS).

Although overseas trained doctors comprise a higher proportion of the medical workforce in more remote areas of Australia, the majority work in Major cities and Inner regional areas.

There is considerable variation between states and territories in the overall and relative numbers of overseas trained doctors. Queensland has relatively high numbers across all regions. Western Australia has relatively higher numbers of overseas trained general practitioners in Remote and Very remote areas. New South Wales has many across all regions with a lower portion in Remote and Very remote areas. Victoria continues to have a higher number of overseas trained general practitioners in its Major cities and Inner regional areas. Generally across all regions there are more overseas trained general practitioners than specialists for each state/territory, except Queensland in Remote and Very remote areas, Tasmania in Inner regional areas and the Australian Capital Territory in Major cities.

Chapter 1

INTRODUCTION

The eighteenth annual report of the Medical Training Review Panel (MTRP) documents the availability of training places at the undergraduate, prevocational and vocational levels. The report also includes information about special purpose programs and national projects related to the education and training of medical practitioners. The MTRP report is tabled annually in Parliament and distributed to key medical educational stakeholders and jurisdictions as well as being made available to other interested parties and the wider community via the internet¹.

The report presents the latest annual information on the different stages in the university medical education and vocational training pathways, and also includes analysis of trends and patterns in the supply of the medical workforce, where possible back to 1997, the first year of MTRP reporting. Data on medical practitioners who have trained overseas and have applied, or are now working in Australia, are also included.

Medical Training Review Panel Structure and Responsibilities

The MTRP was established as a time-limited committee in June 1997 by the then Minister for Health and Family Services under Section 3GC of the *Health Insurance Act 1973 (the Act)*. The terms of reference of the committee were to monitor the availability and take-up of medical training places by Hospital Medical Officers (HMOs) who come under the proficiency standards created by the *Health Insurance Act 1973 (No. 2) 1996*. The MTRP was made a permanent body in 2001 to ensure that the monitoring and reporting function continued in the future. In 2009, a review of the functions of the MTRP was undertaken. This reaffirmed the important role that the MTRP plays, both as a forum bringing together key stakeholders in medical education and training and also as an advisory group informing work in relation to medical education and training in this country.

Member organisations of the MTRP are appointed by Ministerial determination and include Medical Deans Australia and New Zealand Inc. (Medical Deans), the accredited specialist medical colleges, the Australian Medical Council (AMC), the Australian Medical Students' Association (AMSA), the Confederation of Postgraduate Medical Education Councils (CPMEC), the Australian Medical Association Council of Doctors-in-Training (AMACDT), the Australian General Practice Network (AGPN), Rural Doctors Association of Australia (RDAA), Australian Salaried Medical Officers Federation (ASMOF), General Practice Education and Training Ltd (GPET), state and territory health departments and the Commonwealth. It is chaired by the Australian Government Department of Health. A full list of member organisations and members is provided at Appendix A.

To assist with carrying out its duties, the MTRP is empowered to establish subcommittees as needed. The Clinical Training Subcommittee and the Data Subcommittee have been established for a number of years and have been involved in various activities reported in this and previous MTRP reports. The Rural Subcommittee was created in 2010. Summary information of these is provided below and more detailed information is at Appendix A.

¹ Reports are available on the Australian Government Department of Health website at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp>

- The Clinical Training Subcommittee was formed to monitor and report on the activities and progress being made to ensure that there are adequate clinical training positions for the increasing number of new medical graduates.
- The Data Subcommittee has provided advice in relation to the content of this and previous annual reports and the specifications of the data that these cover.
- The Rural Subcommittee was established to consider rural medical training issues.

Report Structure

The report presents background information and data on the various components of medical education and training as follows.

University Medical Education

Chapter 2 covers medical students enrolled in Australian universities, including information on numbers enrolled in each medical school by year of study, types of places, domestic and international student breakdowns, projections of the numbers expected to graduate over the next five years. Some data on students commencing medical studies collected through the Medical Schools Outcomes Database (MSOD) project have been included to provide additional information on the characteristics of students.

Prevocational Medical Training

Chapter 3 covers the number of prevocational junior doctors in training in the intern year or postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) positions across Australia.

Vocational Medical Training

Chapter 4 covers information on 2014 trainees by specialty and state and territory, and the results of college examinations in 2013. Data on new and total fellows for each of the medical colleges for 2013 are also included.

International Supply

Chapter 5 presents information on those doctors trained overseas (commonly referred to as international medical graduates), applying to work and working as medical practitioners in Australia. It provides a description of the Australian Medical Council process of assessment, and the number of overseas trained doctors and specialists seeking to practise medicine in Australia and the country in which they trained. Data are presented on approved working visas issued by the Australian Government Department of Immigration and Border Protection to medical practitioners. Information is also provided on medical practitioners who trained overseas who provided Medicare-funded services and how they are distributed across Australia.

Special Purpose Training Programs

Chapter 6 presents information on the range of special purpose training programs operating under Section 3GA of *the Act*. This allows medical practitioners undertaking postgraduate education or participating in approved workforce programs to provide professional services that attract Medicare benefits.

Appendices

The appendices contain more detailed information on the membership of MTRP and its subcommittees (Appendix A), and summary information about college training requirements (Appendix B).

A glossary of the main terms used throughout the report is provided at Appendix C.

The latest available data and, where possible, trend data for the previous five years have been presented in the main body of the report. Tables showing data from previous years (where possible back to 1997, the first year of MTRP reporting) have been included at Appendix D.

Appendices E and F contain the specifications used for collection of the data collated in this report and the difference in terminology between medical college training programs and those of the MTRP report.

Notes on the Data and its Preparation

Data Sources

Data for the MTRP report were supplied by a range of organisations.

Information on medical students was supplied by Medical Deans Australia and New Zealand Inc. (Medical Deans) from its Student Statistics Collection and from the Medical Schools Outcomes Database (MSOD) Project. Medical Deans is the peak national and cross-Tasman professional body representing entry-level medical education, training and research in Australia and New Zealand. The Student Statistics Collection is collated annually at the time of enrolment and includes all students. The MSOD Project collects data longitudinally by survey of individual students at all medical schools to create comprehensive demographic, educational and career intentions information.

Data on the first (internship) and second years of prevocational training were supplied by state and territory health departments. Information on Commonwealth Medical Internship initiative was provided by the Australian Government Department of Health.

In 2014, vocational training data relating to doctors pursuing specialist training were provided by each of the specialist medical colleges. GPET, as well as the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), provided data on general practice training. Given these multiple sources, efforts have been made to ensure that there is no double counting of trainees.

Administrative data for Chapter 5 on international supply were sourced from the Australian Medical Council, the Australian Government Department of Immigration and Border Protection and the Australian Government Department of Health.

Data Quality Issues

The quality of the MTRP report, as a single reference point covering all aspects of medical education and training, is dependent on the provision and collation of comprehensive information from all contributors. Data templates and specifications defining each data element and the periods covered have been developed for all areas of the report with the assistance of members of the Data Subcommittee.

The specifications used in compilation of this report are attached in Appendix E. The MTRP has endeavoured to ensure the source data are according to the data specifications, but where this is not possible and data differ from the provided specifications, this is duly noted in the report.

These continued enhancements have greatly improved the comparability of data between state and territories and specialties within tables. This has, however, affected comparability of data across years. Where this is known to have significantly impacted the analysis of time series data, cautions have been noted.

There are a number of areas in which there have been attempts to source more and/or improved information, in particular to quantify activity in relation to the training and supervision of international medical graduates and specialists and the country from which they obtained their primary medical qualifications and previously worked. It is hoped that specialist medical colleges will introduce new data items that will allow this information to be presented in future reports.

The MTRP is dedicated to continue working with state and territories, specialist medical colleges and relevant external agencies to improve the data and provide more comprehensive information in medical training as necessary to inform policy and planning decisions.

Reporting Periods

Given the differing collection methodologies for different data, the year for which data are reported varies. The majority of data presented in the report are for 2014 with most data reported as at 30 June 2014.

The exceptions to these are MSOD statistics, data on medical graduates, college examinations, new and total college fellows, which are reported for the previous calendar year, 2013.

Data on international medical graduates and overseas trained specialists are also reported for 2013, however, where data are for 2014, this is noted.

Examination of Trends

The MTRP report has been produced annually since 1997. Tables in the body of the report present information pertaining to the latest five years. Where data were available from the previous years, this has been included in Appendix D.

In some cases data from previous years have been updated or amended. Where this has occurred, it is duly noted. Therefore, caution should be used when comparing data with that of previous editions of this report. Data can vary between years where its scope has changed due to more detailed specifications and different interpretations of what was required in previous reports. An effort has been made to note where there are significant differences in the way data have been collected or reported across years, or there have been changes in requirements, such as in relation to the training provided.

Medical College Acronyms and Specialties

Data on vocational training have been provided by specialist medical colleges and are reported by medical specialty. Table 1.1 provides a guide to the full names of the medical colleges, the acronym used for these throughout the report and the associated specialties under which data are reported.

Table 1.1: Medical colleges: Acronyms, names and specialties

Acronym	College name	Specialty
ACD	Australasian College of Dermatologists	Dermatology
ACEM	Australasian College for Emergency Medicine	Emergency medicine
ACRRM	Australian College of Rural and Remote Medicine	General practice
ACSP	Australasian College of Sports Physicians	Sport and exercise medicine
ANZCA	Australian and New Zealand College of Anaesthetists	Anaesthesia
	<i>Faculty of Pain Medicine</i>	Pain medicine
CICM	College of Intensive Care Medicine of Australia and New Zealand	Intensive care
RACDS	Royal Australasian College of Dental Surgeons	Oral and maxillofacial surgery
RACGP	Royal Australian College of General Practitioners	General practice
RACMA	Royal Australasian College of Medical Administrators	Medical administration
RACP	Royal Australasian College of Physicians	
	<i>Australasian Faculty of Occupational and Environmental Medicine</i>	Occupational and environmental medicine
	<i>Australasian Faculty of Public Health Medicine</i>	Public health medicine
	<i>Australasian Faculty of Rehabilitation Medicine</i>	Rehabilitation medicine
	<i>Adult Medicine Division</i>	Adult medicine
	<i>Paediatrics and Child Health Division</i>	Paediatrics
	<i>Australasian Chapter of Addiction Medicine</i>	Addiction medicine
	<i>Australasian Chapter of Palliative Medicine</i>	Palliative medicine
	<i>Australasian Chapter of Sexual Health Medicine</i>	Sexual health medicine
RACS	Royal Australasian College of Surgeons	Surgery
RANZCO	Royal Australian and New Zealand College of Ophthalmologists	Ophthalmology
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Obstetrics and gynaecology
RANZCP	Royal Australian and New Zealand College of Psychiatrists	Psychiatry
RANZCR	Royal Australian and New Zealand College of Radiologists	Radiodiagnosis
	<i>Faculty of Radiation Oncology</i>	Radiation oncology
RCPA	Royal College of Pathologists of Australasia	Pathology
	Joint Pathology – Royal Australasian College of Physicians and Royal College of Pathologists of Australasia	Pathology

Chapter 2

UNIVERSITY MEDICAL EDUCATION AND TRAINING

The latest data on medical students studying at Australian universities are presented in this chapter which analyses trends over the last five years. Additional data, where available, are presented in Appendix D. This information has been included in the MTRP report since 2006.

Medical Students

In Australia, university medical schools accredited by the Australian Medical Council provide professional entry level medical education. There are 18 universities with accredited medical schools in Australia, and a number of these were established in the last ten years. All of these universities have now produced graduates.

In the past, most medical doctors completed a five or six-year Bachelor of Medicine and Bachelor of Surgery (MBBS) degree to gain a professional entry level qualification. However, over the years an increasing number of four-year (graduate-entry) programs have been introduced.

Traditionally, these medical school programs resulted in a bachelor degree qualification. However, from 2015 approximately 45% of medical schools, representing nearly 50% of commencing domestic students will have moved to a Doctor of Medicine or equivalent program, resulting in graduates with a masters level qualification. The first of these was the University of Melbourne which commenced this program in 2011 and had the first cohort of masters graduates in 2014.

With the combination of graduate entry and Doctor of Medicine programs, over 60% of medical schools² in Australia require seven years of tertiary study to attain a professional entry level medical qualification, which accounts for nearly 60% of commencing domestic students. This change is consistent with trends in other health professional programs moving into post graduate courses.

Current programs integrate pre-clinical and clinical components throughout the program and incorporate clinical experience from early in the course. However, the most significant clinical exposure occurs in the latter years of the program.

Medical students gain clinical exposure in a range of clinical settings and via simulation. Throughout their professional entry level medical program, students are provided with the skills, knowledge and attributes to move to the next phase of their training, which is the prevocational phase (prior to specialty training).

2 Some of these schools also offer additional entry pathways resulting in shorter tertiary education periods.

Current Data

In 2014, there were 16,837 medical students studying in Australian universities (Table 2.1). Of these, 4,388 (26.1%) were undertaking a six-year course, 4,317 (25.6%) were undertaking a five-year course and 8,132 (48.3%) were undertaking a four-year course.

Table 2.1: Medical students in Australian universities, 2014

University	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	150	151	197	185	183	167	1,033
James Cook	214	219	195	170	191	162	1,151
Melbourne UG ^(a)	0	0	0	4	8	6	18
UNSW	295	297	256	263	287	280	1,678
UWA UG ^(b)	0	0	0	166	182	160	508
Subtotal	659	667	648	788	851	775	4,388
5-year course							
Bond ^(c)	94	92	95	81	84	..	446
Monash UG ^(d)	310	318	311	304	236	..	1,479
Newcastle/UNE	194	213	202	220	206	..	1,035
Tasmania	117	120	104	108	113	..	562
UWA PG ^{(b),(c)}	0	0	52	67	53	..	172
UWS	127	120	123	123	130	..	623
Subtotal	842	863	887	903	822	..	4,317
4-year course							
ANU	93	98	82	91	..	..	364
Deakin	134	136	138	136	..	..	544
Flinders	166	167	151	131	..	..	615
Griffith	153	152	153	143	..	..	601
Melbourne MD ^(a)	347	326	319	313	..	..	1,305
Monash PG ^(d)	81	85	88	80	..	..	334
Notre Dame Sydney	120	121	112	109	..	..	462
Notre Dame Fremantle	113	108	89	108	..	..	418
Queensland ^(e)	413	438	435	435	..	..	1,721
Sydney	298	293	297	315	..	..	1,203
UWA MD ^(b)	233	0	0	0	..	..	233
Wollongong	85	82	85	80	..	..	332
Subtotal	2,236	2,006	1,949	1,941	..	..	8,132
Total	3,737	3,536	3,484	3,632	1,673	775	16,837

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Undergraduate program last intake was in 2008. Master (MD) program commenced in 2011.

(b) There were no enrolments into UWA PG or UG courses. All students now enrol into UWA MD course from 2014.

(c) These courses are slightly less than 5 years in duration – Bond 4.8 years and UWA PG 4.7 years.

(d) Excludes all offshore programs, including Monash Malaysia.

(e) Excludes all offshore programs, including UQ Ochsner.

Source: Medical Deans Australia and New Zealand Inc

In 2014, 14,384 or 85.4% of all students were domestic students (Table 2.2). A domestic student is defined as being an Australian or New Zealand citizen, or an Australian permanent resident. Of these, 3,611 (25.1%) students were undertaking a six-year course, 3,676 (25.6%) were undertaking a five-year course and 7,097 (49.3%) were undertaking a four-year course.

Table 2.2: Domestic medical students in Australian universities, 2014

University	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	116	120	172	164	156	138	866
James Cook	182	184	174	155	164	141	1,000
Melbourne UG ^(a)	0	0	0	3	8	6	17
UNSW	214	235	199	203	233	227	1,311
UWA UG ^(b)	0	0	0	136	151	130	417
Subtotal	512	539	545	661	712	642	3,611
5-year course							
Bond ^(c)	94	92	95	79	82	..	442
Monash UG	242	265	248	255	188	..	1,198
Newcastle/UNE	173	186	176	187	174	..	896
Tasmania	99	100	79	86	86	..	450
UWA PG ^{(b),(c)}	0	0	43	67	53	..	163
UWS	108	100	103	109	107	..	527
Subtotal	716	743	744	783	690	..	3,676
4-year course							
ANU	90	97	81	88	..	..	356
Deakin	129	131	132	134	..	..	526
Flinders	152	142	131	113	..	..	538
Griffith	150	148	147	142	..	..	587
Melbourne MD ^(a)	302	293	285	292	..	..	1,172
Monash PG	76	77	83	65	..	..	301
Notre Dame Sydney	120	121	112	109	..	..	462
Notre Dame Fremantle	113	108	89	108	..	..	418
Queensland	306	328	315	335	..	..	1,284
Sydney	229	226	221	264	..	..	940
UWA MD ^(b)	210	0	0	0	..	..	210
Wollongong	80	73	76	74	..	..	303
Subtotal	1,957	1,744	1,672	1,724	..	..	7,097
Total	3,185	3,026	2,961	3,168	1,402	642	14,384

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Undergraduate program last intake was in 2008. Master (MD) program commenced in 2011.

(b) There were no enrolments into UWA PG or UG courses. All students now enrol into UWA MD course from 2014.

(c) These courses are slightly less than 5 years in duration – Bond 4.8 years and UWA PG 4.7 years.

Source: Medical Deans Australia and New Zealand Inc

In 2014, 2,453 or 14.6% of all students were international students (Table 2.3). An international student is defined as a student studying onshore in Australia as a private or sponsored student who is not an Australian or New Zealand citizen, or permanent resident. Of these, 777 (31.7%) were undertaking a six-year course, 641 (26.1%) were undertaking a five-year course and 1,035 (42.2%) were undertaking a four-year course.

Table 2.3: International^(a) medical students in Australian universities, 2014

University	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	34	31	25	21	27	29	167
James Cook	32	35	21	15	27	21	151
Melbourne UG ^(b)	0	0	0	1	0	0	1
UNSW	81	62	57	60	54	53	367
UWA UG ^(c)	0	0	0	30	31	30	91
Subtotal	147	128	103	127	139	133	777
5-year course							
Bond ^(d)	0	0	0	2	2	..	4
Monash UG ^(e)	68	53	63	49	48	..	281
Newcastle/UNE	21	27	26	33	32	..	139
Tasmania	18	20	25	22	27	..	112
UWA PG ^{(c),(d)}	0	0	9	0	0	..	9
UWS	19	20	20	14	23	..	96
Subtotal	126	120	143	120	132	..	641
4-year course							
ANU	3	1	1	3	..	..	8
Deakin	5	5	6	2	..	..	18
Flinders	14	25	20	18	..	..	77
Griffith	3	4	6	1	..	..	14
Melbourne MD ^(b)	45	33	34	21	..	..	133
Monash PG ^(e)	5	8	5	15	..	..	33
Notre Dame Sydney	0	0	0	0	..	..	0
Notre Dame Fremantle	0	0	0	0	..	..	0
Queensland ^(f)	107	110	120	100	..	..	437
Sydney	69	67	76	51	..	..	263
UWA MD ^(c)	23	0	0	0	..	..	23
Wollongong	5	9	9	6	..	..	29
Subtotal	279	262	277	217	..	..	1,035
Total	552	510	523	464	271	133	2,453

UG – undergraduate**PG – postgraduate****MD – Doctor of Medicine**

(a) International students are those studying onshore in Australia as private or sponsored students who are not Australian or New Zealand citizens, or permanent residents.

(b) Undergraduate program last intake was in 2008. Master (MD) program commenced in 2011.

(c) There were no enrolments into UWA PG or UG courses. All students now enrol into UWA MD course from 2014.

(d) These courses are slightly less than 5 years in duration – Bond 4.8 years and UWA PG 4.7 years.

(e) Excludes all offshore programs, including Monash Malaysia.

(f) Excludes all offshore programs, including UQ Ochsner.

Source: Medical Deans Australia and New Zealand Inc

There were an additional 998 international students in 2014, studying in Australian offshore programs³ (Table 2.4). This represented 28.9% of the total international students.

³ While these programs are primarily delivered offshore, the majority of these students spend limited educational time in Australia during their degree.

A total of 621 or 18.0% of international students were studying in Monash Malaysia and 347 or 10.1% were in Ochsner (USA) program of Queensland University.

Table 2.4: International students studying in Australian offshore programs, 2014

	Total	Proportion of total international students (%)
International Medical University (IMU)	30	0.9
Monash Malaysia	621	18.0
Queensland University Ochsner (USA)	347	10.1
Total	998	28.9

Source: Medical Deans Australia and New Zealand Inc

Types of Student Places

In Australia a student undertaking medical studies may occupy either:

- a Commonwealth-supported university place (CSP), where the student is required to pay for only part of the cost of his or her degree through HECS-HELP; or
- a full fee-paying place, which is funded entirely by the tuition fees paid by the student.

Some medical students occupying Commonwealth-supported university places are participating in the Bonded Medical Places (BMP) Scheme or have received scholarships through the Medical Rural Bonded Scholarship (MRBS) Scheme, which commenced in 2004 and 2001 respectively.

Students participating in the BMP Scheme have a return of service obligation to work in a District of Workforce Shortage (DWS) as identified by the Commonwealth, for a period of time equal to the length of the medical degree. However, up to half of the return of service obligation can be met while completing prevocational and vocational training.

Recipients of the MRBS Scheme scholarship are required to work for six continuous years in locations within Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) 2 to 5. MRBS Scheme doctors start their six year commitment to work in rural Australia after completing their vocational training.

The Northern Territory government supports another unique program – the Northern Territory Medical Program. This program is a Northern Territory government funded program that funds all 24 student placements through a return of service obligation program.

Table 2.5 provides detailed information on the number and types of places available at each university in 2014.

Over three-quarters of all university places each year are Commonwealth-supported. In 2014, there were 13,351 Commonwealth-supported places or 79.3% of all places.

Approximately one-fifth (20.1%) of all medical students were fee-paying in 2014. Just fewer than three-quarters of full fee-paying places were occupied by international students and this number is similar among commencing students (72.1%) in Table 2.6 and all medical students (72.4%) in Table 2.5.

Table 2.5: Medical students by type of student place and university, 2014

	Commonwealth-supported places	Fee-paying		Other ^(b)	Total
		Domestic	International ^(a)		
Adelaide	863	3	167	0	1,033
ANU	356	0	8	0	364
Bond	0	442	4	0	446
Deakin	524	1	18	1	544
Flinders	448	0	77	90	615
Griffith	587	0	14	0	601
James Cook	996	4	151	0	1,151
Melbourne MD	999	173	133	0	1,305
Melbourne UG	17	0	1	0	18
Monash PG	294	7	33	0	334
Monash UG	1,190	8	281	0	1,479
Newcastle/UNE	894	2	139	0	1,035
Notre Dame Sydney	240	222	0	0	462
Notre Dame Fremantle	413	5	0	0	418
Queensland	1,253	25	437	6	1,721
Sydney	919	21	263	0	1,203
Tasmania	450	0	112	0	562
UNSW	1,294	17	367	0	1,678
UWA MD	210	0	23	0	233
UWA PG	163	0	9	0	172
UWA UG	417	0	91	0	508
UWS	521	6	96	0	623
Wollongong	303	0	29	0	332
Total	13,351	936	2,453	97	16,837

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

(b) Includes medical students on state health department bonded medical scholarships.

Source: Medical Deans Australia and New Zealand Inc

Table 2.6 provides detailed information on the number and types of places available at each university in 2014 for commencing students.

Similarly to Table 2.5, over three-quarters of all university places for commencing students were Commonwealth-supported. Of the 3,737 commencing medical students in 2014, 2,940 students or 78.7% were in these places.

Table 2.6: Commencing medical students by type of student place and university, 2014

	Commonwealth-supported places	Fee-paying places		Other ^(b)	Total
		Domestic	International ^(a)		
Adelaide	116	0	34	0	150
ANU	90	0	3	0	93
Bond	0	94	0	0	94
Deakin	129	0	5	0	134
Flinders	121	0	14	31	166
Griffith	150	0	3	0	153
James Cook	182	0	32	0	214
Melbourne MD ^(c)	260	42	45	0	347
Monash PG	74	2	5	0	81
Monash UG	240	2	68	0	310
Newcastle/UNE	173	0	21	0	194
Notre Dame Sydney	55	65	0	0	120
Notre Dame Fremantle	109	4	0	0	113
Queensland	305	1	107	0	413
Sydney	228	1	69	0	298
Tasmania	99	0	18	0	117
UNSW	211	3	81	0	295
UWA MD ^(c)	210	0	23	0	233
UWS	108	0	19	0	127
Wollongong	80	0	5	0	85
Total	2,940	214	552	31	3,737

UG – undergraduate**PG – postgraduate****MD – Doctor of Medicine**

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

(b) Includes medical students on state health department bonded medical scholarships.

(c) UWA and University of Melbourne now only admit students to their MD programs.

Source: Medical Deans Australia and New Zealand Inc

Table 2.7 provides further information on recent trends in the proportion of student places.

In 2014, the majority of Commonwealth-supported students occupied HECS-HELP only places (9,587 places or 71.8% of Commonwealth-supported places), whereas 3,764 or 28.2% of Commonwealth-supported students had a return of service obligation under either the MRBS Scheme or BMP Scheme, in addition to contributing to the cost of their education under HECS-HELP.

Eleven years after the commencement of the BMP Scheme, there were 3,327 students in BMP Scheme places. This was a slight decrease from 2013 (by 49 students). However, from 2010 to 2014 the number of students supported through this scheme had increased by 641 places or 23.9%.

The number of students in the MRBS Scheme also increased from 2013 (by 21 students or 5.0%). However, the number of students in MRBS Scheme places remained relatively constant since 2010, ranging between 480 students in 2010 and 437 students in 2014. The number of MRBS Scheme students as a proportion of all student places decreased from 3.1% in 2010 to 2.6% in 2014, while the number of BMP Scheme students as a proportion of all students increased from 17.4% in 2010 to 19.8% in 2014.

The proportion of domestic fee-paying students was in steady decline for three years since 2010 (5.9% of all students in 2010 to 4.7% of all students in 2012). But the proportion of domestic fee-paying students increased in 2013 (to 5.1%) and 2014 (to 5.6%).

Over the last five years the absolute number of international fee-paying students has plateaued, but the proportion has decreased slightly from 15.9% in 2010 to 14.6% in 2014.

Table 2.7: Medical students by type of student place: Number and proportion of places, 2010-2014

	2010	2011	2012	2013	2014
Medical students					
Commonwealth-supported	11,873	13,016	13,289	13,315	13,351
HECS-HELP only	8,707	9,435	9,538	9,621	9,587
BMP Scheme	2,686	3,122	3,282	3,278	3,327
MRBS Scheme	480	459	469	416	437
Fee-paying	3,356	3,364	3,492	3,598	3,389
Domestic	905	829	801	871	936
International ^(a)	2,451	2,535	2,691	2,727	2,453
Other^(b)	231	111	87	81	97
Total	15,460	16,491	16,868	16,994	16,837
Proportion of places (%)					
Commonwealth-supported	76.8	78.9	78.8	78.4	79.3
HECS-HELP only	56.3	57.2	56.5	56.6	56.9
BMP Scheme	17.4	18.9	19.5	19.3	19.8
MRBS Scheme	3.1	2.8	2.8	2.4	2.6
Fee-paying	21.7	20.4	20.7	21.2	20.1
Domestic	5.9	5.0	4.7	5.1	5.6
International ^(a)	15.9	15.4	16.0	16.0	14.6
Other^(b)	1.5	0.7	0.5	0.5	0.6
Total	100.0	100.0	100.0	100.0	100.0

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

(b) Includes medical students on state health department bonded medical scholarships.

Source: Medical Deans Australia and New Zealand Inc

Scholarships

Students can receive scholarships through a variety of sources.

Data was collected through the Medical Schools Outcomes Database (MSOD) project from 3,511 medical students (95.7% of the total 3,669) commencing their studies in 2013. Of these, 367 (10%) students stated that they received a scholarship to support them in their medical studies (Table 2.8).

Table 2.8: Commencing medical students source of scholarships, 2013

Source of scholarships	Students	Proportion (%)
Commonwealth scholarships	99	27.0
State scholarships	8	2.2
Scholarships provided by Australian universities	211	57.5
Scholarships provided by home country to international students	28	7.6
Scholarships provided by other institutions	8	2.2
Unnamed	13	3.5
Total	367	100.0

Source: Medical Schools Outcomes Database

Student Characteristics

Data from MSOD provide insights into who is undertaking medical studies. Data are recorded for the 3,511 students (95.7% of the total 3,669) who completed the MSOD entry requirements in 2013.

Just over three-quarters (76.6%) of students commencing their medical studies in 2013 were under the age of 25 years (Table 2.9).

Table 2.9: Commencing medical students by sex and age, 2013

Age group	Male	Female	Proportion female (%)	Total	Proportion of total (%)
Less than 20 years	403	538	57.2	941	26.8
20-24 years	898	849	48.6	1,747	49.8
25-29 years	294	276	48.4	570	16.2
30-34 years	91	71	43.8	162	4.6
35-39 years	29	28	49.1	57	1.6
40 years and over	21	13	38.2	34	1.0
Total	1,736	1,775	50.6	3,511	100.0

Source: Medical Schools Outcomes Database

Just over half (57.3%) of the medical students commencing in 2013 began their studies after finishing another degree, with 84% of these having completed a tertiary qualification in science, medical science and health and/or allied health (Table 2.10).

Table 2.10: Commencing medical students discipline of highest tertiary qualification completed, 2013

Discipline of prior degree	Undergraduate entry	Graduate entry	Total
Science ^(a)	33	626	659
Medical Science ^(b)	24	431	455
Health/Allied Health ^(c)	46	531	577
Humanities	10	122	132
Commerce/Business/Law	8	72	80
Physical sciences ^(d)	2	47	49
Other/unknown	5	56	61
Total	128	1,885	2,013

(a) B.Sci, B Applied Sci (no or unclear major), Vet Sci, Liberal Arts, B Sci in Human Movement, biotechnology, human kinetics, exercise science and psychology.

(b) B. Medical Science, pathology, biochemistry, microbiology, haematology, histopathology, cytology and immunology.

(c) Radiography, nursing, optometry, podiatry, speech pathology, orthodontics, nutrition, public health and tropical medicine, occupational therapy, kinesiology, naturopathy, pharmacy, physiotherapy, dentistry, dental surgery, oral health, prosthetics and orthotics.

(d) B Eng, B Computer Science, architecture, urban planning, electronics, surveying, IT and mathematics.

Source: Medical Schools Outcomes Database

The majority (93.6%) of these students entered a graduate-entry medical program. Just less than three quarters (74.1%) had bachelor degrees, 16.4% had completed honours, graduate diploma or certificate and 9.3% of these students had a master or doctoral degree. Only 1.1% (39) of commencing students in 2013 reported having a Doctoral qualification at entry to medical studies (Table 2.11).

Table 2.11: Commencing medical students level of highest prior tertiary qualification by medical degree entry program^(a), 2013

Level of prior degree	Undergraduate entry	Proportion undergraduate entry (%)	Graduate entry	Proportion graduate entry (%)	Total
PhD	2	1.6	37	2.0	39
Master	21	16.4	139	7.4	160
Graduate Diploma/Certificate	5	3.9	53	2.8	58
Honours	10	7.8	257	13.6	267
Bachelor	82	64.1	1,396	74.1	1,478
Associate Degree	2	1.6	0	0	2
Other/unknown	6	4.7	3	0.2	9
Total	128	100.0	1,885	100.0	2,013

(a) Based on all individuals who reported previous qualifications.

Source: Medical Schools Outcomes Database

Information on the preferred type of medical practice as reported in the MSOD questionnaire by students in their final year of a medical degree and by postgraduate year 1 (PGY1) trainees is provided in Table 2.12 and Table 2.13.

The most popular preferred types of medical practice among male graduates were surgery and adult medicine, followed by general practice (309, 230 and 156 respectively).

Female graduates noted general practice, adult medicine and paediatrics and child health most often as their first preference for type of medical practice (313, 226 and 197 respectively).

Table 2.12: Preferred type of medical practice in final year of medical degree by gender^(a), 2013

Specialty	Preference 1		Preference 2		Preference 3	
	Male	Female	Male	Female	Male	Female
Addiction medicine	1	2	3	4	5	4
Adult medicine/internal medicine	230	226	118	137	67	99
Anaesthesia	117	76	88	70	79	62
Dermatology	12	32	8	13	11	20
Emergency medicine	102	127	114	121	97	108
General practice	156	313	102	160	130	133
Indigenous health	1	3	4	7	4	10
Intensive care medicine	34	25	63	47	68	38
Medical administration (e.g. managing a hospital)	0	1	8	3	12	13
Non-specialist hospital practice (e.g. career as a medical officer in a hospital)	2	3	1	2	7	7
Obstetrics and gynaecology	28	139	25	80	18	63
Occupational and environmental medicine	0	1	0	1	1	2
Ophthalmology	31	24	18	14	19	15
Oral and maxillofacial surgery	7	1	6	3	9	1
Paediatrics and child health	67	197	60	113	45	93
Pain medicine	1	1	5	3	3	6
Palliative medicine	5	8	4	15	9	20
Pathology	6	9	5	3	8	7
Psychiatry	36	46	30	31	22	25
Public health medicine	4	7	2	8	11	22
Radiation oncology	10	4	8	3	10	10
Radiology	37	14	20	13	32	13
Rehabilitation medicine	2	3	3	2	1	6
Rural and remote medicine	23	34	12	29	14	26
Sexual health medicine	2	2	3	11	5	16
Sport and exercise medicine	8	5	24	10	21	19
Surgery	309	131	75	40	57	39
Other	56	34	9	14	12	17

(a) Data were collected from 2,873 medical students in their final year who answered the MSOD questionnaire.

Source: Medical Schools Outcomes Database

Table 2.13 illustrates the distribution of postgraduate year 1 (PGY 1) trainee preferences for different specialised areas of medicine.

Preferences varied by gender, with male choices varying from first to third preferences. Specialties indicated as a first preference for males were surgery, general practice and adult medicine (163, 131 and 127 respectively). Specialties listed as a second preference for males were adult medicine, general practice and anaesthesia (31, 30 and 27 respectively). Third preferences for male PGY 1 trainees included general practice (37) and adult medicine (24), followed by anaesthesia (17) and intensive care medicine (also 17).

Female choices were more consistent than for males from first to third preferences. Specialties consistently indicated by females were general practice and adult medicine (225 and 162 respectively as a first preference, 45 and 36 as a second preference, 44 and 24 as a third preference). The third specialty favoured by female PGY 1 trainees varied from first to third preference, with paediatrics and child health in a first preference, emergency medicine in a second preference and anaesthesia in third (92, 25 and 15 respectively).

Table 2.13: Preferred type of medical practice in postgraduate year 1 by gender^(a), 2013

Specialty	Preference 1		Preference 2		Preference 3	
	Male	Female	Male	Female	Male	Female
Addiction medicine	0	1	0	1	1	2
Adult medicine/internal medicine	127	162	31	36	24	24
Cardiology	14	15	na	na	na	na
Endocrinology	5	10	na	na	na	na
Gastroenterology and Hepatology	10	6	na	na	na	na
General Medicine	3	5	na	na	na	na
Geriatric Medicine	2	6	na	na	na	na
Haematology	6	3	na	na	na	na
Immunology and Allergy	0	1	na	na	na	na
Infectious Disease	11	3	na	na	na	na
Medical Oncology	1	9	na	na	na	na
Nephrology	2	6	na	na	na	na
Neurology	9	13	na	na	na	na
Respiratory and Sleep Medicine	4	0	na	na	na	na
Rheumatology	2	4	na	na	na	na
Anaesthesia	74	41	27	17	17	15
Dermatology	4	13	0	3	4	6
Dual Vocational Training Program	8	1	2	1	4	2
Emergency medicine	38	70	20	25	14	14
General practice	131	225	30	45	37	44
Indigenous health	1	2	1	4	1	5
Intensive care medicine	15	9	25	15	17	14
Medical administration (e.g. managing a hospital)	1	3	0	3	7	3
Non-specialist hospital practice (e.g. career as a medical officer in a hospital)	0	0	1	0	3	4
Obstetrics and gynaecology	13	60	3	17	2	13
Ophthalmology	17	16	4	2	2	2
Oral and maxillofacial surgery	3	1	1	0	1	0

Specialty	Preference 1		Preference 2		Preference 3	
	Male	Female	Male	Female	Male	Female
Paediatrics and child health	33	92	4	19	9	11
<i>Clinical Genetics</i>	0	1	na	na	na	na
<i>Community Child Health</i>	0	2	na	na	na	na
<i>General Paediatrics</i>	2	17	na	na	na	na
<i>Neonatal and Perinatal Medicine</i>	1	4	na	na	na	na
<i>Paediatric Cardiology</i>	0	4	na	na	na	na
<i>Paediatric Emergency Medicine</i>	2	0	na	na	na	na
<i>Paediatric Endocrinology</i>	1	1	na	na	na	na
<i>Paediatric Gastroenterology and Hepatology</i>	2	0	na	na	na	na
<i>Paediatric Haematology</i>	0	1	na	na	na	na
<i>Paediatric Infectious Diseases</i>	0	1	na	na	na	na
<i>Paediatric Intensive Care Medicine</i>	0	1	na	na	na	na
<i>Paediatric Palliative Medicine</i>	1	0	na	na	na	na
<i>Paediatric Medical Oncology</i>	1	5	na	na	na	na
Pain medicine	0	0	1	1	1	1
Palliative medicine	1	6	1	5	4	7
Pathology	6	11	4	3	3	2
Psychiatry	24	30	7	9	5	7
Public health medicine	6	3	3	5	2	4
Radiation Oncology	3	6	2	2	1	2
Radiology	27	13	10	7	3	3
Rehabilitation medicine	2	1	1	1	4	3
Rural and remote medicine	14	15	3	7	3	11
Sexual health medicine	3	2	1	3	2	5
Sport and Exercise Medicine	2	3	1	0	7	1
Surgery	163	80	21	10	11	7
<i>Cardiothoracic Surgery</i>	5	1	na	na	na	na
<i>General Surgery</i>	25	24	na	na	na	na
<i>Neurosurgery</i>	5	4	na	na	na	na
<i>Orthopaedic Surgery</i>	32	7	na	na	na	na
<i>Otolaryngology – Head and Neck Surgery</i>	10	3	na	na	na	na
<i>Paediatric Surgery</i>	2	1	na	na	na	na
<i>Plastic Surgery</i>	9	9	na	na	na	na
<i>Urology</i>	7	1	na	na	na	na
<i>Vascular Surgery</i>	6	3	na	na	na	na
Other	10	13	2	4	3	9

(a) Data were collected from 1,656 medical students in PGY1 who answered the MSOD questionnaire.

Source: Medical Schools Outcomes Database

In 2013, a total of 626 international students of the 3,511 commencing medical students completing the MSOD entry questionnaire reported that they held temporary or other entry permits to Australia (Table 2.14). The highest numbers of international students came from Singapore (24.3%), Canada (16.3%), Malaysia (14.9%) and United States of America (14.7%).

Table 2.14: International commencing medical students holding temporary or 'other' entry permits by place of birth, 2013

Country of birth	Students	Proportion (%)
Singapore	152	24.3
Canada	102	16.3
Malaysia	93	14.9
United States of America	92	14.7
Korea, Republic of (South)	23	3.7
Hong Kong (SAR of China)	22	3.5
India	15	2.4
Indonesia	12	1.9
All other (where n≤10)	115	18.4
Total	626	100.0

Source: Medical Schools Outcomes Database

Aboriginal and/or Torres Strait Islander Students

Data on the Aboriginal and/or Torres Strait Islander people(s) status of medical students is available from two sources, Medical Deans Student Statistical Collection and the MSOD. Data from these two sources cannot necessarily be reconciled, so both are presented below as each provides different insights into the number of Aboriginal and/or Torres Strait Islander people(s) studying medicine.

The number and proportion of commencing medical students reporting that they are of Aboriginal and/or Torres Strait Islander descent when completing the MSOD entry questionnaire have risen slightly over the years from 37 or 1.2% of students in 2008, to 59 or 1.7% in 2013 (Table 2.15).

Table 2.15: Commencing medical students by Aboriginal and/or Torres Strait Islander status, 2008-2013

	2008	2009	2010	2011	2012	2013
Aboriginal and/or Torres Strait Islander students	37	38	47	69	48	59
Non-Aboriginal and/or Torres Strait Islander students	3,180	3,113	3,064	3,483	3,403	3,438
Unknown	18	10	4	10	20	14
Total	3,235	3,161	3,115	3,562	3,471	3,511
Proportion of Aboriginal and/or Torres Strait Islander students (%)	1.2	1.2	1.5	1.9	1.4	1.7

Source: Medical Schools Outcomes Database

Data from Medical Deans shows that there have been significant increases each year in the overall number of Aboriginal and/or Torres Strait Islander people(s) studying medicine.

In 2014, there was a total of 275 medical students studying in Australian universities who reported being of Aboriginal and/or Torres Strait Islander descent (Table 2.16), an increase of 177.8% over the nine years from 2006.

Table 2.16: Aboriginal and/or Torres Strait Islander medical students studying in Australian universities, 2006-2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Aboriginal and/or Torres Strait Islander students	99	125	129	137	161	218	226	261	275
Annual change (%)		26.3	3.2	6.2	17.5	35.4	3.7	15.5	5.4

Source: Medical Deans Australia and New Zealand Inc

Rural Exposure

Exposure to rural and remote settings, whether through living, schooling and/or undertaking medical studies or training there, is shown to have a positive impact on the likelihood of medical professionals practising in rural and remote areas.

The Rural Clinical Training and Support (RCTS) program provides funding to participating universities for the establishment and support of medical student training in rural areas, and supports 17 rural clinical schools nationally. The RCTS program aims to improve the range of rural health care services and strengthen the health workforce in rural communities across Australia.

Participating Australian medical schools are required to meet a range of objectives set out in the program parameters, including:

- providing at least 4 weeks rural training for all medical students;
- having at least 25% of their medical students undertake at least one year of clinical training in a rural area;
- providing high-quality training of medical students in rural and remote areas;
- having at least 25% of their yearly student intake of rural origin;
- maintaining and enhancing measures to increase the number of Aboriginal and Torres Strait Islander medical student graduates; and
- facilitating an increase in rural health and workforce research, rural health advocacy and a raised awareness of rural and remote health issues.

The RCTS is a component initiative of the Rural Health Multidisciplinary Training (RHMT) program, which also supports 11 University Departments of Rural Health, six dental schools that offer rural dental placements and the John Flynn Placement Program.

Data on students who have a rural background are collected by medical schools.

In 2014, 878 or 27.6% of commencing domestic students reported that they had lived in a rural or remote area prior to commencing their medical studies (Table 2.17). This is in line with the proportion of 27% in 2012 and 27.1% in 2013.

The proportion of domestic students with a rural background was roughly one quarter in each state and territory.

Table 2.17: Commencing domestic students with a rural background^(a) by state/territory, 2014

University	Commonwealth or State supported			Full-fee paying			Proportion of all domestic students with a rural background (%) ^{(a),(h)}
	Male	Female	Total	Male	Female	Total	
New South Wales							
Newcastle/UNE	19	27	46	0	0	0	26.6
Notre Dame Sydney ^(b)	7	6	13	3	3	6	15.8
Sydney	29	29	58	0	0	0	25.3
UNSW	34	22	56	0	0	0	26.2
UWS ^(c)	4	2	6	0	0	0	5.6
Wollongong	21	32	53	0	0	0	66.3
Total NSW	114	118	232	3	3	6	25.8
Victoria							
Deakin	23	13	36	0	0	0	27.9
Melbourne MD ^(d)	36	29	65	1	0	1	21.9
Monash PG	13	10	23	0	0	0	30.3
Monash UG	45	26	71	0	0	0	29.3
Total VIC	117	78	195	1	0	1	26.2
Queensland							
Bond ^{(e),(f)}	0	0	0	0	0	0	0
Griffith ^(e)	7	5	12	0	0	0	8.0
Queensland	30	54	84	0	0	0	27.5
James Cook	71	34	105	0	0	0	57.7
Total QLD	108	93	201	0	0	0	27.5
Western Australia							
Notre Dame Fremantle ^(g)	14	14	28	0	0	0	24.8
UWA PG	33	18	51	0	0	0	24.3
Total WA	47	32	79	0	0	0	24.5
South Australia							
Adelaide	23	7	30	0	0	0	25.9
Flinders	17	29	46	0	0	0	30.3
Total SA	40	36	76	0	0	0	28.4
Tasmania							
Tasmania	28	33	61	0	0	0	61.6
Australian Capital Territory							
ANU	20	7	27	0	0	0	30.0
Total	474	397	871	4	3	7	27.6

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Rural background is based on residency for at least five years from the commencement of primary school in an area classified as RA2 to RA5 under the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) system.

(b) University of Notre Dame Sydney achieved a rural origin proportion of 32.7% against the RCTS program criteria, see footnote (h) below.

(c) University of Western Sydney is not subject to the RCTS rural origin target.

- (d) University of Melbourne achieved a rural origin proportion of 26.0% against the RCTS program criteria, see footnote (h) below.
- (e) Bond and Griffith Universities do not participate in the Commonwealth RCTS program.
- (f) Bond University does not collect data on rurality.
- (g) University of Notre Dame Fremantle achieved a rural origin proportion of 26.5% against the RCTS program criteria, see footnote (h) below.
- (h) The Rural Clinical Training and Support (RCTS) program requires that a number of Australian medical students equal to at least 25% of the University's medical student CSP allocation must come from a rural background.

Source: Australian Government Department of Health and Medical Deans Australia and New Zealand Inc

Attrition Rates

The attrition rates report on the number of students that have permanently ceased candidature in a medical degree but do not include students who have deferred study or transferred to other medical schools.

In 2013, of 3,185 only 48 (1.5%) commencing domestic students (23 male and 25 female students) discontinued their medical degree in the first year (Table 2.18).

Table 2.18: Commencing domestic medical students: Attrition rates, 2013

University	Male	Female	Total	Proportion of total commencing domestic students who ceased candidature (%)
New South Wales				
Newcastle/UNE	1	2	3	6.3
Notre Dame Sydney	1	0	1	2.1
Sydney	4	0	4	8.3
UNSW	0	0	0	0
UWS	2	0	2	4.2
Wollongong	1	1	2	4.2
Total NSW	9	3	12	25.0
Victoria				
Deakin	1	0	1	2.1
Melbourne MD	0	0	0	0
Monash PG	1	1	2	4.2
Monash UG	4	9	13	27.1
Total VIC	6	10	16	33.3
Queensland				
Bond	0	0	0	0
Griffith	2	4	6	12.5
Queensland	2	0	2	4.2
James Cook	1	1	2	4.2
Total QLD	5	5	10	20.8
Western Australia				
Notre Dame WA	0	0	0	0
UWA MD	0	0	0	0
UWA PG	0	0	0	0
UWA UG	0	0	0	0
Total WA	0	0	0	0
South Australia				
Adelaide	1	1	2	4.2
Flinders	1	3	4	8.3
Total SA	2	4	6	12.5
Tasmania				
Tasmania	1	2	3	6.3
Australian Capital Territory				
ANU	0	1	1	2.1
Total	23	25	48	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

Source: Medical Deans Australia and New Zealand Inc

In 2013, a total of 17 out of 552 (3.1%) commencing international students (9 male and 8 female students) discontinued their medical degree in the first year (Table 2.19).

Table 2.19: Commencing international^(a) medical students: Attrition rates, 2013

University	Male	Female	Total	Proportion of total commencing domestic students who ceased candidature (%)
New South Wales				
Newcastle/UNE	0	1	1	5.9
Notre Dame Sydney	0	0	0	0
Sydney	2	1	3	17.6
UNSW	2	3	5	29.4
UWS	2	0	2	11.8
Wollongong	0	0	0	0
Total NSW	6	5	11	64.7
Victoria				
Deakin	0	0	0	0
Melbourne MD	0	1	1	5.9
Monash PG	1	0	1	5.9
Monash UG	0	0	0	0
Total VIC	1	1	2	11.8
Queensland				
Bond	0	0	0	0
Griffith	0	0	0	0
Queensland	1	0	1	5.9
James Cook	1	0	1	5.9
Total QLD	2	0	2	11.8
Western Australia				
Notre Dame WA	0	0	0	0
UWA MD	0	0	0	0
UWA PG	0	0	0	0
UWA UG	0	0	0	0
Total WA	0	0	0	0
South Australia				
Adelaide	0	0	0	0
Flinders	0	0	0	0
Total SA	0	0	0	0
Tasmania				
Tasmania	0	1	1	5.9
Australian Capital Territory				
ANU	0	1	1	5.9
Total	9	8	17	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

The attrition numbers and proportions over the period 2008-2013 have been variable (Table 2.20). A higher proportion of commencing domestic students (over 70%) have discontinued their degree compared with commencing international students. The gender breakdown has also been variable.

Table 2.20: Commencing medical students: Attrition^(a) rates, 2008-2013

	2008	2009	2010	2011	2012	2013	Change 2008-2013 (%)
Domestic	75	53	70	63	84	48	-36.0
Proportion domestic (%)	78.1	71.6	78.7	70.8	83.2	73.8	-5.5
Proportion female (%)	54.7	64.2	48.6	42.9	53.6	52.1	-4.8
International	21	21	19	26	17	17	-19.0
Proportion international (%)	21.9	28.4	21.3	29.2	16.8	26.2	19.6
Proportion female (%)	42.9	52.4	36.8	42.3	29.4	47.1	9.7
Total	96	74	89	89	101	65	-32.3
Annual change		-22	15	0	12	-36	
Annual change (%)		-22.9	20.3	0	13.5	-35.6	

(a) Attrition rates report on the number of students that have permanently ceased candidature in a medical degree. This does not include students who have deferred study or transferred to other medical schools.

Source: Medical Deans Australia and New Zealand Inc

Attrition rates for medical courses are anticipated to be relatively low when compared to other courses and this is relevant to numbers of both commencing and continuing students. However, the highest attrition from a medical course occurs at the period of commencing studies.

The next set of tables provides information about attrition rates for continuing students. A continuing student is a student enrolled in any year of a medical program other than commencing.

In 2013, 65 of 11,199 (0.58%) continuing domestic students (27 male and 38 female students) discontinued their medical degree beyond the commencing period (Table 2.21).

Table 2.21: Continuing domestic medical students: Attrition rates, 2013

University	Male	Female	Total	Proportion of total continuing domestic students who ceased candidature (%)
New South Wales				
Newcastle/UNE	1	5	6	9.2
Notre Dame Sydney	0	0	0	0
Sydney	3	6	9	13.8
UNSW	6	3	9	13.8
UWS	1	5	6	9.2
Wollongong	0	0	0	0
Total NSW	11	19	30	46.2
Victoria				
Deakin	1	2	3	4.6
Melbourne MD	0	0	0	0
Melbourne UG	2	0	2	3.1
Monash PG	0	0	0	0
Monash UG	0	0	0	0
Total VIC	3	2	5	7.7
Queensland				
Bond	0	1	1	1.5
Griffith	2	0	2	3.1
Queensland	3	1	4	6.2
James Cook	5	7	12	18.5
Total QLD	10	9	19	29.2
Western Australia				
Notre Dame WA	0	2	2	3.1
UWA MD	0	0	0	0
UWA PG	0	2	2	3.1
UWA UG	0	0	0	0
Total WA	0	4	4	6.2
South Australia				
Adelaide	2	3	5	7.7
Flinders	1	0	1	1.5
Total SA	3	3	6	9.2
Tasmania				
Tasmania	0	1	1	1.5
Australian Capital Territory				
ANU	0	0	0	0
Total	27	38	65	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

Source: Medical Deans Australia and New Zealand Inc

In comparison to domestic students, 26 of 1,901 (1.4%) continuing international students (19 male and 7 female students) discontinued their medical degree beyond the commencing period in 2013 (Table 2.22).

Table 2.22: Continuing international^(a) medical students: Attrition rates, 2013

University	Male	Female	Total	Proportion of total continuing international students who ceased candidature (%)
New South Wales				
Newcastle/UNE	1	0	1	3.8
Notre Dame Sydney	0	0	0	0
Sydney	1	1	2	7.7
UNSW	4	0	4	15.4
UWS	2	3	5	19.2
Wollongong	1	0	1	3.8
Total NSW	9	4	13	50.0
Victoria				
Deakin	0	0	0	0
Melbourne MD	0	0	0	0
Monash PG	0	0	0	0
Monash UG	0	1	1	3.8
Total VIC	0	1	1	3.8
Queensland				
Bond	0	0	0	0
Griffith	0	0	0	0
Queensland	4	1	5	19.2
James Cook	2	0	2	7.7
Total QLD	6	1	7	26.9
Western Australia				
Notre Dame WA	0	0	0	0
UWA MD	0	0	0	0
UWA PG	0	0	0	0
UWA UG	3	0	3	11.5
Total WA	3	0	3	11.5
South Australia				
Adelaide	1	1	2	7.7
Flinders	0	0	0	0
Total SA	1	1	2	7.7
Tasmania				
Tasmania	0	0	0	0
Australian Capital Territory				
ANU	0	0	0	0
Total	19	7	26	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

The attrition numbers and proportions of continuing medical students over the period 2008-2013 have also been variable (Table 2.23). A higher proportion of continuing domestic students have discontinued their degree compared with continuing international students. The gender breakdown has also been variable.

Table 2.23: Continuing^(a) medical students: Attrition^(b) rates, 2008-2013

University	2008	2009	2010	2011	2012	2013	Change 2008-2013 (%)
Domestic	75	82	75	81	110	65	-13.3
Proportion domestic (%)	87.2	77.4	80.6	77.1	79.7	71.4	-18.1
Proportion female (%)	50.7	48.8	54.7	64.2	50.0	58.5	15.4
International	11	24	18	24	28	26	136.4
Proportion international (%)	12.8	22.6	19.4	22.9	20.3	28.6	123.4
Proportion female (%)	36.4	50.0	38.9	33.3	50.0	26.9	-26.1
Total	86	106	93	105	138	91	5.8
Annual change		20	-13	12	33	-47	
Annual change (%)		23.3	-12.3	12.9	31.4	-34.1	

(a) Continuing student is a student enrolled in any year of a medical program other than commencing.

(b) Attrition rates report on the number of students that have permanently ceased candidature in a medical degree.

This does not include students who have deferred study or transferred to other medical schools.

Source: Medical Deans Australia and New Zealand Inc

Trends

The number of commencing medical students increased from 2010 to 2011 (301 more commencements in 2011 compared to 2010), but decreased in both 2012 (by 84 students) and 2013 (by 17 students). It slightly increased again in 2014 by 68 students (1.9%).

However, overall the number of commencing medical students has remained relatively steady over the last five years, increasing by only 7.7%, from 3,469 in 2010 to 3,737 in 2014 (Table 2.24).

Over the same five year period, the number of domestic commencing students increased by 245 students or 8.3%, while the number of international commencing students increased by only 23 students or 4.3%.

The proportion of female domestic students commencing medical studies remained relatively stable over the last five years – around half the number of all commencing medical students were females. However, the proportion of female international students tended to be slightly less than half of all commencing international students, except 2014 where the number was similar.

Table 2.24: Commencing medical students: Domestic, international and proportion of females^(a), 2010-2014

	2010	2011	2012	2013	2014
Domestic	2,940	3,241	3,035	3,033	3,185
Proportion female (%)	52.9	50.9	48.1	51.2	52.3
International ^{(b),(c)}	529	529	651	636	552
Proportion female (%)	42.5	47.6	47.5	45.6	50.4
Total	3,469	3,770	3,686	3,669	3,737
Annual change		301	-84	-17	68
Annual change (%)		8.7	-2.2	-0.5	1.9

(a) Based on the commencing year of the medical program.

(b) International students are those studying onshore in Australia as private or sponsored students who are not Australian or New Zealand citizens, or permanent residents.

(c) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Projections suggest that 3,719 medical students will commence their studies in Australian universities in 2015 (Table 2.25). Of these, 3,150 (84.7%) are expected to be domestic students and 569 (15.3%) international students. This is slightly less (by 18 students or -0.5%) than the actual number of students who commenced medical studies in 2014.

Table 2.25: Commencing medical student projections^(a), 2015

University	Domestic	International ^(b)	Total
Adelaide	116	34	150
ANU	90	4	94
Bond	95	—	95
Deakin	135	12	147
Flinders	135	30	165
Griffith	150	10	160
James Cook	165	30	195
Melbourne	295	40	335
Monash	325	65	390
Newcastle/UNE	170	24	194
Notre Dame Sydney	120	—	120
Notre Dame Fremantle	110	—	110
Queensland	320	90	410
Sydney	228	80	308
Tasmania	100	20	120
UNSW	208	68	276
UWA	209	30	239
UWS	105	20	125
Wollongong	74	12	86
Total	3,150	569	3,719

(a) These numbers are projections only and are subject to change.

(b) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Between 2010 and 2014, there was an increase of 1,440 students (9.4%) of the total number of medical students studying in Australian universities (Table 2.26). Over the same period, the number of domestic students increased proportionally more than the number of international students, rising by 11.1% to 14,384 students. The number of international students has increased by only 0.1% to 2,453.

Table 2.26: Medical students: Domestic, international and proportion of females^(a), 2010-2014

	2010	2011	2012	2013	2014
Domestic	12,946	13,956	14,177	14,267	14,384
Proportion female (%)	54.2	53.0	51.5	51.2	51.3
Annual change (%)	7.0	7.8	1.6	0.6	0.8
International ^{(b),(c),(d)}	2,451	2,535	2,691	2,727	2,453
Proportion female (%)	50.1	49.1	48.7	47.3	48.8
Annual change (%)	1.1	3.4	6.2	1.3	-10.0
Total	15,397	16,491	16,868	16,994	16,837
Annual change		1,094	377	126	-157
Annual change (%)		7.1	2.3	0.7	-0.9

(a) Data cover all years of study.

(b) International students are those studying as private or sponsored students who are not Australian or New Zealand citizens or permanent residents.

(c) From 2009-2013 data include the UQ Ochsner cohort.

(d) From 2014 data exclude all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Medical Graduates

Current Data

In 2013, a total of 3,441 students graduated from Australian medical schools. Of these, 2,944 or 85.6% were domestic students (Table 2.27).

Trends

Each year the number of domestic medical graduates has increased. The increase was 6.0% from 2012 to 2013 and there was an overall increase of 53.7% in domestic graduates across the last five years from 2009 to 2013 (Table 2.29).

From 2009 to 2013 the number of domestic medical graduates increased in each state and territory. The greatest increases were in New South Wales and Victoria by 90.4% and 85.4% respectively (Table 2.27).

Table 2.27: Domestic medical school graduates in Australian universities, by state/territory, 2009-2013

University	2009	2010	2011	2012	2013	Change 2009-2013	Change 2009-2013 (%)
New South Wales							
Newcastle/UNE	85	104	70	140	147	62	72.9
Notre Dame Sydney	..	..	103	106	107	..	..
Sydney	208	221	222	237	231	23	11.1
UNSW	163	166	187	198	203	40	24.5
UWS	..	..	86	91	108	..	..
Wollongong	..	63	67	66	72	..	..
Total NSW	456	554	735	838	868	412	90.4
Victoria							
Deakin	..	..	109	123	136	..	..
Melbourne	198	212	234	231	240	42	21.2
Monash	165	181	219	290	297	132	80.0
Total VIC	363	393	562	644	673	310	85.4
Queensland							
Bond	55	74	81	69	85	30	54.5
Griffith	116	151	133	150	144	28	24.1
Queensland	279	332	290	307	314	35	12.5
James Cook	82	94	88	92	136	54	65.9
Total QLD	532	651	592	618	679	147	27.6
Western Australia							
Notre Dame Fremantle	80	86	98	104	114	34	42.5
UWA	182	207	172	165	183	1	0.5
Total WA	262	293	270	269	297	35	13.4
South Australia							
Adelaide	83	94	97	111	127	44	53.0
Flinders	74	102	109	113	111	37	50.0
Total SA	157	196	206	224	238	81	51.6
Tasmania							
Tasmania	73	89	67	97	104	31	42.5
Australian Capital Territory							
ANU	72	83	75	87	85	13	18.1
Total	1,915	2,259	2,507	2,777	2,944	1,029	53.7
Annual change		344	248	270	167		
Annual change (%)		18.0	11.0	10.8	6.0		

Source: Medical Deans Australia and New Zealand Inc

The number of international students graduating from Australian medical schools fluctuated over the period 2009-2013 with an overall increase of 32 graduates or 6.9% (Table 2.28).

Table 2.28: International^(a) medical school graduates in Australian universities, by state/territory, 2009-2013

University	2009	2010	2011	2012	2013	Change 2009-2013	Change 2009-2013 (%)
New South Wales							
Newcastle/UNE	21	21	20	29	23	2	9.5
Notre Dame Sydney	..	..	..	..	0	..	..
Sydney	54	35	32	38	48	-6	-11.1
UNSW	36	55	36	46	58	22	61.1
UWS	..	..	..	9	7	..	..
Wollongong	..	4	10	11	8	..	..
Total NSW	111	115	98	133	144	33	29.7
Victoria							
Deakin	..	..	0	1	4	..	..
Melbourne	97	90	89	83	86	-11	-11.3
Monash	74	94	70	67	62	-12	-16.2
Total VIC	171	184	159	151	152	-19	-11.1
Queensland							
Bond	4	1	1	1	2	-2	-50.0
Griffith	2	0	0	..	0	-2	-100.0
Queensland	67	77	98	130	114	47	70.1
James Cook	2	3	2	3	2	0	0
Total QLD	75	81	101	134	118	43	57.3
Western Australia							
Notre Dame Fremantle	0	0	0	0	0	..	..
UWA	15	25	27	21	28	13	86.7
Total WA	15	25	27	21	28	13	86.7
South Australia							
Adelaide	38	40	21	24	24	-14	-36.8
Flinders	28	14	19	19	11	-17	-60.7
Total SA	66	54	40	43	35	-31	-47.0
Tasmania							
Tasmania	21	11	28	16	12	-9	-42.9
Australian Capital Territory							
ANU	6	4	4	9	8	2	33.3
Total	465	474	457	507	497	32	6.9

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table 2.29 shows that approximately half of all medical graduates, both domestic and international, were females (52.8% for domestic and 49.1% for international in 2013).

Table 2.29: Medical graduates: Domestic, international and proportions of females, 2009-2013

	2009	2010	2011	2012	2013	Change 2009-2013 (%)
Domestic	1,915	2,259	2,507	2,777	2,944	53.7
Proportion domestic (%)	80.5	82.7	84.6	84.6	85.6	6.3
Proportion female (%)	54.1	54.1	55.0	53.2	52.8	-2.4
International ^(a)	465	474	457	507	497	6.9
Proportion international (%)	19.5	17.3	15.4	15.4	14.4	-26.1
Proportion female (%)	51.6	54.2	51.6	52.9	49.1	-4.8
Total	2,380	2,733	2,964	3,284	3,441	44.6
Annual increase (%)		14.8	8.5	10.8	4.8	

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

In 2013, 80.4% of medical graduates were Commonwealth-supported (Table 2.30).

Table 2.30: Medical graduates by type of student place: Number and proportion of places, 2012-2013

	2012	2013	Change 2012-2013	Change 2012-2013 (%)
Medical Graduates				
Commonwealth-supported	2,612	2,765	153	5.9
HECS-HELP only	1,879	1,931	52	2.8
BMP Scheme	633	733	100	15.8
MRBS Scheme	100	101	1	1.0
Fee-paying	663	667	4	0.6
Domestic	156	170	14	9.0
International ^(a)	507	497	-10	-2.0
Other	9	9	0	0
Total	3,284	3,441	157	4.8
Proportion of places (%)				
Commonwealth-supported	79.5	80.4		
HECS-HELP only	57.2	56.1		
BMP Scheme	19.3	21.3		
MRBS Scheme	3.0	2.9		
Fee-paying	20.2	19.4		
Domestic	4.8	4.9		
International	15.4	14.4		
Other	0.3	0.3		

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Projected Numbers of Graduates

Table 2.31 shows the projected number of domestic medical graduates up until 2019. These figures are based on current and planned enrolments as of 2014. Attrition has not been factored into these figures.

The number of domestic medical graduates is projected to rise from 3,056 in 2014 to 3,173 in 2019. This is an overall increase of 3.8% over the five years from 2014 to 2019.

Table 2.31: Domestic medical students expected to graduate from Australian universities: Projected numbers^(a) by state/territory, 2014-2019

University	2014	2015	2016	2017	2018	2019
New South Wales						
Newcastle/UNE	174	187	176	186	173	170
Notre Dame Sydney	109	112	121	120	120	120
Sydney	264	221	226	229	228	228
UNSW	227	233	203	199	235	214
UWS	107	109	103	100	108	105
Wollongong	74	76	73	80	74	74
Total NSW	955	938	902	914	938	911
Victoria						
Deakin	134	132	131	129	135	135
Melbourne MD	292	285	293	302	295	295
Melbourne PG	0	0	0	0	0	0
Melbourne UG	6	8	3	0	0	0
Monash PG	65	83	77	76	75	75
Monash UG	188	255	248	265	242	250
Total VIC	685	763	752	772	747	755
Queensland						
Bond	82	79	95	92	94	95
Griffith	142	147	148	150	150	150
Queensland	335	315	328	306	320	320
James Cook	141	164	155	174	184	182
Total QLD	700	705	726	722	748	747
Western Australia						
Notre Dame Fremantle	108	89	108	113	110	110
UWA PG	53	67	43	0	0	0
UWA UG	130	151	136	0	0	0
UWA MD	0	0	0	210	209	209
Total WA	291	307	287	323	319	319
South Australia						
Adelaide	138	156	164	172	120	116
Flinders	113	131	142	152	135	135
Total SA	251	287	306	324	255	251
Tasmania						
Tasmania	86	86	79	100	99	100
Australian Capital Territory						
ANU	88	81	97	90	90	90
Total	3,056	3,167	3,149	3,245	3,196	3,173

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) No allowance has been made for student attrition.

Source: Medical Deans Australia and New Zealand Inc

The projected numbers of international students to graduate from Australian universities are also expected to increase, rising by 19.7% from 493 in 2014 to 590 in 2019 (Table 2.32).

Table 2.32: International^(a) medical students expected to graduate from Australian universities: Projected numbers^(b) by state/territory, 2014-2019

University	2014	2015	2016	2017	2018	2019
New South Wales						
Newcastle/UNE	32	33	26	27	21	24
Notre Dame Sydney	0	0	0	0	0	0
Sydney	51	76	67	69	80	80
UNSW	58	57	70	57	62	81
UWS	23	14	20	20	19	20
Wollongong	6	9	9	5	12	12
Total NSW	170	189	192	178	194	217
Victoria						
Deakin	2	6	5	5	12	12
Melbourne MD	21	34	33	45	40	40
Melbourne PG	0	0	0	0	0	0
Melbourne UG	0	0	1	0	0	0
Monash PG	15	5	8	5	5	5
Monash UG	48	49	63	53	68	60
Total VIC	86	94	110	108	125	117
Queensland						
Bond	2	2	0	0	0	0
Griffith	1	6	4	3	10	10
Queensland	100	120	110	107	90	90
James Cook	21	27	15	21	35	32
Total QLD	124	155	129	131	135	132
Western Australia						
Notre Dame Fremantle	0	0	0	0	0	0
UWA PG	0	0	9	0	0	0
UWA UG	30	31	30	0	0	0
UWA MD	0	0	0	23	30	30
Total WA	30	31	39	23	30	30
South Australia						
Adelaide	29	27	21	25	31	34
Flinders	18	20	25	14	30	30
Total SA	47	47	46	39	61	64
Tasmania						
Tasmania	27	22	25	20	18	20
Australian Capital Territory						
ANU	9	7	1	3	10	10
Total	493	545	542	502	573	590

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

(b) No allowance has been made for student attrition.

Source: Medical Deans Australia and New Zealand Inc

Table 2.33 summarises the number of domestic and international students projected to graduate from Australian universities between 2014 and 2019.

In total, 3,763 medical students are expected to graduate in 2019, 6.0% more than predicted for 2014. This is 9.4% higher than the actual number of medical students who graduated in 2013 (3,441) and 58.1% higher than the 2,380 medical students who graduated in 2009.

Table 2.33: Medical students expected to graduate from Australian universities: Projected number of domestic and international students^(a), 2014-2019

	2014	2015	2016	2017	2018	2019	Change 2014-2019 (%)
Domestic	3,056	3,167	3,149	3,245	3,196	3,173	3.8
International ^(b)	493	545	542	502	573	590	19.7
Total	3,549	3,712	3,691	3,747	3,769	3,763	6.0
Change from previous year		163	-21	56	22	-6	
Change from previous year (%)		4.6	-0.6	1.5	0.6	-0.2	

(a) Attrition has not been factored into the numbers provided.

(b) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Chapter 3

PREVOCATIONAL MEDICAL TRAINING

This chapter details the number of junior doctors undertaking postgraduate prevocational training across Australia. Data have been provided by state and territory health departments through their postgraduate medical councils and the Australian Government Department of Health, and covers training activities up to June 2014.

Background

Medical graduates of Australian universities are predominantly employed through public health services and enter the medical workforce as interns or postgraduate year 1 (PGY1) doctors. Junior doctors are required to satisfactorily complete an intern year before being granted general medical registration. All medical practitioners, including junior doctors, are registered through a single national board, the Medical Board of Australia (MBA).

In order to satisfy MBA registration requirements, interns undertake a series of rotations to enable them to experience a range of clinical situations and service environments. These rotations must be accredited in accordance with guidelines developed by the state and territory postgraduate medical councils or medical education and training units. These placements must ensure adequate case-mix, service, teaching, supervision and assessment.

Most junior doctors work for at least one, and often for two or more years after their intern year, in the public hospital system and community health services, to gain more clinical experience with greater levels of responsibility prior to commencing a vocational training program. An important goal of this experience is to consolidate the clinical skills developed during university training and the intern year, and to equip junior doctors with the prerequisite experience and procedural skills for entry into specialist or vocational training programs.

Generally, training at the prevocational level involves rotating between clinical departments in regional and urban public hospitals with some rotation from urban hospitals to regional and rural hospitals and community settings, including general practice. These rotations are intended to give junior doctors experience of a broader range of clinical settings, and meet service delivery needs.

Although a number of specialist medical colleges may accept entrants to vocational training programs directly following completion of postgraduate year 1, most prefer applicants to have completed a second or even third year of prevocational training (PGY2 and PGY3). Doctors in this period of prevocational on-the-job training are usually referred to as 'Resident Medical Officers' (RMOs). The term 'Hospital Medical Officer' (HMO) is used in Victoria and the term 'Trainee Medical Officer' (TMO) in South Australia.

Not all PGY2 and PGY3 doctors will enter vocational specialist training. This is because some are waiting for a place in their selected vocational training specialty, but others will leave the medical workforce, pursue a research career, choose to work as locums or continue to work in hospital settings in a non-vocational career role, typically as Career Medical Officers (CMOs). Most CMOs work in hospital settings, and a number of CMOs acquire other postgraduate qualifications related to their roles, such as early management of severe trauma, advanced paediatric life support or emergency life support.

When interpreting and analysing these prevocational data, caution is needed. This is because the numbers presented are sometimes estimates, with administration systems often not capturing data in a way that matches the breakdown of information for MTRP reporting purposes. Consequently, the number of trainees, particularly PGY2 doctors, is an underestimate. Also, some states and territories have different prevocational training processes. For instance, in New South Wales, trainees are employed on two year contracts covering both PGY1 and PGY2 training. As a result, the number of PGY2 positions advertised each year and offered does not reflect the total number of PGY2 positions available.

Attempts to capture all training and supervisory activities have continued this year through broadening the specifications, to include supervision and additional training of overseas trained doctors as necessary for recognition of their qualifications within Australia. The degree to which state and territory administration systems have been able to accurately capture this information is unknown.

Postgraduate Year 1

Current Data

In 2014, there were 3,287 trainees commencing PGY1. Of these, over half (51.4%) were females (Table 3.1).

Just over eighty percent (2,651 or 80.7%) of all PGY1 trainees commenced training in the state or territory in which they completed their medical degree. A further 274 trainees (8.3%) were trained in Australia, but commenced their PGY1 training in another state or territory.

International students who graduated from an Australian medical school occupied 277 (8.4%) of the PGY1 positions. The number of PGY1 positions in each state and territory approximately matched the distribution of the population as a whole.

The Commonwealth provided funding for additional medical internship positions in 2014 through the Commonwealth Medical Internships (CMI) initiative. As domestic medical students are guaranteed an internship by states and territories under a 2006 Council of Australian Governments agreement, CMI positions are only available to eligible international full-fee paying medical graduates who completed all of their medical degree in Australia (except for university approved rotations offshore).

Table 3.1: Commencing postgraduate year 1 trainees or supervised training positions: Total, females and proportion of females by doctor category and state/territory, 2014

	NSW	VIC ^(a)	QLD	SA	WA	TAS	NT	ACT	AUS
All commencing PGY1 trainees									
Australian trained local (own state)	812	649	603	201	262	54	0	70	2,651
– Commonwealth-supported	757	na	537	198	262	50	0	70	1,874
– Full-fee paying	55	na	66	3	0	4	0	0	128
Australian trained local (interstate)	90	25	56	36	12	5	36	14	274
– Commonwealth-supported	79	na	na	29	12	3	0	14	137
– Full-fee paying	11	na	na	7	0	2	0	0	20
New Zealand medical graduates	2	0	1	0	0	0	0	0	3
International students who graduated from an Australian medical school	53	79	34	41	38	12	8	12	277
– Own state	53	^(c) 78	33	29	25	0	0	8	226
– Interstate	0	1	1	12	13	12	0	4	43
Australian Medical Council graduates	0	0	1	0	0	5	0	0	6
Total state/territory funded trainees	957	753	695	278	312	76	44	96	3,211
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(b)	..	..	61	..	15	..	..	..	76
Total	957	753	756	278	327	76	44	96	3,287
Proportion of total trainees (%)	29.1	22.9	23.0	8.5	9.9	2.3	1.3	2.9	100.0
Females									
Australian trained local (own state)	423	361	294	106	149	29	0	40	1,402
– Commonwealth-supported	402	na	255	106	149	26	0	40	978
– Full-fee paying	21	na	39	0	0	3	0	0	63
Australian trained local (interstate)	36	10	36	16	10	4	23	10	145
– Commonwealth-supported	32	na	na	12	10	3	0	10	67
– Full-fee paying	4	na	na	4	0	1	0	0	9
New Zealand medical graduates	0	0	0	0	0	0	0	0	0
International students who graduated from an Australian medical school	28	42	19	21	17	5	4	3	139
– Own state	28	^(d) 42	19	13	10	0	0	0	112
– Interstate	0	0	0	8	7	5	4	3	27
Australian Medical Council graduates	0	0	1	0	0	4	0	0	5
Total state/territory funded trainees	487	413	350	143	176	42	27	53	1,691
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(b)	..	..	na	..	na	..	..	..	na
Total	487	413	350	143	176	42	27	53	1,691
Proportion females (%)									
Australian trained local (own state)	52.1	55.6	48.8	52.7	56.9	53.7	0	57.1	52.9

	NSW	VIC ^(a)	QLD	SA	WA	TAS	NT	ACT	AUS
– Commonwealth-supported	53.1	na	47.5	53.5	56.9	52.0	0	57.1	52.2
– Full-fee paying	38.2	na	59.1	na	0	75.0	0	0	49.2
Australian trained local (interstate)	40.0	40.0	64.3	44.4	83.3	80.0	63.9	71.4	52.9
– Commonwealth-supported	40.5	na	0	41.4	83.3	100.0	0	71.4	48.9
– Full-fee paying	36.4	na	0	57.1	0	50.0	0	0	45.0
New Zealand medical graduates	0	0	0	na	0	0	0	0	0
International students who graduated from an Australian medical school	52.8	53.2	55.9	51.2	44.7	41.7	50.0	25.0	50.2
– Own state	52.8	53.8	57.6	44.8	40.0	0	0	0	49.6
– Interstate	0	0	0	66.7	53.8	41.7	0	75.0	62.8
Australian Medical Council graduates	0	0	100.0	na	0	80.0	0	0	83.3
Total state/territory funded trainees	50.9	54.8	50.4	51.4	56.4	55.3	61.4	55.2	52.7
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(b)	..	..	na	..	na	..	..	..	na
Total	50.9	54.8	46.3	51.4	53.8	55.3	61.4	55.2	51.4

(a) Victoria does not collect data regarding the fee status of domestic students studying in Victoria or interstate.

(b) Includes PGY1 positions funded by the Commonwealth Government under the Commonwealth Medical Internships Initiative 2014.

(c) Includes 10 graduates of an Australian Medical Council Accredited Overseas University (Monash Malaysia).

(d) Includes 6 female graduates of an Australian Medical Council Accredited Overseas University (Monash Malaysia).

Source: Australian Government Department of Health and state and territory government health departments

Internship in Rural Location

Rural areas are classified as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.

In 2014, there were 666 rural intern positions (Table 3.2) where PGY1 trainees could undertake the majority of their internship in a rural location. The largest number of positions was 260 in Queensland, followed by Victoria (143) and New South Wales (131).

There were 617 PGY1 trainees undertaking a rural internship – a type of internship when all or majority of it is undertaken in an RA2-RA5 hospital.

In addition to unfilled Rural Preferential Recruitment positions being filled by interns on rotation, in 2014 there were 157 rotational positions in rural hospitals in Australia. The highest number of rural based intern positions filled on rotation by PGY1 trainees from a metropolitan hospital was in Victoria (83), followed by Western Australia (33).

Table 3.2: Commencing postgraduate year 1 trainees or supervised training positions (RA2-RA5)^(a) by state/territory, 2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Rural intern positions where postgraduate year 1 trainees can undertake majority of their internship in a rural location	^(d) 131	143	260	6	6	76	44	..	666
Postgraduate year 1 trainees undertaking rural internship (RA2-RA5) ^(b)	^(e) 82	143	260	6	6	76	44	..	617
Rotational positions (RA2-RA5) ^(c)	^(f) 17	83	na	19	33	0	na	^(g) 5	157

(a) Rural area classified as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.

(b) Rural internship is a type of internship when all or majority of it is undertaken in an RA2-RA5 hospital.

(c) Rotational positions are the rural based intern positions that are filled on rotation by doctors from a metropolitan hospital.

(d) These positions are recruited to Rural Hospitals via the Rural Preferential Recruitment (RPR) Pathway. Maitland and Tweed Heads Hospitals have RA1 classification but are part of RPR.

(e) Number of rural hospital positions filled via RPR pathway. The remaining 32 unfilled RPR positions were filled using trainees in the network from metropolitan hospitals on rotation to rural hospitals.

(f) Rotational positions in rural hospitals are in addition to unfilled RPR positions being filled by interns on rotation.

(g) These rotational positions were NSW funded positions in NSW hospitals filled by ACT PGY1 trainees.

Source: State and territory government health departments

Trends

The number of PGY1 commencements continued to increase, with 893 additional interns (37.3% increase) commencing their training in 2014 compared with 2010 (Table 3.3).

The increase in number of trainees commencing their first year of prevocational training appear to be considerably greater in some jurisdictions over the period of 2010 to 2014, in particular the Australian Capital Territory and New South Wales with 54.8% and 45.7% increase in numbers respectively.

Table 3.3: Commencing postgraduate year 1 trainees by state/territory, 2010-2014

	2010	2011	2012	2013	2014	Change 2010-2014 (%)
New South Wales	657	756	^(c) 849	^(d) 923	^(e) 957	45.7
Victoria	557	625	698	707	753	35.2
Queensland	^(b) 558	^(b) 644	^(b) 663	678	695	24.6
South Australia	230	247	256	276	278	20.9
Western Australia	240	267	282	300	312	30.0
Tasmania	58	71	73	75	76	31.0
Northern Territory	32	35	41	44	44	37.5
Australian Capital Territory	62	78	88	93	96	54.8
Commonwealth Funded ^(a)	..	..	..	22	76	..
Australia	2,394	2,723	2,950	3,118	3,287	37.3
Change from previous year (%)		13.7	8.3	5.7	5.4	

(a) Includes PGY1 positions funded by the Commonwealth Government under the Additional Medical Internships Initiative 2013 and Commonwealth Medical Internships Initiative 2014.

(b) Approximate numbers only based on acceptances registered in eRecruitment system.

(c) Total number of intern positions available for 2012 was 850.

(d) Total number of intern positions available for 2013 was 927.

(e) Total number of intern positions available for 2014 was 959.

Source: Australian Government Department of Health and state and territory government health departments

Postgraduate Year 2

Current Data

There were 3,107 doctors in postgraduate year 2 (PGY2) training positions in 2014. Over half of these (53.8%) were females. Data on the doctors commencing PGY2 training are provided in Table 3.4.

Just over three quarters (75.4%) of doctors commenced their second year of prevocational medical training in the state or territory in which they were trained previously, compared with 11.3% from interstate.

International students who completed their medical degree in Australia occupied 237 or 7.6% of all PGY2 positions and a further 109 or 3.5% of positions were occupied by Australian Medical Council certificate holders.

Comparison cannot be reliably made across the states and territories due to unique inclusions and limitations on the data that can be extracted from the various systems.

Table 3.4: Commencing doctors in postgraduate year 2 training positions: Total, females and proportion of females by doctor category and state/territory, 2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
All commencing PGY2 doctors									
Australian trained local (own state)	742	584	525	166	237	40	0	49	2,343
Australian trained local (interstate)	73	63	64	21	65	8	41	16	351
New Zealand medical graduates	1	2	1	4	3	0	1	0	12
International students who graduated from an Australian medical school	38	74	59	46	3	0	0	17	237
Australian Medical Council graduates	23	7	22	1	25	15	13	3	109
Other/unspecified	35	12	0	0	0	8	0	0	55
Total	912	(a)742	671	238	333	71	55	85	3,107
Females									
Australian trained local (own state)	401	299	256	98	141	21	0	35	1,251
Australian trained local (interstate)	45	35	33	12	31	4	16	8	184
New Zealand medical graduates	0	2	1	2	1	0	1	0	7
International students who graduated from an Australian medical school	23	39	29	24	2	0	0	3	120
Australian Medical Council graduate	16	7	16	0	14	10	7	3	73
Other/unspecified	26	6	0	0	0	6	0	0	38
Total	511	388	335	136	189	41	24	49	1,673
Proportion females (%)									
Australian trained local (own state)	54.0	51.2	48.8	59.0	59.5	52.5	0	71.4	53.4
Australian trained local (interstate)	61.6	55.6	51.6	57.1	47.7	50.0	39.0	50.0	52.4
New Zealand medical graduates	0	100.0	100.0	50.0	33.3	0	100.0	0	58.3
International students who graduated from an Australian medical school	60.5	52.7	49.2	52.2	66.7	0	0	17.6	50.6
Australian Medical Council graduates	69.6	100.0	72.7	0	56.0	66.7	53.8	100.0	67.0
Other/unspecified	74.3	50.0	0	0	0	75.0	0	0	69.1
Total	56.0	52.3	49.9	57.1	56.8	57.7	43.6	57.6	53.8

(a) This figure only reflects the number of PGY2 positions advised by health services to include the Victorian hospital medical offer match. Health services exempted at least 37 positions from the match, so the number is underestimated.

Source: State and territory government health departments

Trends

The number of PGY2 commencements reported has increased by 794 or 34.3% since 2010 (Table 3.5), rising from 2,313 trainees in 2010 to 3,107 in 2014. Comparisons across years and between state and territories should be undertaken with caution due to data quality issues.

The commencements appear to have increased in all states and territories from 2010 to 2014, except for Tasmania, with a decrease of 10.1% during this period. The biggest increases over the period 2010 to 2014 were in Queensland (41.6%), Western Australia (38.2%), Australian Capital Territory (37.1%) and Victoria (36.6%). However, there are a number of problems with the quality of the data provided by states and territories and the ability to extract the data accurately from the various administrative systems.

Table 3.5: Postgraduate year 2 commencements by state/territory, 2010-2014

	2010	2011	2012	2013	2014	Change 2010-2014 (%)
New South Wales	^(a) 686	617	803	881	912	32.9
Victoria	^(b) 543	^(e) 585	^(g) 644	⁽ⁱ⁾ 742	742	36.6
Queensland	^(c) 474	^(c) 575	^(c) 734	683	671	41.6
South Australia	183	^(f) 189	^(h) 244	^(h) 356	238	30.1
Western Australia	241	330	469	⁽ⁱ⁾ 308	333	38.2
Tasmania	^(d) 79	103	87	104	71	-10.1
Northern Territory	45	64	47	56	55	22.2
Australian Capital Territory	62	58	73	64	85	37.1
Australia	2,313	2,521	3,101	3,194	3,107	34.3
Change from previous year (%)	-1.7	9.0	23.0	3.0	-2.7	

(a) Includes 85 IMGs working in PGY2 positions registered under the Competent Authority or Standard Pathways.

(b) Although there were 543 HMO2 positions included in the Computer Matching Process (the Match), only 503 were matched. There were 13 unmatched candidates who accepted vacant positions. Total number of doctors who started their PGY2 training via the Match was 516. The remaining 27 positions could be filled outside the Match (e.g. by IMGs).

(c) Commencement data is approximate and is based upon the total number of acceptances registered in the eRecruitment system.

(d) Actual allocation is not available. Figures based on number of offers made.

(e) A total of 632 HMO2 positions were included in the Computer Matching Process and only 581 positions were matched. From these 15 matched candidates declined their offer and 19 unmatched candidates accepted a position. Total number of doctors who started their PGY2 training via the Match was 585. A further 47 PGY2 posts were directly recruited by health services.

(f) Includes only the number of PGY2 commencing who completed internship in SA.

(g) A total of 667 HMO2 positions were included in the computer matching process and 644 positions were matched. Of the 644 matched positions, 18 candidates declined their Victorian offer. All HMO positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service. This figure is based on incomplete data and only reflects the number of PGY2 positions advised by health services to include in the Victorian HMO match. Health services are able to exempt positions from the matching process so the number is an underestimate.

(h) Data based on number of job offers made to PGY2 doctors via SA MET centralised process. Additional employment occurs outside of this process.

(i) A total of 708 HMO2 positions were included in the HMO Computer Match and of these, 689 positions were matched. 17 of the 689 matched candidates subsequently declined their offer. A further 36 candidates were offered and accepted a HMO2 position. A further 34 positions were directly recruited by health services.

(j) New data checking process has enabled cleaner data and ensures the capture of PGY2 only.

Source: State and territory government health departments

Chapter 4

VOCATIONAL MEDICAL TRAINING

This chapter reports on vocational training. It presents data on the number of vocational medical training places in 2014 and the results of college examinations held in 2013 for each of the specialty areas. All data were current as at July 2014.

The following data have been provided by all of the specialist medical colleges and associated faculties, and General Practice Education and Training Limited (GPET). In December 2014 GPET was abolished and its functions were transferred to the Australian Government Department of Health.

Data for the last five years are presented where applicable. Tables containing data reported for these and earlier years are located in Appendix D.

Vocational Medical Training in Australia

Following completion of university medical education and the intern year, the majority of medical graduates decide to undertake specialist medical practice. In order to do this, they must complete a recognised medical specialty training program.

Training is provided through the specialist medical colleges and, in the case of general practice, through GPET and a network of Regional Training Providers. The training programs are accredited by the Australian Medical Council (AMC).

The AMC is an independent national standards body for medical education and training. The AMC acts as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law. There is no single entry point to vocational training. Specialty training programs start in either the second or third postgraduate year, but not all who enter vocational training do so at the earliest opportunity.

To gain entry into a training program in their chosen specialty, individuals must succeed in a competitive selection process for a fixed number of accredited training positions (posts), or a place in an accredited facility or an accredited training program. The number of trainee positions offered is also dependent on the health services' capacity to accept trainees.

The management of vocational training varies across the states and territories. The jurisdictions and health services work with the medical colleges to address particular challenges, such as improving trainee supervision in public hospitals, developing statewide training programs and addressing need for generalists or sub/super specialists. They also offer the training posts/facilities to be accredited.

Some specialist medical colleges differentiate their vocational training programs into basic and advanced components. Where required, basic training is the entry point for specialist training and must be completed before progressing to advanced training. Advanced specialist trainees then work in a series of training positions, in which they are supervised and mentored by appropriately qualified specialists. The combination of these training positions constitutes the individual's advanced training program.

Supervision of junior trainees (junior registrars) is usually undertaken by a specialist and/or a senior trainee (senior registrar) in association with a specialist. Over time, the registrar takes increasing responsibility for decision making about patient management and learns a wider range of practical skills.

Specialist vocational training was traditionally undertaken in teaching hospitals for most specialties, however, it is now undertaken across all public hospitals. A number of factors, including capacity constraints in the public hospital system and recognition that training needs to better reflect where healthcare is delivered, have seen an expansion over the last few years of specialist training positions to private hospitals and community settings.

All specialist colleges now assess their trainees at multiple time-points during training with a range of assessment techniques. Most colleges use written, oral and/or clinical examinations and the majority have an exit examination. A range of other in-training assessments of both a formative and summative nature are also utilised, so that the full range of knowledge, skills and behaviours, including communication, team work and other forms of professional behaviour, can be assessed.

The time required to complete vocational training programs varies between three to seven full time years, depending upon the specialty. Further information on the specific requirements for each specialty is outlined in Appendix B.

General Practice Training

The Australian General Practice Training (AGPT) program is a postgraduate vocational training program for doctors wishing to pursue a career in general practice. The AGPT program provides training towards fellowship of the Royal Australian College of General Practitioners (RACGP) and/or fellowship of the Australian College of Rural and Remote Medicine (ACRRM) and is delivered through 17 Regional Training Providers (RTPs) across Australia. Until the end of 2014 the AGPT program was managed by GPET, which was owned and funded by the Australian Government to deliver training to the standards set by the RACGP and the ACRRM. The RACGP and the ACRRM are, in turn, accredited by the Australian Medical Council.

Registrars can choose between the rural pathway and the general pathway of the AGPT program. The general practice training programs usually take three years to complete, if undertaken through the RACGP, and four years, if undertaken through the ACRRM, but may take longer under some circumstances. An additional year is required for doctors taking the Fellowship in Advanced Rural General Practice (FARGP) through the RACGP. Training is primarily completed through a combination of hospital terms and general practice clinics although differences exist between the RACGP and ACRRM endpoints.

Rural pathway registrars undertake their training in rural and remote areas, as defined by the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) as Remoteness Areas 2 to 5. Metropolitan-based general pathway trainees are also required to undertake at least one placement in a rural and/or outer metropolitan area.

The Remote Vocational Training Scheme (RVTS) provides an alternative route to vocational recognition for medical practitioners working in remote areas who find that leaving their practice to undertake the AGPT program is not viable. RVTS registrars are eligible to sit for fellowship of the RACGP and ACRRM.

More details about these programs are included in Chapter 6.

The ACRRM offers the Independent Pathway as a third AMC accredited training pathway to achieve fellowship of the college (FACRRM). The Independent Pathway is most suited to experienced doctors. It is a self-funded pathway.

Changes to College Training in Australia

College of Intensive Care Medicine of Australia and New Zealand

The College of Intensive Care Medicine of Australia and New Zealand (CICM) introduced a new curriculum and trainee selection policy for trainees who registered from 1 January 2014 onwards. The total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of anaesthesia, 12 months of medicine (including 6 months of emergency or acute medicine) and 6 months in an elective placement. Trainees are also required to complete a term in paediatrics in an approved unit and at least 3 months of training must be undertaken in a rural hospital (paediatric and rural requirements may be completed in a discipline other than intensive care medicine).

Australasian College of Dermatologists

Trainees commencing in 2014 at the Australasian College of Dermatologists (ACD) are required to prepare and have published one major quality publication or three minor publications in one or more of the approved journals as listed on the ACD Website. Trainees who commenced prior to 2014 are only required to prepare and publish two papers of a significant nature on a dermatological subject.

Australasian College for Emergency Medicine

Basic training is in the process of being removed from the Australasian College for Emergency Medicine (ACEM) Training Program. From 20 June 2014 ACEM is no longer processing registrations for basic training. Commencing 1 January 2016, PGY1 and PGY2 will no longer be part of the ACEM Training Program structure. Workplace-based assessments are being used in pilot sites for advanced training in 2014; from 2015, these will be a requirement of training in all Emergency Medicine Terms.

Further information on the individual training programs for each specialty is outlined in Appendix B.

Accredited Training

Tables 4.1 and 4.2 present data on basic and advanced accredited training available in 2014. Medical colleges differ in their approaches to accrediting training. The majority of medical colleges accredit positions or posts. For some of these, all positions or posts will be filled, while for others the number of accredited positions/posts equates with the possible number of trainees that could occupy the identified places available at the beginning of the year. Some medical colleges accredit facilities, including hospitals, laboratories and other sites, to undertake training, or accredit programs that can be run in a number of sites. For example, the RACP accredits both facilities and posts, depending on specific training programs offered.

Data on the number of positions or posts and facilities or programs that have been accredited to undertake training are reported in Table 4.1 for those colleges where basic training is a requirement.

Table 4.1: Basic training: Positions/posts and facilities/programs by medical specialty, 2014

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Adult medicine	RACP ^(a)	^(d) 2,699	170
Anaesthesia	ANZCA	..	96
Dermatology	ACD	45	44
Emergency medicine	ACEM	..	123
General practice	RACGP ^(b)	..	..
	ACRRM ^(c)	2	..
Intensive care	CICM	25	na
Obstetrics and gynaecology	RANZCOG	376	104
Ophthalmology	RANZCO	54	..
Paediatrics	RACP ^(a)	^(d) 818	102
Psychiatry	RANZCP	..	19

(a) For basic training RACP accredits hospitals, not positions.

(b) RACGP no longer distinguishes between 'Basic' and 'Advanced' positions. All training posts were identical and referred to as 'Training posts'.

(c) ACRRM accepts posts accredited by State Postgraduate Medical Councils for this stage of training but also has standards to accredit posts if required. The number of Postgraduate Medical Council accredited posts was not included in this figure, only posts by ACRRM.

(d) The number of approved programs was based on the number of trainees in Australia. It did not include trainees based overseas.

Source: Medical colleges

All medical colleges provide some form of accredited advanced training. These data are presented in Table 4.2.

Table 4.2: Advanced training: Positions/posts and facilities/programs by medical specialty, 2014

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Addiction medicine	RACP	..	^(h) 30
Adult medicine	RACP	..	⁽ⁱ⁾ 173
Anaesthesia	ANZCA	..	103
Anaesthesia – pain medicine	ANZCA	..	⁽ⁱ⁾ 25
Dermatology	ACD	54	44
Emergency medicine	ACEM	..	123
General practice	RACGP	^(e) 2,001	^(e) 17
	ACRRM	840	..
Intensive care	CICM	103	..
Medical administration	RACMA	^(f) 92	..
Obstetrics and gynaecology ^(a)	RANZCOG	165	..
Occupational and environmental medicine ^(b)	RACP	92	..
Ophthalmology	RANZCO	^(g) 60	..
Oral and maxillofacial surgery	RACDS	38	..
Paediatrics	RACP	..	^(k) 131
Palliative medicine ^(c)	RACP	..	..
Pathology ^(d)	RCPA	307	354
Pathology and RACP (jointly)	RCPA/RACP	236	..
Psychiatry	RANZCP	..	61
Public health medicine	RACP	130	93
Radiation oncology	RANZCR	117	44
Radiodiagnosis	RANZCR	410	107
Rehabilitation medicine	RACP	..	108
Sexual health medicine	RACP	..	32
Sport and exercise medicine	ACSP	41	..
Surgery	RACS	2,419	504

(a) Advanced training positions were not officially accredited other than prospective approval of the post.

(b) Training settings were not formally accredited for occupational and environmental medicine however training positions were approved prospectively.

(c) Palliative medicine sites were included with those from adult medicine.

(d) Positions/Posts are the number of trainees. Facilities/Programs are the number of individually accredited laboratories by discipline within Australia. Please note that some may not have current trainees.

(e) RACGP no longer distinguishes between 'Basic' and 'Advanced' positions. All training posts are identical and referred to as 'Training posts'.

(f) Includes only Australian candidates. Excludes 31 Accelerated Pathway (AP) candidates. RACMA had a number of candidates who were not required to undertake supervised training in an accredited position as they were on the Accelerated Pathway to Fellowship.

(g) Includes year 3 and 4 trainees only who are in accredited posts. Trainees in year 5 (final year) do not have to be in accredited posts, instead they must have an individual program of training approved which is specific to their training needs or interests. This is often a Fellowship position in Australia or overseas.

(h) Number of sites currently accredited. Not all sites have current active trainee(s).

(i) Number of individual sites/hospitals accredited. Each site may be accredited for a number of programs.

(j) Includes three level 2 units accredited to provide 6 months training.

(k) Number of individual sites/hospitals accredited. Each site may be accredited for a number of programs.

Source: Medical colleges

Vocational Training Data

In 2014, there were 19,158 vocational training positions/trainees (Table 4.3). The largest number was in general practice, which across the two colleges had 4,486 training positions/trainees, demonstrating a 9.8% increase from the previous year (4,087 in 2013). The second largest group was in adult medicine (4,398), followed by emergency medicine (2,111), paediatrics (1,480), psychiatry (1,286) and anaesthesia, including anaesthesia – pain medicine (1,273).

Data covers all Australian trainees, as well as international medical graduates who are registered vocational trainees and who are working, being supervised or training in an accredited training position, post, facility or program. A number of medical colleges provide training overseas. Australian trainees within these overseas programs are included in the data, whereas non-Australian trainees are excluded.

It should be noted that numbers reported for some specialties differ sometimes across tables. This is primarily due to variation in what is included in the numbers in respect to New Zealand and other overseas trainees. In addition, there were a number of trainees located in more than one state and territory who could not be allocated to any one particular state/territory. These trainees have been counted in both, but the total number of trainees for that specialty only includes the physical headcount. Differences in inclusions are duly noted in the table footnotes where applicable.

Table 4.3: Vocational training positions/trainees by medical specialty, 2014

Medical specialty	Basic trainees	Advanced trainees	Total college trainees
Addiction medicine	..	22	22
Adult medicine	2,699	1,699	4,398
Anaesthesia	543	664	1,207
Anaesthesia – pain medicine	..	66	66
Dermatology	45	54	99
Emergency medicine ^(a)	756	1,355	2,111
General practice			
– GPET ^(b)	..	4,315	4,315
– ACRRM ^(c)	..	171	171
Intensive care	208	336	544
Medical administration	..	115	115
Obstetrics and gynaecology	376	165	^(h) 541
Occupational and environmental medicine	..	92	92
Ophthalmology	54	^(f) 90	144
Oral and maxillofacial surgery	..	38	38
Paediatrics ^(a)	818	662	1,480
Palliative medicine ^(d)	..	28	28
Pathology	..	307	307
Pathology and RACP (jointly)	..	236	236
Psychiatry	^(e) 868	^(g) 418	1,286
Public health medicine	..	81	81
Radiation oncology	..	117	117
Radiodiagnosis	..	410	410
Rehabilitation medicine	..	202	202
Sexual health medicine	..	13	13
Sport and exercise medicine	..	41	41
Surgery	..	1,094	1,094
Total	6,367	12,791	19,158

(a) Paediatric emergency medicine vocational trainees were counted in both emergency medicine and paediatrics. They cannot be attributed to one or the other only due to the possibility that paediatric emergency trainees may also be undertaking another paediatric specialty.

(b) Figures are for those enrolled in the 2014 training year and include those now withdrawn or followed.

(c) Includes registrars on the Independent Pathway only.

(d) Includes Chapter trainees only. Excludes Clinical Diploma Chapter trainees as the training program was not leading to fellowship of RACP or AChPM.

(e) Includes trainees from the 2012 Fellowship Program – 245 in Stage 1 and 104 in Stage 2.

(f) Includes 5th year trainees, 10 of which are completing their final year overseas.

(g) Includes 215 fellows completing subspecialty training.

(h) Excludes overseas trained specialists referred to as Specialist International Medical Graduates (SIMGs) by RANZCOG.

Source: Medical colleges and GPET

Basic Training

Periods of defined basic training prior to an individual commencing the advanced training program are required by nine specialties. Table 4.4 and Table 4.5 provide data on trainees for these specialties.

Some colleges have programs which do not distinguish between basic and advanced trainees. For example, Royal Australasian College of Surgeons (RACS) has an integrated program, the Surgical Education and Training (SET) program, which does not distinguish between basic and advanced trainees. Data on these programs are reported in the sections dealing with advanced training.

It should be noted that ACRRM only has two basic training posts recorded in this section. The reason for this is that the training program for ACRRM has three stages of training: Core Clinical Training (CCT), Primary Rural and Remote Training (PRRT) and Advanced Specialised Training (AST). In the MTRP report CCT is now defined as basic training and PRRT and AST as advanced training. ACRRM accepts posts accredited by state postgraduate medical councils for the CCT stage of training but also has standards to accredit posts if required. The number of state postgraduate medical councils accredited posts is not included in this section, only posts accredited by ACRRM. Therefore, the majority of posts accredited by ACRRM are included in Advanced Training.

There have not been any ACRRM Independent Pathway trainees recorded in Table 4.7 under basic training, as doctors on this pathway are experienced and are awarded recognised prior learning for the first year of training. Therefore, all data relating to ACRRM Independent Pathway trainees are reported in the sections dealing with advanced training.

Further information on the training requirements for each specialty is provided in Appendix B.

In total, there were 6,367 basic trainees, representing 33.2% of all vocational trainees in 2014 (Table 4.3). This represents a 5.1% increase on the 6,056 basic vocational trainees from 2013. Growth of almost 140% from the 2,653 trainees undertaking basic vocational training in 2005 was mainly related to the introduction by many colleges of additional basic training as a pre-requisite to entry to advanced training as well as the requirement for RACP trainees in their first year of training to register with the college.

The specialty with the largest number of basic trainees was adult medicine with 2,699 (Table 4.4).

Of the total number of basic trainees, 1,666 were in their first year. Over one-third (662 or 39.7%) of these basic trainees were in their first year of adult medicine. About one-sixth (277 or 16.6%) were commencing their first year of basic training in emergency medicine and 13.0% (216) were commencing in psychiatry.

All current ACEM trainees in basic training are considered in the same year (provisional training year, at least PGY3). This shows trainees who registered with ACEM for this current calendar year.

Table 4.4: Basic trainees and first-year basic trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
All basic trainees									
Adult medicine	661	810	577	215	299	58	21	58	2,699
Anaesthesia	203	117	114	41	35	15	5	13	543
Dermatology	11	17	11	3	2	0	0	1	45
Emergency medicine	238	140	197	54	84	17	11	15	756
Intensive care	61	27	67	15	26	1	6	5	208
Obstetrics and gynaecology	120	108	79	21	23	12	1	12	376
Ophthalmology	17	15	9	3	4	2	2	2	54
Paediatrics	242	199	172	60	98	22	8	17	818
Psychiatry ^(a)	271	217	188	64	73	19	12	24	868
Total	1,824	1,650	1,414	476	644	146	66	147	6,367
First-year basic trainees									
Adult medicine	93	266	149	58	65	14	3	14	662
Anaesthesia	80	47	46	9	5	8	1	5	201
Dermatology	6	9	7	3	0	0	0	1	26
Emergency medicine	83	54	73	19	29	11	3	5	277
Intensive care	2	1	2	0	0	0	0	0	5
Obstetrics and gynaecology	30	24	19	4	5	3	0	3	88
Ophthalmology	5	8	4	1	2	1	1	1	23
Paediatrics	29	40	49	10	27	6	3	4	168
Psychiatry ^(b)	63	56	48	18	20	4	4	3	216
Total	391	505	397	122	153	47	15	36	1,666

(a) First-year numbers include Stage 1 and Stage 2 trainees that started in the 2012 Fellowship program.

(b) Includes Stage 1 trainees that started in 2014 and existing trainees in Stage 1.

Source: Medical colleges

In 2014, just over half (3,433 or 53.9%) of all basic trainees were females (Table 4.5). The specialty with the largest number of females was adult medicine, with 1,327 female basic trainees. However, the proportion of females was much higher in two particular specialties, obstetrics and gynaecology and paediatrics in which 81.6% and 72.9% respectively of all trainees were females.

Table 4.5: Female basic trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Female basic trainees									
Adult medicine	328	438	250	111	137	21	14	28	1,327
Anaesthesia	94	51	47	15	15	7	4	7	240
Dermatology	7	13	5	3	2	0	0	0	30
Emergency medicine	113	53	95	23	36	8	7	8	343
Intensive care	24	13	22	8	10	0	4	3	84
Obstetrics and gynaecology	94	93	62	18	17	11	1	11	307
Ophthalmology	5	6	4	1	2	^(b) 0	^(b) 0	^(b) 1	19
Paediatrics	171	144	120	53	76	14	7	11	596
Psychiatry ^(a)	137	118	100	41	50	18	5	18	487
Total	973	929	705	273	345	79	42	87	3,433
Proportion of all basic trainees (%)									
Adult medicine	49.6	54.1	43.3	51.6	45.8	36.2	66.7	48.3	49.2
Anaesthesia	46.3	43.6	41.2	36.6	42.9	46.7	80.0	53.8	44.2
Dermatology	63.6	76.5	45.5	100.0	100.0	0	0	0	66.7
Emergency medicine	47.5	37.9	48.2	42.6	42.9	47.1	63.6	53.3	45.4
Intensive care	39.3	48.1	32.8	53.3	38.5	0	66.7	60.0	40.4
Obstetrics and gynaecology	78.3	86.1	78.5	85.7	73.9	91.7	100.0	91.7	81.6
Ophthalmology	29.4	40.0	44.4	33.3	50.0	0	0	50.0	35.2
Paediatrics	70.7	72.4	69.8	88.3	77.6	63.6	87.5	64.7	72.9
Psychiatry	50.6	54.4	53.2	64.1	68.5	94.7	41.7	75.0	56.1
Total	53.3	56.3	49.9	57.4	53.6	54.1	63.6	59.2	53.9

(a) Includes Stage 1 and Stage 2 trainees that started in the 2012 Fellowship program.

(b) The proportion of female trainees in ACT, NT and TAS varies according to rostered rotations.

Source: Medical colleges

Trends in Basic Training

It can be seen in Table 4.6 the proportion of female basic trainees has increased every year since 2010.

Since 2013, the number of first-year basic trainees has continued to decrease. However, it should be noted that figures for earlier years are not comparable due to training program changes. This includes the introduction of basic training in some specialties prior to commencing advanced training.

Table 4.6: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2010-2014

	Total college trainees	Basic training positions/trainees	Female basic trainees	Proportion female (%)	First-year basic trainees	Proportion first-year (%)
2010	14,679	5,040	2,498	49.6	1,244	24.7
2011	15,478	5,264	2,672	50.8	1,425	27.1
2012	16,740	5,744	2,962	51.6	1,805	31.4
2013	17,888	6,056	3,235	53.4	1,669	27.6
2014	19,158	6,367	3,433	53.9	1,666	26.2
Change 2010-2014 (%)	30.5	26.3	37.4	8.8	33.9	6.0

Source: Medical colleges

The total number of basic trainees between 2010 and 2014 has increased by 26.3% (Table 4.7). However, there were medical specialties that have had larger increases than the total, namely paediatrics (47.7%) and adult medicine (42.6%). Anaesthesia, dermatology and ophthalmology remained relatively stable over the past five years.

Table 4.7: Basic training positions/trainees by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010-2014 (%)
Adult medicine	1,893	1,951	2,197	2,475	2,699	42.6
Anaesthesia	504	617	615	555	543	7.7
Dermatology	42	44	42	46	45	7.1
Emergency medicine	803	785	821	727	756	-5.9
General practice						
– ACRRM ^(a)	50	141	0	0	0	-100.0
Intensive care	167	152	192	199	208	24.6
Obstetrics and gynaecology	295	330	354	356	376	27.5
Ophthalmology	55	53	55	53	54	-1.8
Paediatrics	554	530	664	812	818	47.7
Psychiatry	677	661	804	833	^(b) 868	28.2
Surgery	..	..	..	..	..	..
Total	5,040	5,264	5,744	6,056	6,367	26.3

(a) Includes registrars on the Independent Pathway only. In 2010-2011 ACRRM reported those in Primary Rural and Remote Training as basic trainees, now reported as advanced trainees.

(b) Includes Stage 1 and Stage 2 trainees that started in the 2012 Fellowship program.

Source: Medical colleges

The basic trainee numbers by states and territories (Table 4.8) show that numerically the increases in 2014 compared with 2010 were greatest in Victoria (375) and New South Wales (332). As a proportion, the growth was greatest in Western Australia (47.4%), followed by the Australian Capital Territory (40%) and Tasmania (37.7%).

The number of basic trainees in most jurisdictions increased each year between 2010 and 2014, though the size of the increase varies according to jurisdiction size and available training capacity. Some of these increases have been minor, particularly in small jurisdictions, however, these increases are consistent with their size and available training capacity.

Table 4.8: Basic training positions/trainees by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2010	1,492	1,275	1,148	424	437	106	53	105	5,040
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
2012	1,607	1,548	1,285	478	537	134	46	109	5,744
2013	1,710	1,603	1,382	469	583	132	53	124	6,056
2014	1,824	1,650	1,414	476	644	146	66	147	6,367
Change 2010–2014 (%)	22.3	29.4	23.2	12.3	47.4	37.7	24.5	40.0	26.3

Source: Medical colleges

Behind the increases in overall basic trainee numbers are major increases in some specialities' trainee intake (Table 4.9). The number of first-year basic trainees for paediatrics increased by over a third from 123 in 2010 to 168 in 2014. Adult medicine increased its intake of first-year basic trainees by over a quarter from 522 in 2010 to 662 in 2014.

Table 4.9: First-year basic trainees by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010-2014 (%)
First-year basic trainees						
Adult medicine	522	583	610	585	662	26.8
Anaesthesia ^(a)	240	321	314	215	201	-16.3
Dermatology	23	20	26	22	26	13.0
Emergency medicine	..	..	240	241	277	..
Intensive care	11	7	9	28	5	-54.5
Obstetrics and gynaecology	77	87	83	89	88	14.3
Ophthalmology	25	26	28	25	23	-8.0
Paediatrics	123	142	181	151	168	36.6
Psychiatry ^(b)	223	239	314	313	216	-3.1
Total	1,244	1,425	1,805	1,669	1,666	33.9

(a) Introductory training period is now for a period of 6 months.

(b) Includes Stage 1 trainees that started in 2014 and existing trainees in Stage 1. This is a modified definition for the 2012 Fellowship program.

Source: Medical colleges

Table 4.10 shows the numbers of first-year basic trainees in each state and territory for the period 2010 to 2014. Overall, first year basic trainees have increased by over a third from 1,244 in 2010 to 1,666 in 2014, an increase of 33.9%.

Table 4.10: First-year basic trainees by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
First-year basic trainees									
2010	350	341	267	124	100	22	16	24	1,244
2011	387	410	298	124	130	39	15	22	1,425
2012	407	545	420	146	190	50	17	30	1,805
2013	397	494	402	132	154	38	15	37	1,669
2014	391	505	397	122	153	47	15	36	1,666
Change 2010-2014 (%)	11.7	48.1	48.7	-1.6	53.0	113.6	-6.3	50.0	33.9

Source: Medical colleges

Table 4.11 shows the proportion of female basic trainees in each specialty. The table highlights the fluctuations in the number of female basic trainees in specialties from one year to another. The proportion of female basic trainees in obstetrics and gynaecology has increased year on year from 2010 to 2014. The year 2014 was the fourth consecutive year where female basic trainees comprised over half (53.9%) of all basic trainees.

Table 4.11: Proportion of female basic trainees by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010-2014 (%)
Proportion female (%)						
Adult medicine	47.4	49.9	48.9	49.5	49.2	3.7
Anaesthesia	45.0	45.9	46.0	45.8	44.2	-1.8
Dermatology	64.3	63.6	45.2	56.5	66.7	3.7
Emergency medicine	38.2	39.4	42.4	42.9	45.4	18.8
General practice						
– ACRRM ^(a)	26.0	16.3	..	..	..	..
Intensive care	33.5	24.3	32.2	40.2	40.4	20.6
Obstetrics and gynaecology	69.8	77.6	79.0	80.6	81.6	17.0
Ophthalmology	40.0	43.4	41.8	34.0	35.2	-12.0
Paediatrics	67.9	70.6	72.7	71.4	72.9	7.3
Psychiatry	54.1	55.4	53.4	54.5	^(b) 56.1	3.7
Total	49.6	50.8	51.6	53.4	53.9	8.7
Total female trainees	2,498	2,672	2,962	3,235	3,433	37.4

(a) Includes registrars on the Independent Pathway only. In 2010-2011 ACRRM reported those in Primary Rural and Remote Training as basic trainees, now reported as advanced trainees.

(b) Includes Stage 1 and Stage 2 trainees that started in the 2012 Fellowship program.

Source: Medical colleges

Table 4.12 provides data on female basic trainees by state and territories. Greater fluctuations are generally seen in those jurisdictions with smaller basic trainee numbers.

Table 4.12: Proportion of female basic trainees by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2010	51.3	56.0	42.0	50.0	49.7	29.2	41.5	51.4	49.6
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8
2012	51.9	55.6	46.9	51.5	52.0	44.0	52.2	51.4	51.6
2013	53.6	57.0	48.8	53.9	53.9	45.5	58.5	58.9	53.4
2014	53.3	56.3	49.9	57.4	53.6	54.1	63.6	59.2	53.9

Source: Medical colleges

Advanced Training

In 2014, there were 12,791 advanced vocational training positions/trainees in programs in Australia (Table 4.13). This constitutes two thirds (66.8%) of the total number of vocational training positions/trainees. General practice had the highest number of advanced trainees (4,486), followed by adult medicine (1,699), emergency medicine (1,355) and surgery (1,094).

Table 4.13 also shows the distribution of advanced training positions/trainees across states and territories.

Table 4.13: Advanced vocational training positions/trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	9	2	5	2	3	1	0	0	22
Adult medicine	543	520	296	144	120	28	14	34	1,699
Anaesthesia	195	164	168	44	63	12	7	11	664
Anaesthesia – pain medicine	25	22	8	3	3	4	0	1	66
Dermatology	18	18	8	6	4	0	0	0	54
Emergency medicine ^(a)	380	342	316	97	158	19	22	21	1,355
General practice									
– GPET ^(b)	1,441	899	948	333	447	134	113	^(f) ..	4,315
– ACRRM ^(c)	48	21	68	5	20	2	7	0	171
Intensive care	104	94	69	27	22	6	3	11	336
Medical administration	33	27	32	1	12	3	4	3	115
Obstetrics and gynaecology	46	46	40	15	9	5	2	2	165
Occupational and environmental medicine	29	10	22	4	22	2	1	2	92
Ophthalmology ^(d)	42	22	8	7	9	1	1	0	90
Oral and maxillofacial surgery	6	11	9	4	4	1	1	2	38
Paediatrics ^(a)	226	159	115	58	82	6	11	5	662
Palliative medicine ^(e)	3	9	6	7	2	1	0	0	28
Pathology	108	77	51	20	29	9	5	8	307
Pathology and RACP (jointly)	91	67	34	16	19	1	0	8	236
Psychiatry	151	130	73	20	30	9	1	4	418
Public health medicine	23	16	10	6	8	2	6	10	81
Radiation oncology	52	24	24	5	2	3	1	6	117
Radiodiagnosis	122	104	84	46	36	6	0	12	410
Rehabilitation medicine	91	51	34	14	5	5	0	2	202
Sexual health medicine	5	4	0	2	2	0	0	0	13
Sport and exercise medicine	17	15	7	0	2	0	0	0	41
Surgery	395	306	199	83	92	4	4	11	1,094
Total	4,203	3,160	2,634	969	1,205	264	203	153	12,791

(a) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.

(b) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

(c) Includes registrars on the Independent Pathway only.

(d) Includes 10 trainees who are completing their final year of training overseas.

(e) Includes Chapter trainees only. Excludes Clinical Diploma Chapter trainees as the training program was not leading to fellowship of RACP or AChPM.

(f) ACT data included in NSW figures for general practice, GPET.

Source: Medical colleges and GPET

Overall, advanced trainees were reasonably well distributed across states and territories when compared with their relative proportions of the Australian population. For the larger specialties, the proportions of trainees roughly mirrored the relative proportions of the population in each state and territory (Table 4.14).

Table 4.14: Proportion of advanced training positions/trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Proportion (%)								
Addiction medicine	40.9	9.1	22.7	9.1	13.6	4.5	0	0
Adult medicine	32.0	30.6	17.4	8.5	7.1	1.6	0.8	2.0
Anaesthesia	29.4	24.7	25.3	6.6	9.5	1.8	1.1	1.7
Anaesthesia – pain medicine	37.9	33.3	12.1	4.5	4.5	6.1	0	1.5
Dermatology	33.3	33.3	14.8	11.1	7.4	0	0	0
Emergency medicine	28.0	25.2	23.3	7.2	11.7	1.4	1.6	1.5
General practice								
– GPET ^(a)	33.4	20.8	22.0	7.7	10.4	3.1	2.6	^(e) ..
– ACRRM ^(b)	28.1	12.3	39.8	2.9	11.7	1.2	4.1	0
Intensive care	31.0	28.0	20.5	8.0	6.5	1.8	0.9	3.3
Medical administration	28.7	23.5	27.8	0.9	10.4	2.6	3.5	2.6
Obstetrics and gynaecology	27.9	27.9	24.2	9.1	5.5	3.0	1.2	1.2
Occupational and environmental medicine	31.5	10.9	23.9	4.3	23.9	2.2	1.1	2.2
Ophthalmology	46.7	24.4	8.9	7.8	10.0	1.1	1.1	0
Oral and maxillofacial surgery	15.8	28.9	23.7	10.5	10.5	2.6	2.6	5.3
Paediatrics	34.1	24.0	17.4	8.8	12.4	0.9	1.7	0.8
Palliative medicine ^(c)	10.7	32.1	21.4	25.0	7.1	3.6	0	0
Pathology	35.2	25.1	16.6	6.5	9.4	2.9	1.6	2.6
Pathology and RACP (jointly)	38.6	28.4	14.4	6.8	8.1	0.4	0	3.4
Psychiatry	36.1	31.1	17.5	4.8	7.2	2.2	0.2	1.0
Public health medicine	28.4	19.8	12.3	7.4	9.9	2.5	7.4	12.3
Radiation oncology	44.4	20.5	20.5	4.3	1.7	2.6	0.9	5.1
Radiodiagnosis	29.8	25.4	20.5	11.2	8.8	1.5	0	2.9
Rehabilitation medicine	45.0	25.2	16.8	6.9	2.5	2.5	0	1.0
Sexual health medicine	38.5	30.8	0	15.4	15.4	0	0	0
Sport and exercise medicine	41.5	36.6	17.1	0	4.9	0	0	0
Surgery	36.1	28.0	18.2	7.6	8.4	0.4	0.4	1.0
Total	32.9	24.7	20.6	7.6	9.4	2.1	1.6	1.2
Population proportion (%) ^(d)	32.0	24.8	20.1	7.2	11.0	2.2	1.0	1.7

(a) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

(b) Includes registrars on the Independent Pathway only.

(c) Includes Chapter trainees only.

(d) Population data from ABS. 3101.0 – Australian Demographics Statistics, March 2014, released 25/09/2014.

(e) ACT data included in NSW figures for general practice, GPET.

Source: Medical colleges and GPET

First-year Advanced Trainees

In 2014, there were 3,556 first-year advanced vocational training positions/trainees (Table 4.15). The specialty with the most first-year advanced vocational training places was general practice (1,222), followed by adult medicine (677), paediatrics (315) and surgery (249).

Table 4.15: First-year advanced positions/trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine ^(a)	3	1	0	1	1	1	0	0	7
Adult medicine ^(a)	214	198	118	57	58	12	5	15	677
Anaesthesia	46	45	49	8	18	3	3	2	174
Anaesthesia – pain medicine	10	5	6	2	2	3	0	0	28
Dermatology	8	13	4	5	2	0	0	0	32
Emergency medicine ^(b)	53	34	45	13	27	1	4	3	180
General practice									
– GPET ^(c)	395	263	260	99	137	35	33	^(f) ..	1,222
– ACCRRM ^(d)	..	..	..	..	..	..	..	..	..
Intensive care	11	15	15	0	3	0	1	3	48
Medical administration	13	2	10	1	3	2	2	0	33
Obstetrics and gynaecology	20	25	23	10	4	3	1	1	87
Occupational and environmental medicine	8	4	3	0	5	0	1	0	21
Ophthalmology	12	5	4	2	4	1	0	0	28
Oral and maxillofacial surgery	0	2	2	1	0	0	1	0	6
Paediatrics ^(a)	107	73	50	31	46	4	3	1	315
Palliative medicine ^{(a), (e)}	1	5	4	4	1	0	0	0	15
Pathology	17	11	10	7	6	1	2	3	57
Pathology and RACP (jointly)	22	21	8	4	7	0	0	3	65
Psychiatry	36	32	27	1	3	4	0	2	105
Public health medicine ^(a)	8	7	4	3	5	1	1	4	33
Radiation oncology	8	2	4	2	0	0	1	1	18
Radiodiagnosis	23	21	17	10	9	1	0	5	86
Rehabilitation medicine ^(a)	28	16	11	1	3	1	0	1	61
Sexual health medicine ^(a)	0	0	0	0	1	0	0	0	1
Sport and exercise medicine	4	2	2	0	0	0	0	0	8
Surgery	92	58	46	19	25	3	1	5	249
Total	1,139	860	722	281	370	76	59	49	3,556

(a) Includes all trainees who have undertaken less than 12 months certified units.

(b) Both emergency medicine and paediatrics account for trainees undertaking paediatric emergency medicine.

(c) Figures are for those enrolled in the 2014 training year and include those now withdrawn or followed.

(d) This applies to Independent Pathway registrars only, figures cannot be provided due to the individual training requirements for these registrars following recognition of prior learning.

(e) Includes Chapter trainees only.

(f) ACT data included in NSW figures for general practice, GPET.

Source: Medical colleges and GPET

Female Trainees

Half (6,733 or 52.6%) of all advanced vocational trainees were females (Table 4.16). This proportion was far higher in some specialties, with females comprising three-fifths or more of advanced vocational trainees in obstetrics and gynaecology (74.5%), paediatrics (72.8%), public health medicine (72.8%), sexual health medicine (69.2%), rehabilitation medicine (66.3%) and general practice (63.1%).

Table 4.16: Female advanced trainees by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	3	1	2	2	1	1	0	0	10
Adult medicine	270	301	125	70	62	13	5	16	862
Anaesthesia	97	87	79	22	20	3	5	3	316
Anaesthesia – pain medicine	11	11	2	1	1	2	0	0	28
Dermatology	9	10	4	2	2	0	0	0	27
Emergency medicine ^(a)	153	136	135	32	68	6	13	6	549
General practice									
– GPET ^(b)	961	571	584	207	316	93	69	^(e) ..	2,801
– ACRRM ^(c)	4	4	11	0	7	2	3	0	31
Intensive care	34	34	27	5	3	1	1	3	108
Medical administration	13	7	10	1	8	1	1	2	43
Obstetrics and gynaecology	34	34	31	10	8	4	1	1	123
Occupational and environmental medicine	9	4	6	1	6	0	1	2	29
Ophthalmology	18	7	4	4	4	0	1	0	38
Oral and maxillofacial surgery	0	1	2	0	1	0	0	0	4
Paediatrics	170	117	81	43	57	3	7	4	482
Palliative medicine ^(d)	2	6	3	3	1	1	0	0	16
Pathology	69	48	28	12	18	5	4	8	192
Pathology and RACP (jointly)	51	44	18	11	6	1	0	5	136
Psychiatry	77	68	33	11	18	3	0	2	212
Public health medicine	17	13	5	6	6	2	6	4	59
Radiation oncology	30	10	12	2	2	0	1	3	60
Radiodiagnosis	46	44	27	15	13	3	0	6	154
Rehabilitation medicine	58	39	24	10	1	2	0	0	134
Sexual health medicine	4	1	0	2	2	0	0	0	9
Sport and exercise medicine	3	5	1	0	0	0	0	0	9
Surgery	128	83	47	21	17	0	1	4	301
Total	2,271	1,686	1,301	493	648	146	119	69	6,733

(a) Both emergency medicine and paediatrics account for trainees undertaking paediatric emergency medicine.

(b) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

(c) Includes registrars on the Independent Pathway only.

(d) Includes Chapter trainees only.

(e) ACT data included in NSW figures for general practice, GPET.

Source: Medical colleges and GPET

A few specialties had a relatively low proportion of female trainees, with females comprising less than forty percent of advanced vocational trainees in radiodiagnosis, medical administration, intensive care, occupational and environmental medicine, surgery, sport and exercise medicine, and oral and maxillofacial surgery.

Part-time Training

Some colleges provide the opportunity for trainees to train part-time subject to approval by the employing authority, such as the hospital or laboratory.

In 2014, there were 2,075 part-time advanced trainees across specialties. This represents nearly one-sixth (16.2%) of all advanced trainees (Table 4.17).

Part-time training was most common in sexual health medicine (38.5%), addiction medicine (31.8%), general practice (30.5%) and public health medicine (28.4%) with over one-quarter of advanced vocational trainees undertaking part-time training.

A number of other specialties had relatively small numbers of trainees undertaking part-time training. It should be noted, that the availability of part-time training and interrupted training varies across specialties. Further information on this can be found in Appendix B.

Table 4.17: Advanced trainees undertaking part-time training by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	3	1	1	0	1	1	0	0	7
Adult medicine	24	20	8	9	2	0	0	0	63
Anaesthesia	9	2	6	1	3	0	0	0	21
Anaesthesia – pain medicine	5	2	1	0	1	2	0	0	11
Dermatology	1	1	2	0	0	0	0	0	4
Emergency medicine ^(a)	91	72	69	31	26	3	0	3	295
General practice									
– GPET ^(b)	526	232	308	94	103	57	48	^(e) ..	1,368
– ACRRM ^(c)	0	0	0	0	0	0	0	0	0
Intensive care	3	2	1	0	0	0	0	0	6
Medical administration	11	1	9	0	1	0	3	0	25
Obstetrics and gynaecology	3	2	1	1	1	0	0	0	8
Occupational and environmental medicine	0	0	0	0	0	0	0	0	0
Ophthalmology	0	1	1	0	0	0	0	0	2
Oral and maxillofacial surgery	0	0	0	0	0	0	0	0	0
Paediatrics	39	31	9	9	8	0	1	1	98
Palliative medicine ^(d)	2	1	1	2	0	0	0	0	6
Pathology	7	8	2	0	2	1	0	0	20
Pathology and RACP (jointly)	4	2	0	1	0	0	0	0	7
Psychiatry	18	19	7	6	6	2	0	0	58
Public health medicine	6	7	3	3	1	0	2	1	23
Radiation oncology	4	0	3	0	0	0	0	1	8
Radiodiagnosis	9	1	1	2	0	0	0	1	14
Rehabilitation medicine	9	5	3	0	0	0	0	0	17
Sexual health medicine	2	1	0	1	1	0	0	0	5
Sport and exercise medicine	2	0	1	0	0	0	0	0	3
Surgery	2	2	2	0	0	0	0	0	6
Total	780	413	439	160	156	66	54	7	2,075

(a) Both emergency medicine and paediatrics account for trainees undertaking paediatric emergency medicine.

(b) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

(c) Includes registrars on the Independent Pathway only.

(d) Includes Chapter trainees only.

(e) ACT data included in NSW figures for general practice, GPET.

Source: Medical colleges and GPET

Discontinuation of Training

Trainees may discontinue training for a variety of reasons, with either the trainee officially withdrawing from the training program, or the college or training provider terminating or dismissing a trainee in accordance with college regulations or employment conditions.

In 2014, there were 366 advanced trainees who discontinued training (Table 4.18), the highest number of discontinuations for the period 2010-14.

Table 4.18: Advanced trainee discontinuations by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2010	72	58	45	10	11	3	3	11	213
2011	42	31	22	8	6	3	3	0	115
2012	^(a) 39	21	21	12	6	0	0	4	^(b) 103
2013	^(a) 63	37	49	12	20	2	3	4	190
2014	^(a) 136	81	73	26	35	4	3	8	^(c) 366

(a) ACT data included in NSW figures for general practice.

(b) Total advanced trainee discontinuations by state/territory, 2010-2012 (excluding one trainee from overseas).

(c) GPET figures include both basic and advanced trainees together. Discontinuations include those registrars who withdrew from training in the 2014 training year and do not include those who withdrew before commencing in the AGPT program.

Source: Medical colleges and GPET

Subspecialty Training

Obstetrics and Gynaecology Subspecialties

In 2014, there were 64 trainees undertaking additional advanced training in the subspecialty of obstetrics and gynaecology, with the most common subspecialties being maternal and fetal medicine (37.5%), and reproductive endocrinology and infertility (21.9%). Over two-thirds of obstetricians and gynaecologists training in a subspecialty were females (Table 4.19).

Table 4.19: Obstetrics and gynaecology advanced trainees: Total, proportion of total and females by subspecialty, 2014

Subspecialty	Positions	Proportion (%)	Females
Obstetrics and gynaecology ultrasound	9	14.1	8
Maternal and fetal medicine	24	37.5	18
Reproductive endocrinology and infertility	14	21.9	7
Gynaecological oncology	11	17.2	7
Urogynaecology	6	9.4	5
Total	64	100.0	45

Source: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Pathology Subspecialties

In 2014, there were 543 advanced trainees (Table 4.20) undertaking training with the Royal College of Pathologists of Australasia (RCPA). Nearly half of these (242 or 44.6%) were within the subspecialty of anatomical pathology and almost a third (174 or 32.0%) in haematology.

Table 4.20: Pathology advanced trainees: Total, proportion of total and females by subspecialty, 2014

Subspecialty	Positions	Proportion (%)	Females
Anatomical pathology	242	44.6	156
Chemical pathology	26	4.8	14
Forensic pathology	7	1.3	5
General pathology	9	1.7	5
Genetic pathology	7	1.3	1
Haematology	174	32.0	103
Immunopathology	23	4.2	11
Microbiology	55	10.1	33
Oral and maxillofacial pathology	0	0	0
Total	543	100.0	328

Source: Royal College of Pathologists of Australasia

Table 4.21 shows the number of training positions in the pathology subspecialties in each of the states and territories. New South Wales had the largest number of advanced trainees in 2014 (199) followed by Victoria (144).

Table 4.21: Pathology advanced trainees by subspecialty and state/territory, 2014

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Anatomical pathology	87	60	41	16	23	5	3	7	242
Chemical pathology	6	7	5	1	5	1	0	1	26
Forensic pathology	3	3	0	0	1	0	0	0	7
General pathology	4	2	2	0	0	1	0	0	9
Genetic pathology	3	2	0	1	1	0	0	0	7
Haematology	66	52	24	14	10	2	1	5	174
Immunopathology	8	6	2	2	3	0	0	2	23
Microbiology	22	12	11	2	5	1	1	1	55
Oral and maxillofacial pathology	0	0	0	0	0	0	0	0	0
Total	199	144	85	36	48	10	5	16	543

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

In 2014, there were 1,699 advanced physician trainees undertaking training with the Royal Australasian College of Physicians (RACP) in adult medicine (Table 4.22).

Of all the subspecialties, general medicine and geriatric medicine had the largest numbers of advanced trainees (487 and 224 respectively).

Table 4.22: Physician adult medicine advanced trainees: Total, proportion of total and females by subspecialty, 2014

Subspecialty	Trainees^(b)	Proportion (%)	Females
Cardiology	166	9.8	35
Clinical genetics	8	0.5	7
Clinical pharmacology	10	0.6	3
Endocrinology ^(a)	140	8.2	97
Gastroenterology	118	6.9	45
General medicine	487	28.7	218
Geriatric medicine	224	13.2	128
Haematology ^(b)	171	10.1	94
Immunology and allergy ^(c)	42	2.5	21
Infectious diseases ^(d)	124	7.3	74
Medical oncology	163	9.6	92
Nephrology	106	6.2	60
Neurology	88	5.2	47
Nuclear medicine	15	0.9	4
Palliative medicine ^(e)	71	4.2	47
Respiratory and sleep medicine	138	8.1	63
Rheumatology	40	2.4	28
Total^(f)	1,699	100.0	862

(a) Includes trainees in either the Endocrinology or the joint Endocrinology/Chemical Pathology training program.

(b) Includes trainees in either the Clinical Haematology or the joint Haematology training program.

(c) Includes trainees in either the Clinical Immunology/Allergy or the joint Immunology/Allergy training program.

(d) Includes trainees in either the Infectious Diseases or the joint Infectious Diseases/Microbiology training program.

(e) Includes only divisional advanced trainees in palliative medicine, does not include Chapter trainees.

(f) The totals are not cumulative sums of the figures above as some trainees are enrolled in multiple subspecialties (i.e. dual trainees).

Source: Royal Australasian College of Physicians

Table 4.23 shows the numbers of advanced training positions in adult medicine subspecialties in each of the states and territories.

Table 4.23: Physician adult medicine advanced trainees by subspecialty and state/territory, 2014

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiology	65	43	31	11	9	3	1	3	166
Clinical genetics	5	1	2	0	0	0	0	0	8
Clinical pharmacology	2	1	3	4	0	0	0	0	10
Endocrinology ^(a)	48	47	28	7	7	1	1	1	140
Gastroenterology	43	36	18	12	8	0	0	1	118
General medicine	72	168	120	49	43	19	9	7	487
Geriatric medicine	60	74	36	20	26	4	1	3	224
Haematology ^(b)	62	50	25	13	9	4	0	8	171
Immunology and allergy ^(c)	16	9	4	6	7	0	0	0	42
Infectious diseases ^(d)	35	39	26	7	6	5	4	2	124
Medical oncology	61	51	26	11	7	1	0	6	163
Nephrology	35	35	17	7	7	1	2	2	106
Neurology	35	32	9	6	3	1	1	1	88
Nuclear medicine	8	3	2	0	1	0	0	1	15
Palliative medicine ^(e)	26	17	12	8	8	0	0	0	71
Respiratory and sleep medicine	44	37	25	15	9	1	2	5	138
Rheumatology	12	14	5	5	2	0	0	2	40
Total^(f)	543	520	296	144	120	28	14	34	1,699

(a) Includes trainees in either the Endocrinology or the joint Endocrinology/Chemical Pathology training program.

(b) Includes trainees in either the Clinical Haematology or the joint Haematology training program.

(c) Includes trainees in either the Clinical Immunology/Allergy or the joint Immunology/Allergy training program.

(d) Includes trainees in either the Infectious Diseases or the joint Infectious Diseases/Microbiology training program.

(e) Includes only divisional advanced trainees in palliative medicine, does not include Chapter trainees.

(f) The totals are not cumulative sums of the figures above as some trainees are enrolled in multiple subspecialties (i.e. dual trainees).

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

In 2014, there were 662 advanced paediatric and child health trainees with the RACP's Paediatrics and Child Health Division (Table 4.24). Over two-thirds (482 or 72.8%) of these trainees were females.

The majority (545 or 82.3%) of all trainees were in general paediatrics.

Table 4.24: Physician paediatric and child health advanced trainees: Total, proportion of total and females by subspecialty, 2014

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	17	2.6	5
Clinical genetics	15	2.3	10
Clinical pharmacology	3	0.5	2
Community child health	83	12.5	77
Endocrinology	25	3.8	18
Gastroenterology	11	1.7	7
General paediatrics	545	82.3	403
Haematology	13	2.0	10
Immunology and allergy ^(a)	23	3.5	19
Infectious diseases ^(b)	28	4.2	20
Medical oncology	20	3.0	17
Neonatal/perinatal medicine	94	14.2	48
Nephrology	9	1.4	6
Neurology	14	2.1	11
Nuclear medicine	0	0	0
Paediatric emergency medicine	54	8.2	34
Palliative medicine ^(c)	7	1.1	7
Respiratory and sleep medicine	22	3.3	16
Rheumatology	3	0.5	3
Total^(d)	662	100.0	482

(a) Includes trainees in either the Clinical Immunology/Allergy or the joint Immunology/Allergy training program.

(b) Includes trainees in either the Infectious Diseases or the joint Infectious Diseases/Microbiology training program.

(c) Includes only divisional advanced trainees in palliative medicine, does not include Chapter trainees.

(d) The totals are not cumulative sums of the figures above as some trainees are enrolled in multiple subspecialties (i.e. dual trainees).

Source: Royal Australasian College of Physicians

Table 4.25 shows the numbers of training positions in paediatric subspecialties in each of the states and territories.

Table 4.25: Physician paediatric and child health advanced trainees by subspecialty and state/territory, 2014

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiology	3	5	3	2	4	0	0	0	17
Clinical genetics	6	5	0	3	1	0	0	0	15
Clinical pharmacology	0	2	1	0	0	0	0	0	3
Community child health	34	13	16	3	17	0	0	0	83
Endocrinology	7	5	5	3	5	0	0	0	25
Gastroenterology	2	3	4	0	2	0	0	0	11
General paediatrics	193	129	91	38	74	5	11	4	545
Haematology	6	3	2	2	0	0	0	0	13
Immunology and allergy ^(a)	5	4	3	6	4	0	0	1	23
Infectious diseases ^(b)	9	7	1	4	5	0	2	0	28
Medical oncology	7	2	4	5	2	0	0	0	20
Neonatal/perinatal medicine	26	20	21	11	10	2	1	3	94
Nephrology	3	4	1	0	1	0	0	0	9
Neurology	7	1	2	1	3	0	0	0	14
Nuclear medicine	0	0	0	0	0	0	0	0	0
Paediatric emergency medicine	17	13	14	5	3	0	2	0	54
Palliative medicine ^(c)	2	3	1	0	1	0	0	0	7
Respiratory and sleep medicine	9	5	3	2	2	1	0	0	22
Rheumatology	0	2	0	0	1	0	0	0	3
Total^(d)	226	159	115	58	82	6	11	5	662

(a) Includes trainees in either the Clinical Immunology/Allergy or the joint Immunology/Allergy training program.

(b) Includes trainees in either the Infectious Diseases or the joint Infectious Diseases/Microbiology training program.

(c) Includes only divisional advanced trainees in palliative medicine, does not include Chapter trainees.

(d) The totals are not cumulative sums of the figures above as some trainees are enrolled in multiple subspecialties (i.e. dual trainees).

Source: Royal Australasian College of Physicians

Surgical Subspecialties

In 2014, there were 1,094 advanced surgical trainees undertaking training with the RACS (Table 4.26). Of these, over one-quarter (301 or 27.5%) were females.

Of the nine subspecialties, general surgery and orthopaedic surgery had the highest numbers of trainees (444 and 225 respectively).

Table 4.26: Surgical advanced trainees: Total, proportion of total and females by subspecialty, 2014

Subspecialty	Trainees	Proportion (%)	Females
Cardiothoracic surgery	37	3.4	4
General surgery	444	40.6	160
Neurosurgery	57	5.2	15
Orthopaedic surgery	225	20.6	20
Otolaryngology, head and neck surgery	71	6.5	25
Paediatric surgery	28	2.6	16
Plastic and reconstructive surgery	78	7.1	24
Urology	114	10.4	28
Vascular surgery	40	3.7	9
Total	1,094	100.0	301

Source: Royal Australasian College of Surgeons

Table 4.27 shows the numbers of training positions in surgical subspecialties in each of the states and territories.

Table 4.27: Surgical advanced trainees by subspecialty and state/territory, 2014

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiothoracic surgery	14	13	5	3	1	1	0	0	37
General surgery	175	126	78	26	33	0	3	3	444
Neurosurgery	19	12	10	7	4	3	0	2	57
Orthopaedic surgery	81	51	44	20	27	0	0	2	225
Otolaryngology, head and neck surgery	23	20	10	8	7	0	0	3	71
Paediatric surgery	4	9	5	1	1	0	1	7	28
Plastic and reconstructive surgery	24	24	13	7	10	0	0	0	78
Urology	37	36	26	7	8	0	0	0	114
Vascular surgery	11	15	8	4	1	0	0	1	40
Total	388	306	199	83	92	4	4	18	1,094

Source: Royal Australasian College of Surgeons

Trends in Advanced Training

The total number of advanced training positions/trainees increased by over 35% between 2010 and 2014 (Table 4.28). The proportion of female advanced trainees increased slightly across the five years to its highest level of 52.6% in 2014. Similarly, the number and proportion of part-time advanced trainees reached its highest levels of 2,075 and 16.2% respectively.

Table 4.28: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 2010-2014

	Total college trainees	Advanced training positions/trainees	Female advanced trainees	Proportion female (%)	Part-time advanced trainees	Proportion part-time (%)
2010	14,679	9,432	4,494	47.6	971	10.3
2011	15,478	10,214	5,116	50.1	1,416	13.9
2012	16,740	10,996	5,536	50.3	1,220	11.1
2013	17,888	11,832	6,160	52.1	1,576	13.3
2014	19,158	12,791	6,733	52.6	2,075	16.2
Change 2010-2014 (%)	30.5	35.6	49.8	10.6	113.7	57.5

Source: Medical colleges and GPET

Over the five years from 2010 to 2014, a number of medical colleges increased training numbers (Table 4.29). The ACRRM showed the largest increase of 144.3% between 2010 and 2014. This was followed by addiction medicine and ophthalmology, showing increases of 100% and 83.7% respectively. Palliative medicine and sexual health medicine were the only specialities that did not show an increase in total advanced trainees between 2010 and 2014.

Table 4.29: Advanced training positions/trainees by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010-2014 (%)
Addiction medicine	11	13	18	24	22	100.0
Adult medicine	1,406	1,469	1,468	1,513	1,699	20.8
Anaesthesia	612	566	609	657	664	8.5
Anaesthesia – pain medicine	51	58	59	65	66	29.4
Dermatology	45	54	57	49	54	20.0
Emergency medicine ^(a)	881	1,090	1,204	1,339	1,355	53.8
General practice						
– GPET	2,572	2,948	3,289	3,932	^(q) 4,315	67.8
– ACRRM ^(b)	70	6	⁽ⁱ⁾ 156	155	171	144.3
Intensive care	332	312	302	281	336	1.2
Medical administration	105	86	98	^(m) 107	^(m) 115	9.5
Obstetrics and gynaecology	^(d) 123	143	^(d) 133	^(d) 159	^(d) 165	34.1
Occupational and environmental medicine	87	80	84	102	92	5.7
Ophthalmology	^(e) 49	^(f) 86	⁽ⁱ⁾ 80	⁽ⁿ⁾ 90	^(r) 90	83.7
Oral and maxillofacial surgery	..	..	38	38	38	..
Paediatrics ^(a)	583	640	593	556	662	13.6
Palliative medicine	58	71	24	80	^(s) 28	-51.7
Pathology	301	314	314	301	307	2.0
Pathology and RACP (jointly)	131	173	208	213	236	80.2
Psychiatry	350	^(g) 368	^(k) 417	^(o) 418	⁽ⁱ⁾ 418	19.4
Public health medicine	60	72	61	81	81	35.0
Radiation oncology	110	137	141	122	117	6.4
Radiodiagnosis	333	366	372	364	410	23.1
Rehabilitation medicine	143	162	177	191	202	41.3
Sexual health medicine	19	7	10	20	13	-31.6
Sport and exercise medicine	..	27	28	^(p) 30	41	..
Surgery ^(c)	1,000	^(h) 966	^(l) 1,094	983	1,094	9.4
Total	9,432	10,214	11,034	11,870	12,791	35.6

(a) Emergency medicine and paediatrics both account for trainees undertaking paediatric emergency medicine.

(b) Includes registrars on the Independent Pathway only.

(c) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

(d) Includes advanced Australian trainees who are undertaking FRANZCOG training only and not overseas trained specialists (referred to by the College as SIMG) who are also undertaking RANZCOG advanced training as a requirement to obtain college fellowship.

(e) Includes 3rd and 4th years only, not 5th year.

(f) Includes 6 trainees who are completing their final year of training overseas.

(g) Includes 170 fellows undertaking subspecialty training.

(h) Total number of surgical trainees in 2011 was 1,167, including 966 Australian, 180 New Zealand and 21 overseas trainees.

- (i) Excludes 4 trainees living overseas. The definition of what counted as advanced training changed in 2012, hence the significant change in the number of posts.
- (j) Includes 11 trainees who are completing their final year of training overseas.
- (k) Includes 229 fellows in subspecialty training.
- (l) Includes 183 New Zealand, 7 overseas accredited training posts and 7 New Zealand and 2 overseas SET trainees on approved extended leave.
- (m) Excludes New Zealand and Hong Kong advanced trainees.
- (n) Includes 15 trainees who are currently completing their final year overseas.
- (o) Includes fellows completing advanced training certificates.
- (p) Excludes 9 trainees based overseas.
- (q) Figures for 2014 are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.
- (r) Includes 10 trainees who are completing their final year of training overseas.
- (s) Includes chapter trainees only. Excludes Clinical Diploma chapter trainees as the training program is not leading to fellowship of RACP or AChPM.
- (t) Includes 215 fellows in subspecialty training.

Source: Medical colleges and GPET

Advanced vocational training activity increased in most states and territories from 2010 to 2014 (Table 4.30).

However, the Australian Capital Territory had a decrease and showed considerable fluctuations across the five years. It should be noted that the true picture of increases in training in the Australian Capital Territory is distorted by the fact data for some specialties were previously reported within New South Wales data and general practice numbers continue to be reported together.

Table 4.30: Advanced training positions/trainees by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
2010	3,033	2,448	1,780	740	700	170	176	252	9,277
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
2012	3,580	2,769	2,244	888	983	239	178	151	10,996
2013	3,859	2,916	2,476	914	1,052	250	208	143	11,832
2014	4,203	3,160	2,634	969	1,205	264	203	153	12,791
Change 2010–2014 (%)	38.6	29.1	48.0	30.9	72.1	55.3	15.3	-39.3	37.9

(a) Australian total differs from the sum of state/territory totals in some years because it includes trainees in overseas placements.

Source: Medical colleges and GPET

Overall, the proportion of advanced vocational trainees who are females has shown small increases every year from 2010 to 2014. In 2014, over half (52.6%) of all advanced vocational trainees were females (Table 4.31).

The proportion of female advanced trainees has fluctuated over the years in most specialties, particularly those with smaller numbers of trainees. In spite of this variation, there were specialties that consistently had lower proportions of female trainees, such as oral and maxillofacial surgery, sport and exercise medicine, surgery, occupational and environmental medicine and intensive

care medicine. In contrast, obstetrics and gynaecology, paediatrics, public health medicine, rehabilitation medicine and general practice have maintained higher proportions of female advanced trainees, which were around three-fifths most years.

Table 4.31: Proportion of female advanced trainees by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010-2014 (%)
Proportion female (%)						
Addiction medicine	36.4	30.8	44.4	46.0	45.5	24.9
Adult medicine	42.3	43.0	45.6	48.0	50.7	19.9
Anaesthesia	39.9	43.1	44.0	44.9	47.6	19.3
Anaesthesia – pain medicine	29.4	27.6	38.9	52.3	42.4	44.3
Dermatology	55.6	61.1	73.7	63.3	50.0	-10.1
Emergency medicine	38.6	41.1	40.9	41.4	40.5	5.0
General practice	64.9	..	..	..	..	..
– GPET	..	65.8	64.9	64.9	64.9	..
– ACRRM	..	33.3	27.5	25.0	18.1	..
Intensive care	27.1	26.9	30.5	32.7	32.1	18.6
Medical administration	27.6	41.9	39.8	40.2	37.4	35.5
Obstetrics and gynaecology	65.0	60.1	65.4	69.2	74.5	14.7
Occupational and environmental medicine	14.9	21.3	20.2	24.5	31.5	111.6
Ophthalmology	38.8	38.4	23.8	40.0	42.2	8.8
Oral and maxillofacial surgery	na	na	7.9	7.9	10.5	..
Paediatrics	61.4	65.9	65.3	67.0	72.8	18.6
Palliative medicine	53.4	63.8	60.0	67.5	57.1	7.0
Pathology	^(a) 80.1	59.2	64.3	58.8	62.5	..
Pathology and RACP (jointly)	..	47.4	35.7	56.3	57.6	..
Psychiatry	55.1	63.0	55.6	55.0	50.7	-8.0
Public health medicine	61.7	52.8	67.0	65.0	72.8	18.1
Radiation oncology	58.2	51.8	56.7	53.2	51.3	-11.9
Radiodiagnosis	31.8	31.4	46.5	34.0	37.6	18.2
Rehabilitation medicine	61.5	64.8	68.9	69.0	66.3	7.9
Sexual health medicine	52.6	28.6	80.0	70.0	69.2	31.6
Sport and exercise medicine	..	22.2	25.0	20.5	22.0	..
Surgery	22.8	^(b) 23.8	25.5	28.1	27.5	20.7
Total (%)	47.6	49.9	50.4	52.0	52.6	10.6
Total female trainees	4,494	5,116	5,536	6,160	6,733	49.8

(a) In 2010 the proportion was calculated for pathology medical specialty only. The percentage for both pathology and RACP (jointly) was 53.4.

(b) The total proportion of female surgical trainees including Australian, New Zealand and overseas was 24.4%.

Source: Medical colleges and GPET

The proportion of female advanced trainees (Table 4.32) remains fairly constant across states, approximately in the range of 40% to 60% each year. However, the Northern Territory has consistently had the highest proportion of female trainees each year (fluctuating between a low of 52.3% in 2010 and peaking at 61.6% in 2011).

Table 4.32: Proportion of female advanced trainees by state/territory, 2010-2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2010	50.0	48.8	46.1	46.4	48.9	57.6	52.3	40.1	47.6
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.2
2012	52.7	50.8	46.8	50.2	50.9	52.7	60.1	35.8	50.3
2013	53.4	52.5	48.8	52.2	54.2	53.6	57.7	39.9	52.1
2014	54.0	53.4	49.4	50.9	53.8	55.3	58.6	45.1	52.6

Source: Medical colleges and GPET

The number of part-time advanced trainees increased by 31.7% between 2013 and 2014 (Table 4.33). It is difficult to distinguish any discernible trends in part-time training due to fluctuations in part-time advanced trainee numbers from year to year.

Table 4.33: Advanced trainees undertaking part-time training by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014
Addiction medicine	5	3	4	5	7
Adult medicine	59	63	55	48	63
Anaesthesia	24	25	45	24	21
Anaesthesia – Pain medicine	6	6	8	10	11
Dermatology	5	2	7	6	4
Emergency medicine ^{(a),(b)}	^(e) 23	44	105	193	295
General practice	631	..	..	..	..
– GPET ^(c)	..	991	^(f) 715	1,020	^(h) 1,368
– ACRRM	..	0	0	0	0
Intensive care	1	3	5	4	6
Medical administration	1	5	4	^(g) 9	25
Obstetrics and gynaecology	3	7	6	8	8
Occupational and environmental medicine	0	0	0	0	0
Ophthalmology	1	0	3	4	2
Oral and maxillofacial surgery	na	na	na	na	na
Paediatrics ^(a)	76	154	74	75	98
Palliative medicine	6	2	4	11	6
Pathology	11	18	28	15	20
Pathology and RACP (jointly)	..	1	5	9	7
Psychiatry	64	29	82	78	58
Public health medicine	11	17	16	7	23
Radiation oncology	4	2	5	5	8
Radiodiagnosis	7	13	8	11	14
Rehabilitation medicine	26	24	31	25	17
Sexual health medicine	11	4	5	7	5
Sport and exercise medicine	1	0	3	2	3
Surgery ^(d)	1	3	2	0	6
Total	977	1,416	1,220	1,576	2,075

(a) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.

(b) Numbers reflect trainees who have undertaken part-time training at any time during the first half of the year. This does not mean they have been in part-time training for the whole year.

(c) Registrars are part-time if their training time fell below 89% of a full-time equivalent registrar in either of the semesters for that training year.

(d) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

(e) 2010 data is year to date of posts credentialed.

(f) Due to a different methodology being used to calculate part-time trainees in the 17th report this figure was changed to 715 from 874 published in the 16th report.

(g) Excludes the New Zealand and Hong Kong advanced trainees.

(h) Figures for 2014 are for those enrolled in the 2014 training year and include those now withdrawn or followed.

Source: Medical colleges and GPET

General Practice

General practitioners' training under the AGPT program is provided through 17 regional training providers. Data from these providers are presented in Table 4.34. A total of 1,222 trainees or 28.3% were in their first year of a three or four year full-time program.

Almost two-thirds (64.9%) of all general practice trainees were females.

Table 4.34: General practice trainees: Registrars, first-year registrars and female registrars by state/territory and training consortium, 2014^{(a),(b)}

Regional training provider	Registrars	Proportion registrars (%)	First-year registrars	Female registrars	Proportion female (%)
New South Wales and Australian Capital Territory					
Beyond Medical Education (NSW) ^(c)	116	8.0	34	79	68.1
CoastCityCountry Training Inc ^(d)	308	21.4	86	197	64.0
General Practice Training - Valley to Coast	218	15.1	55	152	69.7
GP Synergy	426	29.6	128	284	66.7
North Coast NSW General Practice Training Ltd	167	11.6	37	103	61.7
WentWest Ltd	206	14.3	55	146	70.9
Total NSW and ACT	1,441		395	961	66.7
Victoria					
Beyond Medical Education (VIC) ^(c)	161	17.9	45	105	65.2
Bogong Regional Training Network	113	12.6	36	62	54.9
Southern GP Training Ltd	237	26.4	71	151	63.7
Victorian Metropolitan Alliance	388	43.2	111	253	65.2
Total VIC	899		263	571	63.5
Queensland					
General Practice Training Queensland	504	53.2	140	323	64.1
Queensland Rural Medical Education	214	22.6	54	118	55.1
Tropical Medical Training	230	24.3	66	143	62.2
Total QLD	948		260	584	61.6
South Australia					
Adelaide to Outback Training Program	169	50.8	51	108	63.9
Sturt Fleurieu General Practice Education and Training	164	49.2	48	99	60.4
Total SA	333		99	207	62.2
Western Australia					
WAGPET Ltd	447	100.0	137	316	70.7
Total WA	447		137	316	70.7
Tasmania					
General Practice Training Tasmania	134	100.0	35	93	69.4
Total TAS	134		35	93	69.4
Northern Territory					
Northern Territory General Practice Education Ltd	113	100.0	33	69	61.1
Total NT	113		33	69	61.1
Australia	4,315		1,222	2,801	64.9

(a) Registrars may train within more than one regional training provider or state. The totals may not sum to the state totals and the state totals may not sum to the national total.

(b) Figures are for those enrolled in the 2014 training year and include those now withdrawn or followed.

(c) Beyond Medical Education serves an area that crosses over part of New South Wales and part of Victoria.

(d) All training in ACT is included in the totals for CoastCityCountry Training Inc.

Source: GPET

Rural Pathway

In 2014, there were 2,137 registrars undertaking general practice training through the rural pathway.

The number of rural pathway registrars for each state and territory is shown in Table 4.35. The table also shows the percentage of all rural pathway registrars training in each jurisdiction. In 2014, a total of 26.1% of rural pathway registrars were trained in Queensland, 25.6% in New South Wales/ Australian Capital Territory and 22.2% in Victoria.

Table 4.35: General practice rural pathway trainees by state/territory, 2014^(a)

	NSW/ACT	VIC	QLD	SA	WA	TAS	NT	AUS ^(b)
Number	547	475	558	173	180	125	79	2,137
Proportion of total (%)	25.6	22.2	26.1	8.1	8.4	5.8	3.7	100.0

(a) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

(b) Includes both basic and advanced trainees together.

Source: GPET

Medical College Examinations

This section provides information on the number of Australian vocational trainees who sat college or faculty examinations in 2013 and the number of trainees who successfully passed.

Current Data

Table 4.36 presents data on the number of trainees sitting their final or fellowship examinations and highlights the considerable variation in the pass rate across medical specialties and even for different examinations required by colleges for a particular specialty.

Further information on the requirements of each college is provided under the heading 'Training Assessment' in Appendix B.

Table 4.36: Vocational trainees sitting a final or fellowship examination: Trainees sitting and proportion passing by medical specialty, 2013

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
Addiction Medicine	..	na	na	na
Adult medicine	..	na	na	na
Anaesthesia	Fellowship	260	212	81.5
Anaesthesia – pain medicine	Fellowship	33	27	81.8
Dermatology	Fellowship Written	34	30	88.2
	Fellowship Clinical	29	25	86.2
Emergency medicine		275	131	47.6

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
General practice	RACGP Fellowship Exam			
	AKT	880	743	84.4
	KFP	869	725	83.4
	OSCE	813	754	92.7
	ACRRM Fellowship Exam			
	MSF	89	84	94.4
	MiniCEX	111	97	87.4
	MCQ	95	71	74.7
	StAMPS	106	64	60.4
Intensive care	General Fellowship exam	98	41	41.8
	Paediatric Fellowship exam	4	2	50.0
Medical administration	Oral Examination	16	12	75.0
Obstetrics and gynaecology	Written	148	118	79.7
	Oral	174	117	67.2
Occupational and environmental medicine	Written	17	10	58.8
	Practical	17	14	82.4
Ophthalmology	RANZCO Advanced Clinical Exam (Written)	30	19	63.3
	RANZCO Advanced Clinical Exam (Clinical)	30	26	86.7
Oral and maxillofacial surgery	OMS Final Examination	12	11	91.7
Paediatrics	..	na	na	na
Palliative medicine	..	na	na	na
Pathology	Part II Examinations	107	93	86.9
Psychiatry	..	na	na	na
Public health medicine	Final Program Assessment	20	15	75.0
Radiation oncology	Part II Written and Clinical Vivas	24	16	66.7
Radiodiagnosis	Part II FRANZCR Examination			
	Written and Vivas	87	58	66.7
Rehabilitation medicine	Written Short-Answer	33	28	84.8
	Written MCQ	33	22	66.7
	Clinical	50	20	40.0
Sexual health medicine	Exit Assessment Interview	0	0	0
Sport and exercise medicine	Written	21	8	38.1
	Clinical	4	4	100.0
Surgery	Fellowship	335	^(a) 221	66.0
Total		4,854	3,818	78.7

(a) Includes 32 New Zealand trainees and 1 overseas trainee who also passed final or fellowship examination.

Source: Medical colleges

Table 4.37 presents the examination outcomes for the additional examinations that are required as part of some college training programs. The data covers Australian trainees only.

Table 4.37: Vocational trainees undertaking additional examinations: Numbers and proportions passing by medical specialty, 2013

Medical specialty	Examination	Time held	Trainees sitting	Trainees passing	Proportion passing (%)
Addiction medicine	..	..	..	..	..
Adult medicine	Written	February	760	529	69.6
	Clinical	July	732	516	70.5
Anaesthesia	^(a) Part I Pharmacology written	February/ May and July/ September	111		
	^(a) Part I Pharmacology oral		102	95	85.6
	^(a) Physiology written		25		
	^(a) Physiology oral		19	14	56.0
	New Format Primary Written		179		
	New Format Primary Oral		111	100	55.9
Dermatology	^(b) Clinical sciences	May	..	..	..
	Pharmacology	May	18	17	94.4
	^(b) Clinical sciences	November	..	..	..
	Pharmacology	November	2	2	100.0
Emergency medicine	Primary – Anatomy		457	144	31.5
	Primary – Pathology		430	216	50.2
	Primary – Physiology		443	142	32.1
	Primary – Pharmacology		445	191	42.9
General practice					
– RACGP	0	0	0	0	0
– ACRRM	..	..	..	..	..
Intensive care		May and November			
	Part I		48	25	52.1
Medical administration	..	..	..	..	..
Obstetrics and gynaecology	na	na	na	na	na
Occupational and environmental medicine	..	..	..	..	..

Medical specialty	Examination	Time held	Trainees sitting	Trainees passing	Proportion passing (%)
Ophthalmology	^(c) Ophthalmic sciences	2	45	43	95.6
	Ophthalmic Basic Competencies and Knowledge (OBCK)	2	30	27	90.0
	Ophthalmic pathology	2	22	22	100.0
Oral and maxillofacial surgery	The Surgical Sciences and Training (SST) Examination	May	14	11	78.6
Paediatrics	Written	February	239	173	72.4
	Clinical	July	245	164	66.9
Palliative medicine	..	..	..	..	..
Pathology	Basic pathology sciences	April	51	47	92.2
	Part 1	May/ August	135	101	74.8
Psychiatry	Case Histories		282	227	80.5
Basic training	Written		206	143	69.4
	^(d) Clinical (OSCE only)		150	123	82.0
Public health medicine	Part 1		^(e) na	^(e) na	^(e) na
Radiation oncology	Part 1	Once	31	25	80.6
Radiodiagnosis	Part 1	Twice Yearly	107	94	87.9
Rehabilitation medicine	..	..	..	..	..
Sexual health medicine	..	..	0	0	..
Sport and exercise medicine	na	na	0	0	..
Surgery	Clinical Exam	May and September	293	264	90.1
	Surgical Science Exam (Generic)	May and September	341	257	75.4
	Surgical Science (Specialty Specific)	May and September	429	244	56.9

(a) This format for the primary exam was replaced in 2013 with a new consolidated primary exam format. Both exams were run at the first exam sitting in 2013. This was the last sitting of the previous primary exam format.

(b) Please note that Clinical sciences are no longer run as an exam. It is now online modules that must be completed satisfactorily within one year.

(c) Trainees passing are those who sat at least one of the five Ophthalmic sciences exams in 2013 and passed.

(d) A changed exam format was introduced by RANZCP in 2012 and these results reflect the Observed Structured Clinical Examination (OSCE) pass rates only.

(e) Public health medicine no longer has a Part 1 Exam.

Source: Medical colleges

Trends

Tables 4.38 and 4.39 provide data on the numbers passing their final or fellowship examinations and how these vary as a proportion of the total sitting each year from 2009 to 2013. Some specialties show considerable variation from one year to the next in the numbers and proportions passing each year.

This data should be interpreted cautiously, due to various college training requirements and changes to these across the years, and also due to relatively small numbers sitting examinations in some specialties.

Table 4.38: Vocational trainees who passed final or fellowship examination by medical specialty, 2009-2013

Medical specialty	Examination	2009	2010	2011	2012	2013
Anaesthesia	Fellowship	189	169	176	229	212
Anaesthesia – Pain medicine	Fellowship	20	15	23	22	27
Dermatology	Fellowship Written	20	18	20	17	30
	Fellowship Clinical	20	16	19	17	25
Emergency medicine		73	76	83	116	131
General practice	^(b) RACGP Fellowship Exam	407	439	553	..	..
	AKT	..	..	..	672	743
	KFP	..	..	..	664	725
	OSCE	..	..	..	651	754
	ACRRM Fellowship Exam	..	..	..	..	0
	MSF	36	54	55	54	84
	MiniCEX	37	34	57	77	97
	MCQ	22	44	74	70	71
	StAMPS	11	47	35	63	64
Intensive care	General Fellowship exam	64	62	61	51	41
	Paediatric Fellowship exam	5	7	5	11	2
Medical administration	Oral Examination	8	25	8	16	12
Obstetrics and gynaecology	Written	84	95	61	129	118
	Oral	69	77	77	78	117
Occupational and environmental medicine	Written	4	3	5	10	10
	Practical	5	5	5	8	14
Ophthalmology	RANZCO Advanced Clinical Exam	34	17	30	^(d) 23	^(e) 19
Oral and maxillofacial surgery	OMS Final Examination	9	7	4	8	11
Pathology	Part II Examinations	98	87	93	92	93
Public health medicine	Final Program Assessment	16	9	7	7	15
Radiation oncology	Part II Written and Clinical Vivas	19	22	19	19	16
Radiodiagnosis	Part II FRANZCR Examination					
	Written and Vivas	70	61	64	58	58
Rehabilitation medicine	Written	16	21	15	36	na
	Written Short-Answer	..	..	..	..	28
	Written MCQ	..	..	..	..	22
	Clinical	16	20	20	19	20
Sexual health medicine		..	..	2	0	0
Sport and exercise medicine		1	4	4	4	4
Surgery ^(a)	Fellowship	197	^(f) 165	178	190	^(f) 188

(a) Excludes international medical graduates.

(b) These figures were for the Training Program route only.

(c) In addition there were 27 New Zealand trainees and 1 overseas trainee who also passed final or fellowship examination.

(d) There are two components to this examination and both must be passed to progress. The figure of 23 represents those that passed both components.

(e) There are two components to this examination and both must be passed to progress. This figure represents those that passed both components within the 2013 calendar year.

(f) In addition, there were 32 New Zealand trainees and 1 overseas trainee who also passed final or fellowship examination.

Source: Medical colleges

Table 4.39: Proportion of vocational trainees sitting a final or fellowship examination who passed by medical specialty, 2009-2013

Medical specialty	Examination	2009	2010	2011	2012	2013
Proportion passing (%)						
Adult medicine ^(a)	Written	66.8	68.2	68.7	69.9	69.6
	Clinical	76.9	69.7	70.4	69.5	70.5
Anaesthesia		78.4	84.9	76.9	81.8	81.5
Anaesthesia – pain medicine		83.3	78.9	82.0	78.6	81.8
Dermatology	Written	83.3	85.7	83.3	81.0	88.2
	Clinical	95.2	88.9	95.0	94.4	86.2
Emergency medicine		65.8	66.1	62.9	60.7	47.6
General practice		..	..	..	..	..
	^(c) RACGP Fellowship Exam	87.9	92.6	87.2	..	..
	AKT	..	..	..	90.0	84.4
	KFP	..	..	..	89.5	83.4
	OSCE	..	..	..	92.5	92.7
	ACRRM Fellowship Exam	..	..	..	..	..
	MSF	80.0	80.6	62.5	100.0	94.4
	MiniCEX	97.4	77.3	87.6	92.0	87.4
	MCQ	64.7	62.9	77.0	81.0	74.7
	StAMPS	64.7	78.3	43.2	58.0	60.4
	Intensive care	General	55.0	56.4	56.0	41.8
		Paediatric	83.0	53.8	50.0	84.6
Medical administration		70.0	86.2	36.0	61.5	75.0
Obstetrics and gynaecology	Written	64.1	64.2	44.5	78.2	79.7
	Oral	82.1	86.5	76.2	74.3	67.2
Occupational and environmental medicine	Written	40.0	33.3	38.5	76.9	58.8
	Practical	45.6	55.6	45.5	72.7	82.4
Ophthalmology	Written	..	84.0	78.9	76.5	63.3
	Clinical	70.0	76.0	81.6	82.4	86.7
Oral and maxillofacial surgery	OMS Final Examination	100.0	87.5	66.6	72.7	91.7
Paediatrics ^(a)	Written	69.8	65.0	71.2	70.3	72.3
	Clinical	72.2	67.3	67.5	65.8	66.9
Pathology		97.0	89.7	90.0	89.3	86.9
Psychiatry		na	na	na	na	na
Public health medicine		70.0	69.2	54.0	63.6	75.0
Radiation oncology		76.0	78.6	76.0	63.3	66.7
Radiodiagnosis		76.0	67.0	76.2	63.7	66.7

Medical specialty	Examination	2009	2010	2011	2012	2013
Rehabilitation medicine	Written	66.6	72.4	58.0	92.3	na
	Written Short-Answer	na	na	na	na	84.8
	Written MCQ	na	na	na	na	66.7
	Clinical	62.5	66.7	69.0	47.5	40.0
Sexual health medicine		..	2.0	66.0	na	na
Sport and exercise medicine	Written	100.0	44.4	66.7	80.0	38.1
	Clinical	100.0	100.0	100.0	100.0	100.0
Surgery ^(b)		91.6	80.9	65.7	61.1	66.0

(a) Exam results for adult and paediatric medicine refer to the basic training written and clinical exams.

(b) Excludes international medical graduates.

(c) These figures are for the Training Program route only.

Source: Medical colleges

New College Fellows

Current Data

There were 2,954 new fellows of medical colleges in 2013. Of these, 1,341 or 45.4% were females (Table 4.40). Nearly one-quarter (710 or 24%) were overseas trained specialists who were assessed as having qualifications substantially comparable with specialists trained by the medical college in Australia and awarded fellowship of that college.

Table 4.40: New fellows: Total, females and overseas trained specialists by medical specialty, 2013

Medical specialty	Total	Proportion all new fellows (%)	Female	Proportion female (%)	Overseas trained specialists	Proportion overseas trained (%)
Addiction medicine	3	0.1	1	33.3	0	0
Adult medicine	438	14.8	187	42.7	59	13.5
Anaesthesia	256	8.7	108	42.2	56	21.9
Anaesthesia – pain medicine	14	0.5	5	35.7	0	0
Dermatology	23	0.8	12	52.2	6	26.1
Emergency medicine	115	3.9	44	38.3	23	20.0
General practice						
– RACGP	^(b) 1,096	37.1	^(f) 576	52.6	361	32.9
– ACRRM	85	2.9	28	32.9	12	14.1
Intensive care	^(c) 52	1.8	^(g) 16	30.8	5	9.6
Medical administration	13	0.4	6	46.2	0	0
Obstetrics and gynaecology	68	2.3	41	60.3	19	27.9
Occupational and environmental medicine	8	0.3	0	0	1	12.5
Ophthalmology	^(d) 36	1.2	^(h) 11	30.6	12	33.3
Oral and maxillofacial surgery	11	0.4	0	0	0	0
Paediatrics	134	4.5	76	56.7	24	17.9
Palliative medicine	15	0.5	13	86.7	1	6.7
Pathology	55	1.9	28	50.9	10	18.2
Pathology and RACP (jointly)	43	1.5	19	44.2	0	0
Psychiatry	141	4.8	64	45.4	56	39.7
Public health medicine	7	0.2	5	71.4	1	14.3
Radiation oncology	23	0.8	15	65.2	3	13.0
Radiodiagnosis	100	3.4	32	32.0	17	17.0
Rehabilitation medicine	20	0.7	14	70.0	2	10.0
Sexual health medicine	3	0.1	1	33.3	1	33.3
Sport and exercise medicine	^(e) 2	0.1	2	100.0	0	0
Surgery ^(a)	193	6.5	37	19.2	41	21.2
Total	2,954	100.0	1,341	45.4	710	24.0

(a) Includes new fellows through SET program and overseas trained specialists that have been awarded fellowship.

(b) Excludes 99 new fellows who live overseas.

(c) Excludes 17 new fellows who live overseas.

(d) Excludes 6 new fellows who live overseas.

(e) Excludes 1 New Zealand new fellow.

(f) Excludes 38 female new fellows who live overseas.

(g) Excludes 9 new fellows who live overseas.

(h) Excludes 1 female new fellow who lives overseas.

Source: Medical colleges

Data on the state or territory in which new fellows resided are shown in Table 4.41.

Table 4.41: New fellows by medical specialty and state/territory, 2013

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	0	0	0	1	1	0	1	0	3
Adult medicine	125	148	79	37	37	3	4	5	438
Anaesthesia	71	63	50	15	40	4	8	5	256
Anaesthesia – pain medicine	6	5	2	1	0	0	0	0	14
Dermatology	5	9	4	1	4	0	0	0	23
Emergency medicine	24	25	37	8	16	3	1	1	115
General practice									
– RACGP	331	225	247	82	152	31	9	19	^(a) 1,096
– ACRRM	12	9	43	4	9	1	7	0	85
Intensive care	13	16	12	2	6	0	1	2	52
Medical administration	1	3	5	1	2	0	0	1	13
Obstetrics and gynaecology	19	23	13	2	6	3	1	1	68
Occupational and environmental medicine	1	2	4	0	1	0	0	0	8
Ophthalmology	12	8	11	1	2	1	1	0	^(b) 36
Oral and maxillofacial surgery	1	1	3	1	3	1	1	0	11
Paediatrics	43	36	25	6	19	2	3	0	134
Palliative medicine	5	7	1	2	0	0	0	0	15
Pathology	14	13	14	5	8	0	1	0	55
Pathology and RACP (jointly)	18	9	9	1	4	1	0	1	43
Psychiatry	38	36	32	10	18	5	1	1	141
Public health medicine	0	1	0	2	1	1	0	2	7
Radiation oncology	9	4	6	1	1	0	1	1	23
Radiodiagnosis	22	35	19	4	15	3	0	2	100
Rehabilitation medicine	6	3	4	4	3	0	0	0	20
Sexual health medicine	2	0	0	1	0	0	0	0	3
Sport and exercise medicine	0	0	0	0	1	0	0	1	2
Surgery	54	66	40	12	15	2	4	0	193
Total	832	747	660	204	364	61	44	42	2,954

(a) Excludes 99 new fellows who live overseas.

(b) Excludes 6 new fellows who live overseas.

Source: Medical colleges

The distribution across states and territories of female new fellows followed a similar pattern to the distribution of all new fellows (Table 4.42).

Table 4.42: Female new fellows by medical specialty and state/territory, 2013

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	0	0	0	0	0	0	1	0	1
Adult medicine	68	63	24	13	17	1	0	1	187
Anaesthesia	33	26	14	9	19	3	2	2	108
Anaesthesia – pain medicine	2	3	0	0	0	0	0	0	5
Dermatology	3	7	1	0	1	0	0	0	12
Emergency medicine	8	10	8	6	9	2	1	0	44
General practice									
– RACGP ^(a)	183	116	132	42	70	17	8	8	576
– ACRRM	4	3	17	0	1	1	2		28
Intensive care	6	5	3	0	1	0	1	0	16
Medical administration	0	1	4	1	0	0	0	0	6
Obstetrics and gynaecology	11	16	6	2	4	1	1	0	41
Occupational and environmental medicine	0	0	0	0	0	0	0	0	0
Ophthalmology	2	4	2	1	1	0	1	0	^(b) 11
Oral and maxillofacial surgery	0	0	0	0	0	0	0	0	0
Paediatrics	23	22	13	6	10	1	1	0	76
Palliative medicine	5	6	0	2	0	0	0	0	13
Pathology	8	5	7	2	5	0	1	0	28
Pathology and RACP (jointly)	8	4	3	0	2	1	0	1	19
Psychiatry	18	20	16	5	5	0	0	0	64
Public health medicine	0	1	0	1	1	0	0	2	5
Radiation oncology	8	2	3	0	0	0	1	1	15
Radiodiagnosis	7	13	3	2	4	1	0	2	32
Rehabilitation medicine	4	3	1	4	2	0	0	0	14
Sexual health medicine	0	0	0	1	0	0	0	0	1
Sport and exercise medicine	0	0	0	0	1	0	0	1	2
Surgery	10	14	9	2	2	0	0	0	37
Total	411	344	266	99	155	28	20	18	1,341

(a) Excludes 38 female new fellows who live overseas.

(b) Excludes 1 female new fellow who lives overseas.

Source: Medical colleges

Trends

Table 4.43 shows that the number of new fellows increased by 23.3% between 2009 (2,396) and 2013 (2,954). The number of new fellows reported in 2013 slightly decreased from 2012, as new fellows who live overseas have been excluded from the total.

General practice had the largest increase in terms of absolute number over the five years, with 213 more new fellows in 2013 than 2009. In terms of proportional increases, the number of new fellows in ophthalmology was over three times (227.3%) higher than in 2009.

Table 4.43: New fellows by medical specialty, 2009-2013

Medical specialty	2009	2010	2011	2012	2013	Change 2009-2013 (%)
Addiction medicine	6	3	1	4	3	-50.0
Adult medicine	397	346	362	456	438	10.3
Anaesthesia	197	243	223	229	256	29.9
Anaesthesia – pain medicine	9	17	12	19	14	55.6
Dermatology	11	26	21	20	23	109.1
Emergency medicine	82	77	78	135	115	40.2
General practice						
– RACGP	928	^(b) 835	^(c) 1,037	^(h) 1,216	⁽ⁱ⁾ 1,096	18.1
– ACRRM	40	28	^(d) 38	63	85	112.5
Intensive care	63	60	50	63	^(k) 52	-17.5
Medical administration	9	18	^(e) 14	19	13	44.4
Obstetrics and gynaecology	56	82	90	81	68	21.4
Occupational and environmental medicine	11	5	2	4	8	-27.3
Ophthalmology	11	26	^(f) 29	^(l) 38	^(j) 36	227.3
Oral and maxillofacial surgery	na	na	4	8	11	..
Paediatrics	116	91	102	146	134	15.5
Palliative medicine	8	6	7	16	15	87.5
Pathology	64	94	88	99	^(m) 98	53.1
Psychiatry	125	154	131	136	141	12.8
Public health medicine	12	15	4	7	7	-41.7
Radiation oncology	18	13	22	20	23	27.8
Radiodiagnosis	44	54	77	115	100	127.3
Rehabilitation medicine	13	22	23	26	20	53.8
Sexual health medicine	1	0	3	3	3	200.0
Sport and exercise medicine	1	1	3	2	⁽ⁿ⁾ 2	100.0
Surgery ^(a)	174	184	212	217	193	10.9
Total	2,396	2,400	^(g) 2,633	^(g) 3,142	2,954	23.3

- (a) Includes new fellows through SET program and overseas trained specialists that have been awarded fellowship.
- (b) An additional 151 new fellows who live overseas joined the college in 2010.
- (c) Excludes 96 new fellows awarded fellowship who live overseas.
- (d) Excludes 2 new fellows who live overseas.
- (e) Includes 5 New Zealand and Hong Kong new fellows.
- (f) Includes 10 new fellows trained overseas.
- (g) Oral and maxillofacial surgery was a new medical specialty added in 2014. The numbers of new fellows for 2012 and 2013 have been amended accordingly.
- (h) Excludes 107 new fellows awarded fellowship but living overseas.
- (i) Includes 13 overseas trained specialists.
- (j) Excludes 99 new fellows who live overseas.
- (k) Excludes 17 new fellows who live overseas.
- (l) Excludes 6 new fellows who live overseas.
- (m) Includes new fellows from pathology, and pathology and RACP (jointly).
- (n) Excludes 1 New Zealand new fellow.

Source: Medical colleges

Table 4.44 shows the states and territories in which new fellows resided.

Table 4.44: New fellows by state/territory, 2009-2013

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
2009	620	548	471	196	225	47	25	41	2,285
2010	734	603	479	179	272	52	29	40	2,388
2011	744	713	603	198	242	45	31	41	2,617
2012	863	759	702	241	328	89	43	64	3,103
2013	832	747	660	204	364	61	44	42	2,954
Change 2009–2013 (%)	34.2	36.3	40.1	4.1	61.8	29.8	76.0	2.4	29.3

- (a) Australian totals for 2009 and 2012 differ from the sum of state/territory numbers due to the inclusion of new fellows who completed their training overseas.

Source: Medical colleges

Table 4.45 shows that occupational and environmental medicine, surgery, intensive care, ophthalmology, medical administration, ophthalmology and radiodiagnosis generally have a lower proportion of female new fellows each year.

Between 2009 and 2013 the proportion of female new fellows varied year to year, particularly with smaller specialties.

Table 4.45: Proportion of female new fellows by medical specialty, 2009-2013

Medical specialty	2009	2010	2011	2012	2013
Proportion female (%)					
Addiction medicine	50.0	33.3	..	25.0	33.3
Adult medicine	35.8	37.6	37.0	39.9	42.7
Anaesthesia	29.4	32.5	31.8	41.5	42.2
Anaesthesia – pain medicine	33.3	29.4	33.3	15.8	35.7
Dermatology	90.9	53.8	57.1	65.0	52.2
Emergency medicine	36.6	44.2	34.6	45.2	38.3
General practice					
– RACGP	43.3	56.0	52.6	50.8	52.6
– ACRRM	27.5	39.3	23.7	31.7	32.9
Intensive care	23.8	23.3	24.0	11.1	30.8
Medical administration	11.1	27.8	7.1	42.1	46.2
Obstetrics and gynaecology	62.5	56.6	63.3	54.3	60.3
Occupational and environmental medicine	9.1	20.0	0	50.0	0
Ophthalmology	36.4	30.8	10.3	28.9	30.6
Oral and maxillofacial surgery	na	na	na	na	0
Paediatrics	47.4	57.1	63.7	64.4	56.7
Palliative medicine	62.5	66.7	85.7	56.3	86.7
Pathology	46.9	47.6	59.3	55.7	50.9
Pathology and RACP (jointly)	..	48.4	37.9	51.7	44.2
Psychiatry	42.4	46.8	45.0	52.9	45.4
Public health medicine	58.3	53.3	75.0	57.1	71.4
Radiation oncology	44.4	53.8	50.0	45.0	65.2
Radiodiagnosis	40.9	24.1	29.9	31.3	32.0
Rehabilitation medicine	69.2	59.1	60.9	57.7	70.0
Sexual health medicine	100.0	0	100.0	33.3	33.3
Sport and exercise medicine	..	0	33.3	50.0	100.0
Surgery	19.5	14.1	15.1	19.4	19.2
Total	39.0	44.0	43.7	44.7	45.4
Female new fellows	935	1,057	1,149	1,402	1,341

Source: Medical colleges

While the proportion of female new fellows remained relatively stable over the period 2009 to 2013, the picture varied more at the state/territory level (Table 4.46). Most of this variation is due to fluctuations in relatively smaller numbers seen in some jurisdictions. The proportion of female new fellows for NSW increased every year over the five year period and in 2013 reached its highest level of 49.4%.

Table 4.46: Proportion of female new fellows by state/territory, 2009-2013

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2009	41.3	42.7	37.8	42.3	40.0	61.7	44.0	34.1	39.2
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1
2011	44.4	47.7	41.1	41.9	35.5	60.0	29.0	53.7	43.8
2012	45.8	46.2	42.2	42.7	45.1	42.7	44.2	54.7	44.8
2013	49.4	46.1	40.3	48.5	42.6	45.9	45.5	42.9	45.4

Source: Medical colleges

New Fellows by Subspecialty – Selected Colleges

A number of the larger medical colleges have also provided data on new fellows, detailed by subspecialty. Obstetrics and gynaecology, pathology, physician (adult and paediatrics and child health) and surgical subspecialties are presented in Table 4.47 to Table 4.51.

Obstetrics and Gynaecology Subspecialties

Table 4.47: Obstetrics and gynaecology subspecialties: New fellows, females and proportion of females by subspecialty, 2013

Subspecialty	New fellows ^(a)	Female new fellows	Proportion female (%)
Obstetrics and gynaecology ultrasound	2	2	100.0
Maternal and fetal medicine	5	5	100.0
Reproductive endocrinology and infertility	3	3	100.0
Gynaecological oncology	2	1	50.0
Urogynaecology	1	1	100.0
Total	13	12	92.3

(a) Does not include new fellows who are still training in the subspecialty, see Table 4.19. Includes only those that completed their subspecialty training in 2013.

Source: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Pathology Subspecialties

Table 4.48: Pathology subspecialties: New fellows, females and proportion of females by subspecialty, 2013

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Anatomical pathology	45	24	53.3
Chemical pathology	2	0	0
Forensic pathology	2	2	100.0
Genetics pathology	0	0	0
Haematology	33	13	39.4
Immunopathology	6	3	50.0
Microbiology	10	5	50.0
Total	98	47	48.0

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

Table 4.49: Physician adult medicine subspecialties: New fellows, females and proportion of females by subspecialty^(a), 2013

Subspecialty	New fellows^(b)	Female new fellows^(b)	Proportion female (%)
Cardiology	54	8	14.8
Clinical genetics	0	0	0
Clinical Haematology	1	1	100.0
Clinical Immunology and Allergy	1	0	0
Clinical pharmacology	2	2	100.0
Endocrinology	29	21	72.4
Endocrinology and chemical pathology	0	0	0
Gastroenterology	39	15	38.5
General medicine	67	19	28.4
Geriatric medicine	40	17	42.5
Haematology	19	8	42.1
Immunology and allergy	5	2	40.0
Infectious diseases	19	5	26.3
Infectious diseases and microbiology	9	7	77.8
Intensive care medicine	0	0	0
Medical oncology	54	28	51.9
Nephrology	36	20	55.6
Neurology	27	14	51.9
Nuclear medicine	2	0	0
Palliative medicine	11	9	81.8
Respiratory and sleep medicine ^(c)	45	15	33.3
Rheumatology	8	6	75.0
Total^(d)	438	187	42.7

(a) Numbers reflect fellows within a sub-specialty. Due to fellows holding multiple sub-specialties this is not a one-to-one relationship.

(b) Includes those that were admitted as an overseas trained physician.

(c) Includes fellows who completed training in thoracic medicine and thoracic and sleep medicine, Sleep I and II.

(d) The totals listed are not cumulative totals of the numbers presented above, as the list of specialties is not exhaustive.

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

Table 4.50: Physician paediatric and child health subspecialties: New fellows, females and proportion of females by subspecialty^(a), 2013

Subspecialty	New fellows ^(b)	Female new fellows ^(b)	Proportion female (%)
Cardiology	1	0	0
Clinical genetics	4	4	100.0
Clinical pharmacology	0	0	0
Community child health	7	5	71.4
Endocrinology	3	2	66.7
Endocrinology and chemical pathology	0	0	0
Gastroenterology	1	1	100.0
General paediatrics	72	43	59.7
Haematology	1	1	100.0
Immunology and allergy	0	0	0
Infectious diseases	4	2	50.0
Intensive care medicine	0	0	0
Medical oncology	3	1	33.3
Neonatal/perinatal medicine	28	12	42.9
Nephrology	1	1	100.0
Neurology	3	1	33.3
Nuclear medicine	0	0	0
Paediatric emergency medicine	6	3	50.0
Palliative medicine	0	0	0
Respiratory and sleep medicine ^(c)	4	1	25.0
Rheumatology	0	0	0
Total^(d)	134	76	56.7

(a) Numbers reflect fellows within a sub-specialty. Due to fellows holding multiple sub-specialties, this is not a one-to-one relationship.

(b) Includes those that were admitted as an overseas trained physician.

(c) Includes fellows who completed training in thoracic medicine and thoracic and sleep medicine, Sleep I and II.

(d) The totals listed are not cumulative totals of the numbers presented above, as the list of specialties is not exhaustive.

Source: Royal Australasian College of Physicians

Surgical Subspecialties

Table 4.51: Surgical subspecialties: New fellows, females and proportion of females by subspecialty, 2013

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Cardiothoracic surgery	13	0	0
General surgery	60	15	25.0
Neurosurgery	8	3	37.5
Orthopaedic surgery	50	3	6.0
Otolaryngology, head and neck surgery	17	6	35.3
Paediatric surgery	3	1	33.3
Plastic and reconstructive surgery	14	3	21.4
Urology	22	4	18.2
Vascular surgery	6	2	33.3
Total	193	37	19.2

Source: Royal Australasian College of Surgeons

College Fellows

In 2013, there were 50,704 medical practitioners who were fellows of medical colleges (Table 4.52). Just over one-third (17,783 or 35.1%) were females.

Overall, new fellows represented 5.8% of all college fellows. This proportion varied across specialties, with the largest proportions of new fellows in pathology and RACP (jointly) (8.6%), emergency medicine (7.9%) and intensive care (7.3%).

Table 4.52: Fellows: Total, number and proportion of females, and new fellows and proportion of all fellows by medical specialty, 2013

Medical specialty	Fellow	Female	Proportion female (%)	New fellow 2013	New fellows as a proportion of all fellows (%)
Addiction medicine	^(a) 155	^(a) 40	25.8	3	1.9
Adult medicine	^(a) 6,823	^(a) 2,034	29.8	438	6.4
Anaesthesia	4,043	1,126	27.9	256	6.3
Anaesthesia – pain medicine	252	54	21.4	14	5.6
Dermatology	^(b) 495	^(f) 200	40.4	23	4.6
Emergency medicine	1,453	455	31.3	115	7.9
General practice					
– RACGP	^(c) 17,261	^(g) 8,068	46.7	^(k) 1,096	6.3
– ACRRM	^(d) 1,459	^(h) 311	21.3	85	5.8
Intensive care	^(e) 713	⁽ⁱ⁾ 120	16.8	^(l) 52	7.3
Medical administration	411	111	27.0	13	3.2
Obstetrics and gynaecology	1,586	632	39.8	68	4.3
Occupational and environmental medicine	^(a) 240	^(a) 46	19.2	8	3.3
Ophthalmology	827	161	19.5	^(m) 36	4.4
Oral and maxillofacial surgery	172	16	9.3	11	6.4
Paediatrics	^(a) 1,984	^(a) 937	47.2	134	6.8
Palliative medicine	^(a) 220	^(a) 114	51.8	15	6.8
Pathology	1,241	518	41.7	55	4.4
Pathology and RACP (jointly)	501	185	36.9	43	8.6
Psychiatry	3,154	1,185	37.6	141	4.5
Public health medicine	^(a) 402	^(a) 169	42.0	7	1.7
Radiation oncology	327	135	41.3	23	7.0
Radiodiagnosis	1,786	457	25.6	100	5.6
Rehabilitation medicine	400	176	44.0	20	5.0
Sexual health medicine	^(a) 111	^(a) 60	54.1	3	2.7
Sport and exercise medicine	70	^(j) 26	37.1	⁽ⁿ⁾ 2	2.9
Surgery	4,618	447	9.7	^(o) 193	4.2
Total	50,704	17,783	35.1	2,954	5.8

(a) Numbers are down from 2012 due mainly to the inclusion in 2012 of 'Retired' and 'Life' fellows (i.e. fellows aged 70+). These fellows have been excluded from the count in 2013.

(b) Excludes 17 fellows who live overseas.

(c) Excludes 1,729 fellows who live overseas.

(d) Excludes 19 fellows who live overseas.

(e) Excludes 197 fellows who live overseas.

(f) Excludes 5 female fellows who live overseas.

(g) Excludes 703 female fellows who live overseas.

(h) Excludes 2 female fellows who live overseas.

(i) Excludes 52 fellows who live overseas.

(j) Excludes 5 female fellows who live overseas.

(k) Excludes 99 fellows who live overseas.

(l) Excludes 17 new fellows who live overseas.

(m) Excludes 6 new fellows who live overseas.

(n) Excludes 1 New Zealand new fellow.

(o) Includes new fellows through SET program and overseas trained specialists that have been awarded fellowship.

Source: Medical colleges

Overall, the distribution of fellows across states and territories was proportionate to the population as a whole (Table 4.53).

Table 4.53: Fellows by medical specialty and state/territory, 2013

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine ^(a)	65	28	25	14	13	7	2	1	155
Adult medicine ^(a)	2,213	2,008	1,148	558	570	138	53	135	6,823
Anaesthesia	1,248	999	830	336	422	107	34	65	4,043 ^(c)
Anaesthesia – pain medicine	88	50	47	30	28	8	0	1	252
Dermatology	194	132	85	39	45	0	0	0	495
Emergency medicine	370	392	332	98	176	39	20	26	1,453
General practice									
– RACGP	5,026	4,205	3,828	1,405	1,826	469	175	327	17,261
– ACRRM	411	233	425	183	120	34	31	22	1,459
Intensive care	221	165	162	58	66	15	7	19	713
Medical administration	117	97	99	26	33	7	6	26	411
Obstetrics and gynaecology	497	443	311	116	146	34	13	26	1,586
Occupational and environmental medicine ^(a)	74	55	34	25	32	7	0	13	240
Ophthalmology	320	207	140	63	66	16	4	11	827
Oral and maxillofacial surgery	39	54	38	12	19	2	2	6	172
Paediatrics ^(a)	664	519	346	148	223	31	23	30	1,984
Palliative medicine ^(a)	84	50	38	17	16	11	1	3	220
Pathology	427	268	241	104	139	29	5	28	1,241
Pathology and RACP (jointly)	193	112	82	35	53	9	2	15	501
Psychiatry	966	910	585	279	289	57	14	54	3,154
Public health medicine ^(a)	130	71	66	29	37	13	22	34	402
Radiation oncology	119	82	66	20	22	7	2	9	327
Radiodiagnosis	547	478	336	142	202	42	4	35	1,786
Rehabilitation medicine ^(a)	194	111	43	28	12	5	3	4	400
Sexual health medicine ^(a)	53	23	16	7	5	1	1	5	111
Sport and exercise medicine	28	21	6	3	4	1	0	7	70
Surgery	1,528	1,235	859	395	407	89	30	75	4,618
Total	15,816	12,948	10,188	4,170	4,971	1,178	454	977	50,704
Proportion of total (%)	31.2	25.5	20.1	8.2	9.8	2.3	0.9	1.9	100.0
Population proportion (%) ^(b)	32.0	24.8	20.1	7.2	11.0	2.2	1.0	1.7	100.0

(a) Numbers are down from 2012 due mainly to the inclusion in 2012 of 'Retired' and 'Life' fellows (i.e. fellows aged 70+). These fellows have been excluded from the count in 2013. In addition, as a result of data cleansing exercises some fellows' status have changed from 'Active' to 'Retired' which also affects the statistics reported.

(b) Population data from ABS. 3101.0 – Australian Demographics Statistics, March 2014, released 25/09/2014.

(c) No state/territory data available for 2 fellows.

Source: Medical colleges

The distribution of female fellows by states and territories followed a similar pattern to the distribution of all fellows (Table 4.54).

Table 4.54: Female fellows by medical specialty and state/territory, 2013

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	20	4	7	2	4	1	2	0	40
Adult medicine	675	657	311	150	143	38	16	44	2,034
Anaesthesia	345	280	229	84	129	30	9	20	1,126
Anaesthesia – pain medicine	22	12	8	6	4	2	0	0	54
Dermatology	83	57	31	19	10	0	0	0	200
Emergency medicine	119	127	94	33	51	16	9	6	455
General practice									
– RACGP	2,362	1,986	1,732	619	836	243	110	180	8,068
– ACRRM	77	44	102	41	20	10	12	5	311
Intensive care	47	30	21	4	10	1	3	4	120
Medical administration	37	26	20	7	6	1	4	10	111
Obstetrics and gynaecology	181	199	114	48	57	13	9	11	632
Occupational and environmental medicine	20	14	4	2	5	1	0	0	46
Ophthalmology	64	54	17	14	8	1	1	2	161
Oral and maxillofacial surgery	2	6	4	0	4	0	0	0	16
Paediatrics	304	270	152	63	111	10	12	15	937
Palliative medicine	51	22	16	11	8	5	1	0	114
Pathology	197	103	93	42	55	13	1	14	518
Pathology and RACP (jointly)	76	45	24	9	17	5	1	8	185
Psychiatry	348	342	219	111	111	19	9	26	1,185
Public health medicine	50	30	29	10	19	3	12	16	169
Radiation oncology	56	31	29	5	6	2	1	5	135
Radiodiagnosis	138	126	75	45	54	11	2	6	457
Rehabilitation medicine	85	51	18	12	8	2	0	0	176
Sexual health medicine	26	14	7	4	4	1	0	4	60
Sport and exercise medicine	11	7	2	1	3	0	0	2	26
Surgery	138	143	77	40	36	7	1	5	447
Total	5,534	4,680	3,435	1,382	1,719	435	215	383	17,783
Proportion of female fellows (%)	31.1	26.3	19.3	7.8	9.7	2.4	1.2	2.2	100.0

Source: Medical colleges

Fellows by Subspecialty – Selected Colleges

Data on fellows for pathology, physician (adult medicine and paediatric and child health) and surgical subspecialties are presented in Table 4.55 to Table 4.58.

Pathology Subspecialties

Table 4.55: Pathology fellows: Total, females and proportion of females by subspecialty, 2013

Subspecialty	Fellow	Female fellow	Proportion female (%)
Anatomical pathology	772	356	46.1
Chemical pathology	77	25	32.5
Forensic pathology	43	17	39.5
General pathology	81	16	19.8
Genetic pathology	17	6	35.3
Haematology	448	171	38.2
Immunopathology	102	31	30.4
Microbiology	196	80	40.8
Oral and maxillofacial pathology	6	1	16.7
Total	1,742	703	40.4

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

Table 4.56: Physician adult medicine fellows: Total, females and proportion of females by subspecialty^(a), 2013

Subspecialty	Fellow	Female fellow	Proportion female (%)
Cardiology	935	139	14.9
Clinical genetics	9	6	66.7
Clinical haematology	8	3	37.5
Clinical immunology and allergy	16	5	31.3
Clinical pharmacology	50	12	24.0
Endocrinology	452	242	53.5
Endocrinology/Chemical pathology	5	5	100.0
Gastroenterology	593	139	23.4
General medicine	713	164	23.0
Geriatric medicine	494	236	47.8
Haematology	337	119	35.3
Immunology and allergy	72	25	34.7
Infectious diseases	271	112	41.3
Infectious diseases and microbiology	35	18	51.4
Intensive care medicine	68	9	13.2
Medical oncology	483	218	45.1
Nephrology	389	130	33.4
Neurology	378	100	26.5
Nuclear medicine	167	44	26.3
Palliative medicine	80	58	72.5
Respiratory and sleep medicine ^(b)	824	211	25.6
Rheumatology	252	110	43.7
Total^(c)	6,823	2,034	29.8

(a) Numbers reflect fellows within a sub-specialty. Due to fellows holding multiple sub-specialties, this is not a one-to-one relationship.

(b) Includes fellows who completed training in thoracic medicine and thoracic and sleep medicine, Sleep I and II.

(c) The totals listed are not cumulative totals of the numbers presented above, as the list of specialties is not exhaustive, and there are several fellows who were admitted to fellowship when record-keeping practices did not denote a specialty.

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

Table 4.57: Physician paediatrics and child health fellows: Total, females and proportion of females by subspecialty^(a), 2013

Subspecialty	Fellow	Female fellow	Proportion female (%)
Cardiology	27	3	11.1
Clinical genetics	55	31	56.4
Clinical haematology	2	0	0
Clinical immunology and allergy	8	5	62.5
Clinical pharmacology	3	2	66.7
Community child health	80	69	86.3
Endocrinology	40	26	65.0
Endocrinology/Chemical pathology	0	0	0
General paediatrics	696	379	54.5
Gastroenterology	21	7	33.3
Haematology	18	10	55.6
Immunology and allergy	12	6	50.0
Infectious diseases	22	12	54.5
Infectious diseases and microbiology	3	0	0
Intensive care medicine	8	1	12.5
Medical oncology	40	17	42.5
Neonatal/Perinatal medicine	157	73	46.5
Nephrology	18	7	38.9
Neurology	45	19	42.2
Nuclear medicine	14	3	21.4
Paediatric child and adolescent psychiatry	6	4	66.7
Paediatric emergency medicine	81	47	58.0
Palliative medicine	4	3	75.0
Respiratory and sleep medicine ^(b)	87	42	48.3
Rheumatology	15	5	33.3
Total^(c)	1,984	937	47.2

(a) Numbers reflect fellows within a sub-specialty. Due to fellows holding multiple sub-specialties, this is not a one-to-one relationship.

(b) Includes fellows who completed training in thoracic medicine and thoracic and sleep medicine, Sleep I and II.

(c) The totals listed are not cumulative totals of the numbers presented above, as the list of specialties is not exhaustive, and there are several fellows who were admitted to fellowship when record-keeping practices did not denote a specialty.

Source: Royal Australasian College of Physicians

Surgical Subspecialties

Table 4.58: Surgical fellows: Total, females and proportion of females by subspecialty, 2013

Subspecialty	Fellow	Female fellow	Proportion female (%)
Cardiothoracic surgery	175	10	5.7
General surgery	1,539	204	13.3
Neurosurgery	218	25	11.5
Orthopaedic surgery	1,211	40	3.3
Otolaryngology, head and neck surgery	429	48	11.2
Paediatric surgery	89	22	24.7
Plastic and reconstructive surgery	402	50	12.4
Urology	378	31	8.2
Vascular surgery	177	17	9.6
Total	4,618	447	9.7

Source: Royal Australasian College of Surgeons

Chapter 5

INTERNATIONAL SUPPLY

Overseas trained doctors are a key part of the medical workforce, not only in rural and remote areas, but metropolitan and regional areas as well. They may work in Australia on a temporary basis and many will go on to become permanent residents of Australia.

This chapter brings together the available data on medical practitioners who have trained overseas – their assessment by the Australian Medical Council and those with approved working visas issued by the Australian Government Department of Immigration and Border Protection.

International medical graduates must first apply to the Australian Government Department of Immigration and Border Protection for a visa under which they may work or continue their training in Australia. They are usually overseas when applying, but others who have already entered Australia can also apply. Applicants are then assessed by the Australian Medical Council as to whether they are eligible to seek registration to practise medicine in Australia. Prior to July 2010, they then had to apply to the relevant medical board to register to practise in a given state or territory. From July 2010, applicants must apply through the Australian Health Practitioner Regulation Agency (AHPRA) to be registered to practise nationally.

As part of their Medicare Provider Number applications to the Australian Government Department of Human Services – Medicare, overseas trained doctors must apply for an exemption under section 19AB of *the Act* in order to access Medicare benefits for the services they provide.

Further information is available at:

www.doctorconnect.gov.au

More details on these processes and the numbers entering Australia and being assessed are provided in this chapter.

Australian Government Department of Immigration and Border Protection Entry Processes

There are a number of visa classes and processes through which non-Australians can apply to work in Australia. Temporary visas range in duration from one day up to four years.

Until 30 June 2010, there were three subclasses of visas under which most medical practitioners entered Australia, namely subclasses 457, 422 and 442.

Temporary Work (Skilled) visa (subclass 457)

The Temporary Work (Skilled) visa (subclass 457) is the most commonly used program for employers to sponsor overseas workers to work on a temporary basis in Australia.

Recipients may remain in Australia for up to four years and can bring eligible family members with them. They can work full time, but only for their sponsor or, in some circumstances, an associated entity of the sponsor. Doctors are able to work for multiple and/or unrelated entities, but their sponsor retains obligations in relation to them.

Applicants must comply with the following conditions:

- be sponsored by an approved employer;
- have skills, qualifications, experience and an employment background that match those required for the position;
- have a job with their approved sponsor;
- meet the English language requirement unless eligible for a waiver;
- be eligible to hold a licence or registration for the position (if required); and
- be paid the rate of guaranteed salary specified in the relevant nomination, based on the market salary rate for the position.

Further information is available at:

<http://www.immi.gov.au/Visas/Pages/457.aspx>

Medical Practitioner (Temporary) visa (subclass 422)

Following the creation of flexible working arrangements for international medical graduates under the subclass 457 visa, the subclass 422 visa has not been available for new primary visa applicants since 1 July 2010.

These arrangements do not mean that all subclass 422 visas expired on 1 July 2010. All international medical graduates holding a subclass 422 visa on or after 1 July 2010 are able to remain on that visa until:

- the end of the visa validity period;
- they change their employer sponsor; or
- they are granted a new visa subclass.

The Medical Practitioner (Temporary) visa (subclass 422) was only open to medical practitioners and permitted them to work in Australia for a sponsoring employer for a period of three months to four years. Applicants worked in Australia for their sponsoring employer, as an independent contractor or for multiple unrelated employers. There were special arrangements available if applicants wanted to work in rural or regional Australia. Applicants could bring eligible family members with them to Australia, who were able to work and study.

Applicants were to comply with the following conditions:

- be eligible for at least conditional registration through the medical board to practise as a medical practitioner in the state or territory where they were to be employed;
- have an offer of full-time employment with an Australian employer, such as a hospital, medical practice or area health service;
- salary may include fees charged and Medicare rebates;
- comply with the required health examinations for their family;
- have police clearances, for themselves and any family members over 16 years, if their stay exceeded 12 months; and
- ensure that they and their family held adequate private medical and hospital health insurance cover for the entire time they were in Australia.

Further information is available at:

<http://www.immi.gov.au/Visas/Pages/422.aspx>

Occupational Trainee visa (subclass 442)

From 24 November 2012 the Occupational Trainee visa (subclass 442) was no longer open to new applicants. After this date people who wanted to come to Australia on a temporary basis to undertake work based training, research activities or a professional development program were required to apply for the new Training and Research visa (subclass 402).

The Occupational Trainee visa (subclass 442) allowed people to complete workplace-based training in Australia on a temporary basis in an approved training program. The training must have provided the visa holder with additional or enhanced skills in the nominated occupations, tertiary studies or fields of expertise. This visa was valid for up to two years (subject to the length of the approved training program).

People may have been nominated for this visa if the proposed occupational training was one of the following:

- training or practical experience in the workplace required for the person to obtain registration for employment in their occupation in Australia or in their home country;
- a structured workplace training program to enhance the person's existing skills in an eligible occupation; or
- structured workplace training to enhance the person's skills and promote capacity building overseas.

Further information is available at:

<http://www.immi.gov.au/Visas/Pages/442.aspx>

Training and Research visa (subclass 402)

The Training and Research visa (subclass 402) is for people who want to come to Australia on a temporary basis to participate in occupational training, observe or participate in research as a visiting academic, or participate in a professional development program. There are three streams in the Training and Research visa (subclass 402):

- Occupational Trainee stream;
- Research stream; and
- Professional Development stream.

The Occupational Trainee stream is for people who require structured workplace-based training to enhance their skills in their current occupation, area of tertiary study, or field of expertise.

The Research stream enables professional academics to visit Australia on a temporary basis, to observe or participate in an Australian research project at an Australian tertiary or research institution.

The Professional Development stream is for professionals, managers or government officials invited to participate in a professional development training program in Australia that has been arranged by an employer outside Australia and which usually lasts up to 18 months.

Further information is available at:

<http://www.immi.gov.au/Visas/Pages/402.aspx>

Current Data

In 2013-14, there were 2,650 visas granted to medical practitioners across the main subclasses – 457, 422 and 442/402 (Table 5.1).

The overall number of visas granted to medical practitioners in 2013-14 dropped to the lowest level for the past decade. The overall number of visas was 16.9% less than in 2009-10 (3,190), just five years earlier.

The trend in the types of visas issued over this period has altered dramatically. The bulk of those (2,440 or 92.1%) being granted are now under subclass 457. This reflects the phasing out of visa subclass 422, with the numbers decreasing to zero from 2011-12 from a high of 1,380 visas issued in 2005-06.

Table 5.1: Major classes of primary visa granted to medical practitioners^{(a),(b)}, 2009-2010 to 2013-2014

Visa subclass	2009-10	2010-11	2011-12	2012-13	2013-14	2013-14 Proportion of total (%)	Change 2012-13 to 2013-14 (%)	Change 2009-10 to 2013-14 (%)
457	2,670	2,930	3,300	2,860	2,440	92.1	-14.5	-8.7
422 ^(c)	260	40	0	0	0	na	na	na
442/402	250	260	260	230	210	7.9	-10.7	-17.1
Total	3,190	3,220	3,560	3,090	2,650	100.0	-14.2	-16.9

(a) Figures are rounded to the nearest 10.

(b) For Subclass 442/402 and 457, nominated occupations include Australian Standard Classification of Occupations 231 Medical Practitioner.

(c) Subclass 422 is not available for new primary visa applicants from 1 July 2010.

Source: Australian Government Department of Immigration and Border Protection administrative data, 2014

As in previous years, in 2013-14 primary visa applications were granted to medical practitioners from all over the world (Table 5.2).

Many of those who applied to work in Australia came from countries, namely the United Kingdom, Republic of Ireland and Canada, which have very similar medical training and have been major sources of medical practitioners immigrating to Australia for decades. Almost half (44.1%) of visas under the three main classes were granted to applicants from the United Kingdom and Republic of Ireland. Just 5.1% and 2.2% of the medical practitioners granted visas came from Canada and the United States of America respectively.

More recently, larger numbers of international recruits have come from a number of Asian countries. In 2013-14 almost a third (28.5%) of all applications were granted to medical practitioners from Malaysia, India, Sri Lanka, Singapore, Iran and Pakistan (8.2%, 6.9%, 4.6%, 3.2%, 3.2% and 2.4% respectively of all visas under subclasses 457 and 442/402).

Medical practitioners from New Zealand do not require any of these visas to work in Australia.

Table 5.2: Primary visa applications granted to medical practitioners by visa subclass: Top 10 citizenship countries^{(a),(b)}, 2013-14

Citizenship country	Visa subclass		Total	Proportion of total (%)
	457	442/402		
United Kingdom	960	30	990	37.3
Malaysia	200	20	220	8.2
India	160	20	180	6.9
Ireland, Republic of	180	< 5	180	6.8
Canada	130	10	130	5.1
Sri Lanka	110	20	120	4.6
Singapore	70	20	90	3.2
Iran	80	0	80	3.2
Pakistan	60	0	60	2.4
United States of America	50	10	60	2.2
Other countries	440	90	530	20.1
Total	2,440	210	2,650	100.0

(a) Figures are rounded to the nearest 10.

(b) Subclass 457 and 442/402, nominated occupations include Australian Standard Classification of Occupations 231 Medical Practitioners.

Source: Australian Government Department of Immigration and Border Protection administrative data, 2014

Table 5.3 shows the total number of medical practitioners who held each of the main subclasses of visa at the end of the 2012-13 and 2013-14 financial years, with 4,300 medical practitioners holding visas in these subclasses at 30 June 2014. There was a decrease of 10.7% on the 4,810 visa holders in the previous year. This suggests continuation of the downward trend in migration.

Table 5.3: Primary visa holders where the occupation is medical practitioner by visa subclass^(a), 2012-13 and 2013-14

Visa type	Visa holders at 30/06/2013	Visa holders at 30/06/2014	Change 2012-13 to 2013-14 (%)
457	4,600	4,140	-10.0
422	40	<5	-94.3
442/402	180	160	-13.3
Total	4,810	4,300	-10.7

(a) Figures are rounded to the nearest 10.

Source: Australian Government Department of Immigration and Border Protection administrative data, 2014

Requirements for Practicing Medicine in Australia

Although national examinations for non-specialist international medical graduates have existed in Australia since 1978, states and territories had adopted different approaches to the assessment of some categories of Area of Need practitioners and specialists.

In July 2006 the Council of Australian Governments (COAG) agreed to the introduction of a nationally consistent assessment process for international medical graduates and overseas trained specialists. COAG gave Health Ministers the responsibility for implementation of this decision, and a model for a national process was developed and submitted to Health Ministers on 12 December 2006. The final report on the agreed pathways was presented to the Australian Health Ministers' Advisory Committee (AHMAC) in October 2008.

This model outlines three main assessment pathways:

- Competent Authority Pathway;
- Standard Pathway (including the current Australian Medical Council examination and a workplacebased assessment pathway); and
- Specialist pathways for all specialties, including general practice:
 - Standard specialist assessment;
 - Area of Need assessment; and
 - Overseas trained specialist in specified training position.

The Competent Authority Pathway was implemented from 1 July 2007 and the first stage of the Standard Pathway (workplace-based assessment) for general practitioners and non-specialist hospital doctors was implemented the following year, from 1 July 2008.

The Australian Medical Council (AMC) is an independent national standards body which is responsible for processing all initial inquiries regarding assessment of international medical graduates and overseas trained specialists. It was established by Australian Health Ministers as a legal entity in 1985 and became a Company Limited by Guarantee in 2008.

With implementation of the National Registration and Accreditation Scheme (NRAS) in July 2010, the AMC responsibilities were expanded to cover the following:

- acting as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- developing accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia;
- assessing, using the approved accreditation standards, medical programs and the institutions that provide them – both those leading to general registration and those leading to specialist registration of the graduates to practice medicine in Australia;
- assessing other countries' examining and accrediting authorities to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities have the knowledge, clinical skills and professional attributes to practice medicine in Australia;

- assessing the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration to practice medicine in Australia; and
- assessing the case for recognition of medical specialties.

Further details on assessment requirements that are common to each of the pathways and the specific requirements of each are provided below.

Common Assessment Requirements

Each of the pathways includes some (or all) of the following steps:

- assessment of English language proficiency at a nationally agreed level;
- primary source verification of qualifications;
- assessment against a position description with the level of assessment according to level of risk (for Area of Need positions);
- orientation within three months of starting employment and evidence of satisfactory completion of this submitted to the relevant medical board with the supervisor's three-month report; and
- access to continuing professional development.

Competent Authority Pathway

Competent Authorities are designated overseas accredited medical training and licensing examination authorities that have been reviewed and approved against criteria developed by the AMC as competent to undertake a basic assessment of medical knowledge and clinical skills for the purposes of registration in Australia. One of the criteria used to recognise a Competent Authority is the extent to which the clinical context of the country in which it operates is consistent with the Australian context of health care. This is defined in terms of the pattern of disease, level of medical technology, delivery of medical education and professional ethics. The AMC has approved four examination authorities in:

- the United Kingdom (PLAB examination or for graduates of GMC-accredited medical courses);
- the United States of America (the USMLE examination);
- Canada (the MCC Licensing Examination); and
- New Zealand (the NZREX examination).

Graduates of medical courses in Ireland are accredited by the Medical Council of Ireland.

International medical graduates undergo a pre-employment assessment of suitability for a position if required by the Medical Board of Australia (MBA). Where the board determines a Pre-Employment Structured Clinical Interview (PESCI) is required, it is carried out by an AMC-accredited provider against the position description. This may be carried out if required for more senior hospital-based positions and is included as a matter of course for general practice positions.

Doctors eligible for the Competent Authority Pathway are granted advanced standing towards the AMC Certificate and undergo up to 12 months workplace-based assessment to ensure satisfactory adjustment to the Australian health care system before they are eligible to receive the AMC Certificate and apply for general registration.

Table 5.4 shows that a total of 1,123 applicants were assessed through this pathway in 2013. Of these, 1,054 applicants qualified for advanced standing. While these are primarily applicants who applied in 2013, the figures also include a number of 2012 applicants who were required to submit additional documentation to confirm their eligibility.

In 2013, a total of 662 AMC Certificates were granted, making the applicants eligible to apply for general registration. This is a 27.3% increase from 520 Certificates granted in 2012.

Two-thirds of those granted advanced standing in 2013 were international medical graduates from the United Kingdom.

Almost one-fifth of certificates were issued to international medical graduates from Ireland. A total of 30 certificates were issued to international medical graduates from India. Six certificates were received by international medical graduates from each of the United States of America and Canada.

Table 5.4: International medical graduates: Applications assessment through Competent Authority Pathway, 2013^(a)

Country of training	PLAB ^(c)	MCC ^(d)	USMLE ^(e)	NZREX ^(f)	GMCUK ^(g)	MCI ^(h)	Total	Advanced standing Issued	Certificate issued
Canada	0	24	0	0	0	0	25	22	6
India	33	3	4	4	1	0	54	51	30
Ireland	0	0	0	0	0	111	125	114	102
South Africa	1	1	0	0	0	0	3	4	3
United Kingdom	0	0	0	0	677	0	757	729	461
United States of America	0	0	15	0	0	0	20	17	6
Other ^(b)	37	48	14	6	1	0	139	117	54
Total	71	76	33	10	679	111	1,123	1,054	662

(a) Data covers the period 1 January 2013 to 31 December 2013.

(b) Other includes: Afghanistan, Albania, Algeria, Antigua and Barbuda, Argentina, Armenia, Austria, Bahrain, Bangladesh, Belarus, Belize, Bolivia, Bulgaria, Chile, China, Colombia, Croatia, Czech Republic, Democratic Republic of the Congo, Dominica, Dominican Republic, Egypt, Ethiopia, Fiji, France, Georgia, Germany, Ghana, Greece, Grenada, Guyana, Hong Kong, Hungary, Indonesia, Iran, Iraq, Israel, Italy, Jamaica, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malaysia, Mexico, Moldova, Myanmar, Nepal, Netherlands Antilles, Netherlands, Nigeria, Oman, Pakistan, Peru, Philippines, Poland, Romania, Russia, Saba, Saint Kitts and Nevis, Saint Lucia, Samoa, Saudi Arabia, Serbia, Sierra Leone, Singapore, Sint Eustatius, Sint Maarten, Slovakia, Somalia, South Korea, Spain, Sri Lanka, Sudan, Sweden, Syria, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, Ukraine, United Arab Emirates, Uzbekistan, Venezuela, Vietnam, Yemen, Zambia and Zimbabwe.

(c) Professional Linguistic Assessments Board Exam.

(d) Medical Council of Canada Exam.

(e) United States Medical Licensing Exam.

(f) New Zealand Registration Exam.

(g) General Medical Council of the United Kingdom Accreditation.

(h) Medical Council of Ireland Accreditation.

Source: Australian Medical Council administrative data, 2014

Standard Pathway

Doctors who are not eligible for either the Competent Authority or Specialist pathways are assessed through the Standard Pathway. The Standard Pathway has two alternative processes leading to the Australian Medical Council (AMC) Certificate.

- Standard Pathway (AMC examinations). Assessment is by examination only – the AMC Multiple Choice Questionnaire (MCQ) and the AMC clinical examination; and
- Standard Pathway (workplace-based assessment). Assessment is by examination and workplace-based assessment – the AMC MCQ examination and workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority.

A Pre-Employment Structured Clinical Interview (PESCI) is also required for all international medical graduates applying for general practice positions and for some international medical graduates in hospital positions.

Successful completion of the assessment requirements leads to the awarding of the AMC Certificate.

In 2013, there were 1,508 international medical graduates (Table 5.5) who passed the MCQ (52.9% of attempts), a decrease from 57.5% in 2012.

The number of international medical graduates who passed the clinical examinations increased from 964 in 2012 to 1,055 in 2013. This was 40.5% of attempts.

Table 5.5: International medical graduates: Applications assessed through Standard Pathway AMC examination, 2013^(a)

Country of training	MCQ exam attempts	MCQ exam passes	Clinical exam attempts	Clinical exam passes
Bangladesh	207	104	204	72
China	128	38	113	48
Colombia	26	11	22	11
Egypt	129	59	63	29
Fiji	17	6	12	5
India	448	233	508	202
Indonesia	20	7	23	9
Iran	217	131	133	54
Iraq	66	39	64	30
Jordan	30	24	17	7
Malaysia	45	29	43	22
Myanmar	112	75	196	86
Nepal	45	21	33	17
Nigeria	121	59	57	20
Pakistan	279	153	272	111
Papua New Guinea	5	3	13	2

Country of training	MCQ exam attempts	MCQ exam passes	Clinical exam attempts	Clinical exam passes
Philippines	137	41	151	39
Romania	10	1	12	2
Russia	98	42	84	29
Saudi Arabia	4	4	9	2
South Africa	33	24	36	23
Sri Lanka	245	190	195	98
Ukraine	45	18	40	16
Vietnam	10	5	10	2
Zimbabwe	12	8	16	9
Other ^{(b),(c)}	360	183	281	110
Total	2,849	1,508	2,607	1,055

(a) Data covers the period 1 January 2013 to 31 December 2013.

(b) Other in MCQ Exam includes: Afghanistan, Albania, Argentina, Armenia, Austria, Bahrain, Barbados, Belarus, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Cayman Islands, Chile, Cuba, Czech Republic, Democratic Republic Of The Congo, Denmark, Dominica, Dominican Republic, Ecuador, Ethiopia, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Hungary, Ireland, Israel, Italy, Jamaica, Japan, Kazakhstan, Kenya, Kosovo, Kyrgyzstan, Laos, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malawi, Mauritius, Mexico, Moldova, Mozambique, Netherlands, Norway, Oman, Palestinian Authority, Peru, Poland, Rwanda, Saba, Saint Kitts and Nevis, Saint Lucia, Samoa, Serbia, Seychelles, Singapore, Sint Maarten, Slovakia, South Korea, Sudan, Sweden, Switzerland, Syria, Taiwan, Tajikistan, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, United Kingdom, United States of America, Uzbekistan, Venezuela, Yemen and Zambia.

(c) Other in Clinical Exam includes: Afghanistan, Algeria, Argentina, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Croatia, Cuba, Czech Republic, Democratic Republic Of The Congo, Ecuador, El Salvador, Ethiopia, Finland, France, Germany, Ghana, Greece, Grenada, Hungary, Ireland, Jamaica, Japan, Kazakhstan, Kenya, Kosovo, Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malta, Mauritius, Mexico, Moldova, Netherlands, Norway, Oman, Palestinian Authority, Paraguay, Peru, Poland, Rwanda, Saint Kitts and Nevis, Samoa, Serbia, Seychelles, Singapore, Slovakia, Slovenia, South Korea, Spain, Sudan, Switzerland, Syria, Taiwan, Tanzania, Thailand, Trinidad And Tobago, Turkey, Uganda, United Arab Emirates, United Kingdom, United States of America, Union of Soviet Socialist Republics, Uzbekistan, Venezuela, Yemen and Zambia.

Source: Australian Medical Council administrative data, 2014

Table 5.6 presents information on workplace-based assessment through the Standard Pathway.

Table 5.6: International medical graduates: Workplace-based assessment through Standard Pathway, 2013

Authority	Country of training	Workplace-based assessment attempts	Workplace-based assessment passes
Australian College of Rural and Remote Medicine	Argentina	1	1
	Bangladesh	2	1
	Serbia	1	1
	Sri Lanka	2	1
	Zimbabwe	1	0
Total Australian College of Rural and Remote Medicine		7	4
Hunter New England Area Health Services	Bangladesh	1	0
	China	1	1
	Fiji	2	2
	India	7	7
	Indonesia	1	1
	Iran	3	3
	Jordan	1	1
	Pakistan	6	5
	Sudan	1	1
	Ukraine	1	1
Total Hunter New England Area Health Services		24	22
Launceston General Hospital	Germany	1	1
	India	5	3
	Iran	1	1
	Iceland	1	1
	Myanmar	1	0
	Nepal	3	2
	Pakistan	5	4
	Russia	1	1
	Sri Lanka	1	0
	Uzbekistan	1	1
Total Launceston General Hospital		20	14
Rural and Outer Metro United Alliance	Guatemala	1	0
	Nigeria	2	2
	Pakistan	3	3
	Romania	1	1
Total Rural and Outer Metro United Alliance		7	6
Southern Health	Colombia	1	0
	Egypt	1	1
	India	4	1
	Iran	1	1
	Pakistan	3	3
	Philippines	3	1
	Russia	2	2
Total Southern Health		15	9

Authority	Country of training	Workplace-based assessment attempts	Workplace-based assessment passes
WA Health	Bangladesh	1	1
	Colombia	1	1
	Germany	1	1
	India	3	2
	Iran	2	2
	Nepal	1	1
	Pakistan	10	10
	Philippines	2	2
	South Africa	1	1
Total WA Health		22	21
Total		95	76

Source: Australian Medical Council administrative data, 2014

Assessment of Overseas Trained Specialists

Prior to 1990, all overseas trained specialists seeking registration in Australia who did not hold a recognised primary medical qualification were obliged to pass the AMC examination and obtain general registration before they could be registered to practise as a specialist. In addition, before 1990 only two states (Queensland and South Australia) had separate specialist registers.

In 1991, the Australian Health Ministers' Conference (AHMC), in anticipation of the implementation of the mutual recognition scheme, approved a process for overseas trained specialists to be assessed by the relevant specialist medical college in Australia against the standards for an Australian trained specialist in the same field of specialist practice. If the qualifications and relevant experience of the applicant were assessed as substantially comparable to an Australian trained specialist, he/she could apply for registration limited to the field of specialty.

In consultation with the former state and territory medical boards and colleges, it was subsequently agreed that the specialist assessment process should not be seen as a backdoor to specialist training in Australia. For this reason it was resolved that any overseas trained specialist who required more than two years of further supervised training to meet the required standard for substantial comparability (equivalence to an Australian trained specialist) would be assessed as 'not comparable' and would be required to sit the AMC examination and obtain general registration.

A national assessment process for Area of Need specialists was not resolved until 2002, when agreement was reached on a separate pathway for the assessment and registration of overseas trained specialists in Area of Need positions. This involves an assessment against a position description that defines the levels of clinical responsibility, supervision and specific clinical skills required for a particular position. The relevant specialist college assesses the individual against the position description, rather than against the standards required by the medical college for a (fully recognised) specialist.

A number of colleges have agreed to combine their Area of Need and full comparability assessments, so that the applicant (and the Medical Board of Australia) can be advised of the additional steps required to achieve substantial comparability at the same time as he or she is being assessed for the Area of Need position. To date some nine colleges (RANZCOG, RACP,

RCPA, ACD, RACS, RANZCO, RANZCP, ACRRM and RANZCR) have agreed to undertake the combined assessments of overseas trained specialists.

All specialist applications are administered through the AMC and assessment of comparability to Australian standards is carried out by the relevant specialist college. Applicants who do not meet the requirements for specialist assessment are required to undergo assessment through one of the non-specialist pathways.

Standard Specialist Assessment

Overseas trained specialists applying for comparability to an Australian trained specialist must have completed all training requirements and be recognised as a specialist in their country of training before applying under the specialist pathway for assessment of comparability.

There are three possible outcomes of assessment:

- substantially comparable;
- partially comparable, requiring up to two years up skilling to reach comparability; and
- not comparable.

The majority of medical colleges will allow applicants who are considered substantially comparable to Australian trained specialists to gain fellowship without requiring an additional examination, although most require a period of practice under oversight.

International medical graduates with specialist qualifications or specialists-in-training are eligible to apply for general registration under the Competent Authority Pathway (if eligible), in addition to applying for specialist registration through the Specialist Pathway.

In total, there were 2,234 overseas trained specialists whose applications to be recognised as a specialist in Australia were being processed in 2013. While these are primarily applicants who applied the previous year, this figure also includes a number of applicants who were required to submit additional documentation or undergo further training to confirm their eligibility.

Table 5.7 shows that 349 overseas trained specialists had their applications approved (that is, they were deemed to be substantially comparable) and a further 335 were deemed as requiring further training and/or examinations (that is, partially comparable).

Total number of overseas trained specialists with approved applications has slightly decreased from 2,346 in 2012 to 2,234 in 2013 (4.8%).

Table 5.8 presents data on the countries in which approved applicants were trained. More than half (179 or 51.3%) of all overseas trained specialists, who have had their applications approved in 2013, were trained in the United Kingdom and Ireland. The next largest number of specialists in 2013 came from India (50 or 14.3% of all approved applicants). Two other cohorts of overseas trained specialists with qualifications substantially comparable to Australia came from South Africa and the United States of America (25 or 7.1% each).

Table 5.7: Specialist assessment process by medical specialty, 2013

Medical specialty	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn	Total	Proportion of total (%)
Adult medicine	102	29	69	65	15	58	338	15.1
Anaesthesia	33	44	44	30	13	22	186	8.3
Dermatology	8	6	1	1	1	1	18	0.8
Emergency medicine	14	3	21	16	6	13	73	3.3
General practice	451	60	11	33	8	15	578	25.9
Intensive care	5	10	8	4	4	3	34	1.5
Medical administration	0	0	1	0	0	1	2	0.1
Obstetrics and gynaecology	59	3	34	12	11	7	126	5.6
Occupational and environmental medicine	1	0	2	2	0	0	5	0.2
Ophthalmology	27	5	8	12	7	4	63	2.8
Oral and maxillofacial surgery	0	0	0	1	0	0	1	0
Paediatrics and child health	60	7	17	36	4	29	153	6.8
Pain medicine	4	1	0	0	0	1	6	0.3
Palliative medicine	0	0	1	1	0	2	4	0.2
Pathology	40	5	15	22	3	8	93	4.2
Psychiatry	33	9	43	22	3	0	110	4.9
Public health medicine	5	0	2	0	0	0	7	0.3
Radiology	35	6	37	40	2	2	122	5.5
Rehabilitation medicine	1	0	2	4	1	0	8	0.4
Sexual health medicine	3	0	0	1	0	0	4	0.2
Sport and exercise medicine	1	0	0	0	0	0	1	0
Surgery	62	116	33	33	19	39	302	13.5
Total	944	304	349	335	97	205	2,234	100.0

Source: Australian Medical Council administrative data, 2014

Table 5.8: Substantially comparable specialist applications by country of training and medical speciality, 2013

Medical speciality	Canada	India	New Zealand	South Africa	United Kingdom and Ireland	United States of America	Other ^(a)	Total	Proportion of total (%)
Adult medicine	0	6	0	3	41	3	16	69	19.8
Anaesthesia	0	10	0	1	25	1	7	44	12.6
Dermatology	0	0	0	1	0	0	0	1	0.3
Emergency medicine	1	0	0	0	11	9	0	21	6.0
General practice	0	0	1	4	2	4	0	11	3.2
Intensive care	0	0	0	1	2	1	4	8	2.3
Medical administration	0	0	0	1	0	0	0	1	0.3
Obstetrics and gynaecology	1	3	0	1	19	1	9	34	9.7
Occupational and environmental medicine	0	0	0	0	2	0	0	2	0.6
Ophthalmology	0	0	0	1	7	0	0	8	2.3
Paediatrics and child health	3	3	0	1	9	0	1	17	4.9
Palliative medicine	0	0	0	0	1	0	0	1	0.3
Pathology	0	4	0	2	5	1	3	15	4.3
Psychiatry	0	10	0	2	21	2	8	43	12.3
Public health medicine	0	0	0	1	1	0	0	2	0.6
Radiology	0	8	0	2	18	1	8	37	10.6
Rehabilitation medicine	0	0	0	0	0	1	1	2	0.6
Surgery	1	6	0	4	15	1	6	33	9.5
Total	6	50	1	25	179	25	63	349	100.0

(a) Other includes: Austria, Belgium, Brazil, Egypt, Germany, Hong Kong, Hungary, Iran, Israel, Italy, Jordan, Kenya, Nepal, Netherlands, Pakistan, Singapore, Spain, Sri Lanka, Sweden, Switzerland and Zimbabwe.

Source: Australian Medical Council administrative data, 2014

Area of Need Specialist Assessment

Overseas trained specialists applying for an Area of Need assessment must also have completed all training requirements and be recognised as a specialist in their country of training. When assessing applicants for suitability for Area of Need positions, medical colleges will determine at the same time (or soon thereafter) what is required to meet standards for fellowship.

An Area of Need applicant is always assessed against a position description. This allows an overseas trained specialist to work in a designated specialty position, provided conditions imposed by the Medical Board of Australia are met. The position description together with the qualifications, training and experience of the applicant will determine the level of risk and the level of supervision or further assessment required.

Specified Specialist Training

Applicants who wish to enter Australia for specified specialist training will require registration by the Medical Board of Australia (through the medical boards in each state and territory) following advice from the relevant specialist medical college. This limited registration allows applicants to undertake training or to obtain experience in Australia not available in their country of training for a short period (normally up to one year), but can in exceptional circumstances be extended to three years.

Medicare Provider Number Restrictions

In 1996, the Australian Government introduced Medicare provider number restrictions to improve the quality of Australia's medical workforce over the longer term and to address growing concerns about the maldistribution of the medical workforce. Since 1997, doctors who obtained their primary medical qualification overseas have been required to gain an exemption under section 19AB of *the Act* in order to access Medicare benefits for the services they provide. Exemptions under *the Act* are generally only granted if the medical practitioner works in a recognised area of workforce shortage, as defined by the Australian Government.

Restrictions of Practice

Section 19AB of *the Act* restricts access to Medicare provider numbers and requires overseas trained doctors and 'foreign graduates of an accredited medical school' (FGAMS) from April 2010 to work in a District of Workforce Shortage (DWS) for a period of generally ten years in order to access the Medicare benefits arrangements. This is referred to as the 'ten year moratorium'.

A DWS is an area in which the general population's need for health care is considered not to be met. These areas are identified as those that have less access to medical services than the national average. They are determined on the basis of a full-time equivalent measure, which takes into account latest Medicare billing in the area, irrespective of whether or not local doctors are working in a part-time or a full-time capacity. Districts are defined on a quarterly basis for general practice and annually for the other medical specialties.

The DWS status of each area in Australia for the specialty of General Practice is available on the Doctor Connect map located at:

www.doctorconnect.gov.au

On 1 July 2010 the Australian Government introduced the scaling initiative as part of the Rural Health Workforce Strategy (RHWS). The scaling initiative allows overseas trained doctors and FGAMS to receive significant reductions in their restriction period under the ten year moratorium if they practice privately within an eligible regional, rural or remote area. The greatest discounts are available to medical practitioners who practise within the most remote locations in Australia. Further advice regarding the scaling initiative is available from the Doctor Connect website.

Table 5.9 shows the cumulative number of overseas trained doctors granted exemptions under Section 19AB of *the Act*. As at 30 June 2014 there were a total of 11,138 exemptions issued to overseas trained doctors.

Table 5.9: Overseas trained doctors with Section 19AB exemptions, 2014

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)
Total	1,303	1,722	2,290	2,878	3,634	4,476	5,483	5,914	6,892	7,785	9,053	10,459	11,138

(a) 2014 figure calculated to 30 June 2014.

Source: Australian Government Department of Health administrative data, 2014

Current Distribution of Overseas Trained Doctors

The intake of overseas trained doctors by all states and territories increased from 2013.

Table 5.10 shows which jurisdictions were relatively more reliant on overseas trained doctors to provide services in 2014. The largest number of overseas trained doctors (3,189) was in Queensland, followed by New South Wales (2,997) and Victoria (2,861).

Table 5.10: Overseas trained doctors by state/territory, 2014

	General practitioners ^(a)	Specialists ^(a)	Total
New South Wales	1,792	1,216	2,997
Victoria	1,930	923	2,861
Queensland	1,909	1,289	3,189
South Australia	600	369	959
Western Australia	1,003	550	1,543
Tasmania	211	197	406
Northern Territory	179	100	273
Australian Capital Territory	96	115	212
Australia^(b)	7,130	4,056	11,138

(a) General practitioners include section 3GA (under the *Health Insurance Act 1973*) placements and Specialists include assistant specialists.

(b) Overseas trained doctors may work in more than one location across different states/territories.

Source: Australian Government Department of Health administrative data as at 30 June 2014

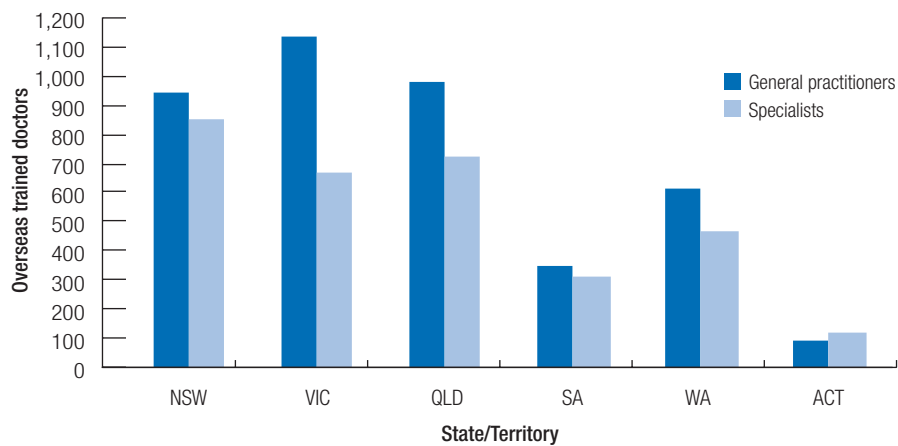
There is marked variation in the reliance on overseas trained doctors across jurisdictions and by remoteness.

The following figures show the distribution of overseas trained doctors across states and territories and by remoteness (Figure 5.1 to Figure 5.4). These figures highlight the variation between jurisdictions in the overall and relative number of overseas trained doctors, as well as where they are working.

Although overseas trained doctors constitute a far higher proportion of the medical workforce in more remote areas of Australia, the majority work in Major cities and Inner regional areas. More specifically, nearly half of overseas trained general practitioners and overseas trained specialists worked in Major cities (Figure 5.1), where just over two-thirds of the population reside. More than one-third of both overseas trained general practitioners and specialists worked in Inner regional areas (Figure 5.2), where one-fifth of the population resides.

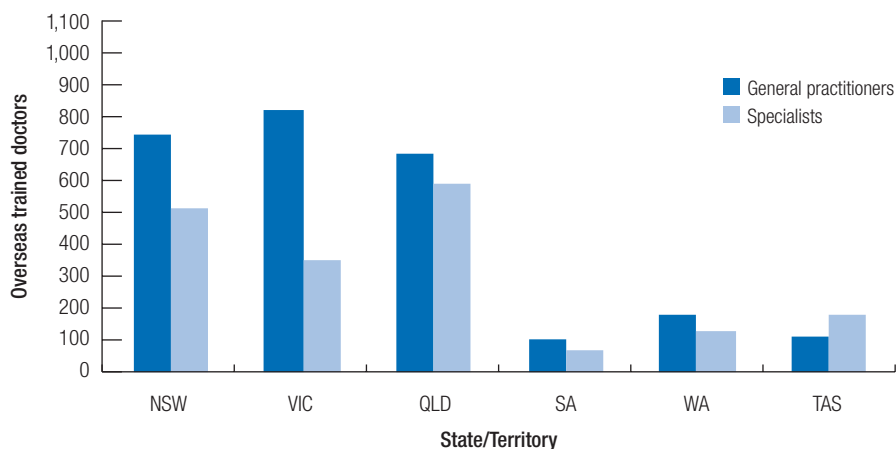
Queensland has relatively high numbers of overseas trained doctors across all Remoteness Areas, while Western Australia stands out for the relatively higher numbers in Remote and Very remote areas (Figure 5.4).

Figure 5.1: Overseas trained doctors in Major cities by state/territory, 2014



Source: Medicare data, Australian Government Department of Health administrative data, 2014

Figure 5.2: Overseas trained doctors in Inner regional areas by state/territory, 2014



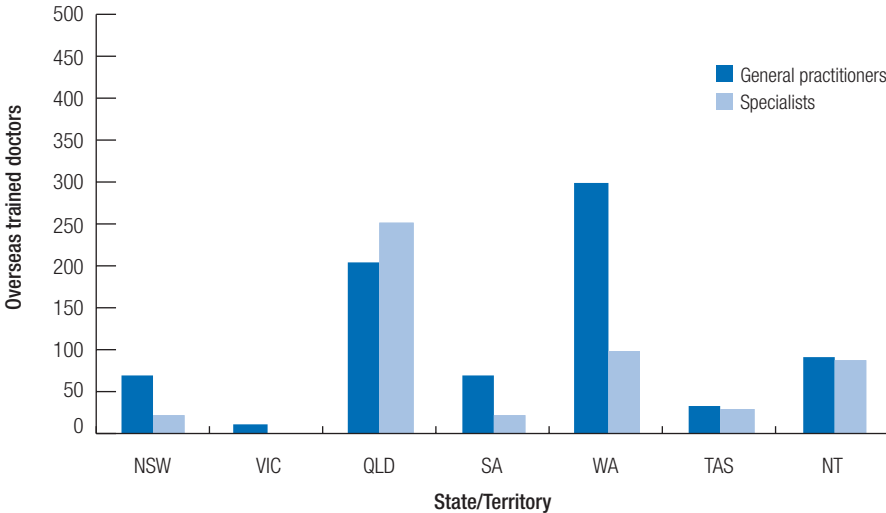
Source: Medicare data, Australian Government Department of Health administrative data, 2014

Figure 5.3 Overseas trained doctors in Outer regional areas by state/territory, 2014



Source: Medicare data, Australian Government Department of Health administrative data, 2014

Figure 5.4: Overseas trained doctors in Remote and Very remote areas by state/territory^(a), 2014



(a) Data for Remote, Very Remote and Migratory classes have been combined.

Source: Medicare data, Australian Government Department of Health administrative data, 2014

Chapter 6

SPECIAL PURPOSE TRAINING PROGRAMS

This chapter reports on the Special Purpose Training Programs established under section 3GA of *the Act*. Section 3GA programs target particular workforce requirements. These include vocational training, vocational recognition and other training needs.

Special Purpose Training Programs also provide for those doctors seeking vocational recognition, but who are not involved in a specialist training program. Many of the Special Purpose Training Programs offer a range of incentives to doctors. The two most common incentives are access to a Medicare provider number and access to the higher A1 Medicare rebate. Other incentives may involve access to an alternative vocational training pathway, the opportunity to broaden the range of clinical experience within an existing training pathway or special support in achieving vocational recognition.

Some of these programs specifically cover doctors who have trained overseas to assist with their integration into the Australian workforce and to promote them working in areas of workforce shortage.

Background

Section 19AA of *the Act* was introduced in 1996 to recognise and support general practice as a vocational specialty, as well as to provide a framework for achieving long term improvements in the quality of doctors working in Australia.

Section 19AA of *the Act* applies to all medical practitioners who:

- held medical registration by an Australian Medical Board on or after 1 November 1996;
- are Australian permanent residents or Australian citizens; and
- do not hold continued recognition by the RACGP or the ACRRM and/or recognition from a specialist medical college.

The Medicare provider number restrictions introduced in 1996 in section 19AA of *the Act* apply to doctors who were first recognised as Australian medical practitioners on or after 1 November 1996 and who are neither vocationally recognised nor hold fellowship of a recognised medical college. Section 19AA of *the Act* restricts the accessing of Medicare benefits to doctors who are:

- Australian citizens or permanent residents; or
- temporary residents who have completed their commitment under section 19AB of *the Act*.

Section 19AA of *the Act* ensures that all doctors receiving medical education and training in Australia possess the appropriate qualifications to practise medicine. These qualifications require Australian-trained doctors, as well as permanent residents and Australian citizens who trained overseas, to complete a program of postgraduate vocational medical training before being eligible to receive a Medicare provider number with access to the Medicare benefits arrangements.

There are exemptions from section 19AA restrictions for certain training and workforce programs. Section 3GA of *the Act* allows medical practitioners undertaking postgraduate education or training placements on approved workforce training programs to provide professional medical services that are eligible to attract Medicare benefits. Exemptions to section 19AA of *the Act* apply to most medical college training and workforce programs, including the Australian General Practice Training (AGPT) Program and the Rural Locum Relief Program (RLRP).

3GA Programs Providers

Table 6.1 summarises the number of providers, as a headcount, on workforce programs and some specialised training programs under section 3GA of *the Act* from 2004-05 to 2013-14. Providers are identified where they have rendered a service on a fee-for-service basis for which claims were processed by the Australian Government Department of Human Services – Medicare. Those only providing services to public patients in hospitals and through other publicly funded programs within the specified periods are not covered.

Further information on each of the programs is provided below.

Table 6.1: Providers on approved 3GA programs placements^{(a),(b)}, 2004-05 to 2013-14

Program	2004-05	2005-06	2006-07	2007-08 ^(c)	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
194 – Approved Medical Deputising Services Program	108	141	165	206	215	272	363	446	586	830
197 – Approved Private Emergency Department Program	8	6	19	14	18	21	15	34	51	61
187 – Approved Placements for Sports Physicians Program (discontinued) ^{(d),(e)}	8	8	7	8	14	13	13	-	-	-
414 – Sports Physician Trainees Program	-	16	22	21	27	21	29	28	35	38
617 – Metropolitan Workforce Support Program (discontinued)	8	8	4	1	-	-	-	-	-	-
178 – Prevocational General Practice Placement Program	21	56	81	134	182	238	400	647	779	765
177 – Queensland Country Relieving Doctors Program	161	260	301	293	340	368	354	403	393	357
190 – Rural Locum Relief Program	660	554	551	583	657	767	890	999	1,127	1,340
179 – Special Approved Placement Program	7	13	14	37	49	90	159	217	265	359
198 – Temporary Resident Other Medical Practitioners Program ^{(a),(f)}	70	84	98	106	105	109	109	119	118	115
176 – Remote Vocational Training Scheme	10	10	13	16	26	30	36	40	46	70
AGPT – Australian General Practice Training Program ^(g)	na	na	na	na	na	na	na	na	na	3,670

(a) Providers have claimed through Medicare for at least one service on a valid date for the program in question.

(b) Providers may be counted against multiple programs and therefore programs are not additive, apart from within the AGP grouping referred to.

(c) Statistics for 2007-08 had regard to claims processed up to the end of September. Statistics for all other financial years had regard to claims processed up to the end of October.

(d) The Temporary Resident Other Medical Practitioner Program (198) and the Approved Placements for Sports Physician Trainees Program (187) were not location specific. All other programs were location specific.

(e) Based on advice from Medicare Australia, providers on Approved Placements for Sports Physicians Program (187) were only counted if they had an end date of 30 June 2011. Also Medicare Australia used code 187 for 3GA and non-3GA providers.

(f) The number of providers registered against the Temporary Resident Other Medical Practitioner Program who provided at least one service during 2010-11 has been revised from 93 as in the MTRP 15th report to 109.

(g) AGPT groups programs 134, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455 and 456. Providers registered against more than one of these GPET/GPTRAINEE programs in the financial year shown are only counted once. Provider counts on the basis referred to in note (b) are not available for years before 2013-14.

Source: Australian Government Department of Health administrative data, 2014

Section 3GA Programs

Approved Medical Deputising Services Program

The purpose of the Approved Medical Deputising Services Program (AMDSP) is to expand the pool of available medical practitioners who may work for after-hours deputising services. This program allows otherwise ineligible medical practitioners to provide a range of restricted professional services, for which Medicare benefits will be payable, where the medical practitioner works for an approved medical deputising service.

The AMDSP was established under section 3GA of *the Act* in 1999 in response to concerns about the shortage of medical practitioners providing after-hours home visit services in metropolitan areas. The Australian Government Department of Health administers the program.

Approved Private Emergency Department Program

The Approved Private Emergency Department Program (APEDP) allows advanced specialist trainees undertaking emergency medicine training to work under supervision in accredited private hospital emergency departments. The program was established to enhance public access to private emergency departments by expanding the pool of doctors able to work in private hospital emergency departments.

Approved Placements for Sports Physicians Program

The Approved Placements for Sports Physicians Program (APSPP) was introduced in April 2004. At the time, sports medicine was not recognised as a medical specialty.

This 3GA program was specified in Schedule 5 of the *Health Insurance Regulations* as an interim measure to allow medical practitioners who gained fellowship of the Australasian College of Sports Physicians (ACSP) after 1 January 2004, and who were subject to the provisions of section 19AA of *the Act*, to gain access to a Medicare provider number. Once the placement has been approved, the Australian Government Department of Human Services – Medicare registers the placements using specification code 187. Providers are then able to access attendance items from Group A2 of the Medicare Benefits Schedule (MBS), as well as from relevant procedural items, for the nominated period of the placement.

‘Sports and exercise medicine’ was recognised as a specialty under *the Act* in November 2009. In 2012, the APSPP was discontinued as all sports medicine physicians are now recognised specialists and can access the relevant Medicare item numbers without requiring a 3GA program.

Sports Physician Trainees Program

Practitioners in the Sports Physician Trainees program are eligible to be registered under section 3GA of *the Act* as an ACSP Trainee for specific practice locations using specification code 414. These placements entitle the practitioner to access Group A2 attendance items in the Medicare Benefits Schedule, including relevant procedural items for the period of registration and at approved locations. The Australian Government Department of Human Services – Medicare receives advice on placements directly from the ACSP and registers the placements for Medicare purposes.

Australian General Practice Training Program

The Australian General Practice Training (AGPT) program is a postgraduate vocational training program for medical graduates wishing to pursue a career in general practice. The program provides training towards fellowship of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) offered through 17 Regional Training Providers (RTPs) across Australia. Training places are available in all locations; however, there is a requirement that 50% of training activity is undertaken in rural and remote areas classified using the ASGC-RA index as Remoteness Areas (RA) 2 to 5.

The AGPT program commenced in January 2002 with 450 places available. There has been a gradual increase of training placements since this time. In 2004, the number of places was increased to 600 and further increased in 2009 to 675, and 700 in 2010. A greater expansion of the program commenced in 2011 with 900 training places, 1,000 in 2012, 1,108 in 2013 and 1,192 in 2014.

In the 2014-15 Federal Budget, the Australian Government announced additional training places to meet the significant demand for places under the AGPT program in recent years. From 2015, a total of 1,500 AGPT annual commencing training places will be funded.

Prevocational General Practice Placements Program

The Prevocational General Practice Placements Program (PGPPP) encouraged junior doctors at all levels to take up general practice as a career and enhanced their understanding of the integration between primary and secondary care.

Placements were available in all locations, however, there was a requirement that 50% of placements occur in rural and remote areas classified using the ASGC-RA index as Remoteness Areas (RA) 2 to 5. Placements were generally for a period of 12 weeks.

General practice placements in this program commenced in January 2005. The number of completed supervised placements has increased each year from 111 in 2005–06, 173 in 2006–07, 248 in 2007–08 and then to 338 in 2008–09. After 2008–09, data on the number of completed supervised general practice placements was collected on a calendar year basis. In 2009, there were 353 placements. A total of 400 completed the 12-week placements in 2010.

The number of placements available increased from 380 in 2010, to 910 in 2011, and 975 placements in 2012 onwards. For the 2011 training year, 692 of the 910 available were filled.

In 2012, 918 out of 975 placements were filled. The shortfalls in 2011 and 2012 were predominantly due to the significant growth in the number of placements (from 380 in 2010 up to 975 in 2012).

In order to fund intern places in private hospitals in 2013, the target for the 2013 training year was reduced to 961. The target remained 975 placements for 2014.

The Prevocational General Practice Placements Program was ceased on 31 December 2014, as announced in the 2014-15 Federal Budget.

Queensland Country Relieving Doctors Program

The Queensland Country Relieving Doctors (QCRD) program provides relieving services to Queensland Health's rural medical practitioners by drawing on a pool of junior medical staff employed within the state's public hospitals. The role of these junior doctors is limited to that of a junior doctor without vocational qualification.

The 3GA exemptions are only necessary for practitioners relieving in medical superintendent or medical officer positions with rights to private practice. The exceptions, however, are where a hospital based position attracts Medicare benefits in which case a 3GA exemption is still required. Therefore, not all practitioners in the program require the 3GA exemptions. These positions with rights to private practice are specific to Queensland and do not exist in other jurisdictions. These positions are generally in small rural locations, where the hospital doctor also fulfils a general practitioner role. The 3GA component of the QCRD program enables medical practitioners to provide services that attract Medicare benefits.

The QCRD program currently provides relief to over 100 rural medical practitioners throughout Queensland. Many of these are solo medical practitioners, who would have limited opportunities for relief if they were reliant upon the recruitment of private locums. The QCRD program contributes towards maintaining a medical service to rural and remote communities in the absence of the community's permanent doctor.

Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) was introduced in 1998. It enables doctors who are not otherwise eligible to access the Medicare Benefits Schedule to have temporary access when providing services through approved placements in rural areas.

Rural Health Workforce Australia through the Rural Workforce Agencies (RWAs) in each state and the Northern Territory administer the program on behalf of the Australian Government. Doctors without postgraduate qualifications who fall within the scope of the restrictions under section 19AA of *the Act* are eligible to make an application to their respective state or territory RWAs for a placement on the program. For overseas trained doctors who are subject to the restrictions under section 19AB of the Act, practice locations must be within a DWS.

Locations eligible to receive approved placements through the program are:

- rural and remote areas, Rural, Remote and Metropolitan Areas (RRMAs) 3-7;
- Areas of Consideration, as determined by the Australian Government Minister for Health; and/or
- all Aboriginal medical services, including those in RRMA 1 and 2 locations.

Doctors who are registered to practise in a particular state or territory and have been assessed as having suitable experience and skills to practise in the particular location may fill these placements.

Special Approved Placements Program

The Special Approved Placements Program (SAPP) was established under section 3GA of *the Act* in December 2003. The program allows medical practitioners to access Medicare benefits in metropolitan areas if they can demonstrate exceptional circumstances that make them unable to participate on any other workforce or training program under Section 3GA of *the Act*.

Exceptional circumstances that would normally be considered are:

- where it can be demonstrated that there is substantial hardship, due to a particular family circumstance, resulting in the medical practitioner not being able to access the Medicare benefits in other suitable locations under section 3GA of *the Act*;
- where serious illness relating to the medical practitioner, or his or her immediate family members can be demonstrated, including where the treatment for the condition is limited to a particular location(s); or
- other exceptional circumstances peculiar to the individual case.

Temporary Resident Other Medical Practitioners Program

The Temporary Resident Other Medical Practitioners (TROMPs) program was established in 2001. The program was introduced to overcome an unintended consequence of amendments to the 1996 Medicare provider number legislation, which would have resulted in a number of long-term temporary resident medical practitioners losing access to Medicare benefits. This affected temporary resident medical practitioners who had entered medical practice in Australia prior to 1 January 1997 and who were not vocationally recognised.

The TROMPs program provides access to Medicare benefits at the A2 rate for these eligible medical practitioners.

Remote Vocational Training Scheme

The Remote Vocational Training Scheme (RVTS) was introduced in 1999 to address health service needs in Australia's remote communities. The Scheme allows registrars to remain in one location for the period of their training, supported by distance education and remote supervision. The RVTS provides an alternative route to vocational recognition for remote practitioners who are in solo doctor towns or where their departure would otherwise have a detrimental impact on the local community. RVTS registrars are eligible to sit for fellowship of the RACGP and/or the ACRRM.

Up until 28 February 2007, the RVTS was a 3GA program under the auspices of the RACGP. Since 1 March 2007, legislative changes and the incorporation of the RVTS have enabled the Scheme to be recognised as a 3GA program in its own right.

The Australian Government announced an increase in the annual intake of RVTS registrars from 15 to 22, which commenced from 2011. Since the inception of the pilot program in 1999, a total of 80 registrars have completed the RVTS. As at 30 June 2013, 79 registrars are training on the RVTS.

In August 2013, the Australian Government approved the annual intake of an additional 10 RVTS registrars to train in Aboriginal and Community Controlled Health Services (ACCHSs). The first cohort of registrars under the new scheme commenced in 2014, taking the total annual intake to 32.

APPENDICES

APPENDIX A: MEDICAL TRAINING REVIEW PANEL ROLE AND MEMBERSHIP

APPENDIX B: MEDICAL COLLEGE TRAINING REQUIREMENTS

APPENDIX C: GLOSSARY OF TERMS

APPENDIX D: EXTENDED DATA TREND TABLES

APPENDIX E: DATA SPECIFICATIONS

APPENDIX F: TRAINING PROGRAM TERMINOLOGY

Appendix A:

MEDICAL TRAINING REVIEW PANEL ROLE AND MEMBERSHIP

Under section 3GC of *the Act*, the MTRP is required to examine the demand for and supply of medical training opportunities and to monitor the effect of the Medicare provider number arrangements. These arrangements generally require medical practitioners to complete a recognised postgraduate training program, in either general practice or another specialty, before they are eligible to provide services that attract Medicare benefits.

Role of the Medical Training Review Panel

The MTRP was established to monitor the demand for and supply of medical training opportunities and to monitor the implementation of particular measures in the *Health Insurance Amendment Act (no 2) 1996*.

Medical Training Review Panel Membership

Members of the MTRP must be endorsed by the Commonwealth Minister for Health and comprise of representatives of each member organisation listed below.

Chair

Australian Government Department of Health

State and Territory Health Departments

ACT Health

Department of Health and Families, Northern Territory

Department of Health, South Australia

Department of Health and Human Services, Tasmania

Department of Health, Western Australia

Department of Health, Victoria

NSW Ministry of Health

Queensland Health

Medical Colleges

Australasian College of Dermatologists

Australasian College for Emergency Medicine

Australian College of Rural and Remote Medicine

Australian and New Zealand College of Anaesthetists

Royal Australasian College of Medical Administrators

Royal Australasian College of Physicians

Royal Australasian College of Surgeons

Royal Australian College of General Practitioners

Royal Australian and New Zealand College of Obstetricians and Gynaecologists
 Royal Australian and New Zealand College of Ophthalmologists
 Royal Australian and New Zealand College of Psychiatrists
 Royal Australian and New Zealand College of Radiologists
 Royal College of Pathologists of Australasia

Other Organisations

Australian General Practice Network
 Australian Medical Association
 Australian Medical Council
 Australian Medical Association Council of Doctors-in-Training
 Australian Salaried Medical Officers' Federation
 Australian Medical Students' Association
 Confederation of Postgraduate Medical Education Councils
 General Practice Education and Training Ltd
 Medical Deans Australia and New Zealand Inc.
 Rural Doctors Association of Australia

Observers

Australian Indigenous Doctors' Association
 Australasian College of Sports Physicians
 Australian Private Hospital Association
 Catholic Health Australia

Medical Training Review Panel Subcommittee Memberships

The 2014 membership of the MTRP Clinical Training Subcommittee was:

Dr Andrew Singer (Chair)	Australian Government Department of Health
Dr Will Milford	Australian Medical Association Council of Doctors-in-Training
Dr Nick Buckmaster	Australian Salaried Medical Officers' Federation
Professor Simon Willcock	Confederation of Postgraduate Medical Education Councils
Professor Frank Bowden	ACT Health
Associate Professor Alison Jones	SA Health
Dr Craig White	Department of Health and Human Services, Tasmania
Ms Jessica Dean	Australian Medical Students' Association
Professor Nick Glasgow	Medical Deans Australia and New Zealand Inc.
Dr Kim Hill	Royal Australasian College of Medical Administrators
Dr Marie-Louise Stokes	Royal Australasian College of Physicians

The 2014 membership of the MTRP Data Subcommittee was:

Dr Nick Buckmaster (Chair)	Australian Salaried Medical Officers' Federation
Dr William Milford	Australian Medical Association Council of Doctors-in-Training
Professor Nicholas Glasgow	Medical Deans Australia and New Zealand Inc.
Dr Andrew Gosbell	Australasian College for Emergency Medicine
Dr Linda MacPherson	NSW Ministry of Health
Dr Dennis Pashen	Australian General Practice Network
Ms Lesley Chisholm	Department of Health, Victoria
Ms Maureen McCarty	Australian Government Department of Health
Ms Mila Nastachevskaia	Australian Government Department of Health

The 2014 membership of the MTRP Rural Subcommittee was:

Dr Dennis Pashen (Chair)	Australian General Practice Network
Dr Dinesh Arya	NT Health
Dr George Cerchez	Department of Human Services, Tasmania
Dr Nick Buckmaster	Australian Salaried Medical Officers' Federation
Dr Ross Roberts-Thomson	Australian Medical Association Council of Doctors-in-Training
Dr William Milford	Australian Medical Association Council of Doctors-in-Training (alternate)
Dr Linda MacPherson	NSW Ministry of Health
Ms Jenny Johnson	Rural Doctors Association of Australia (alternate)
Dr Jeff Ayton	Australian College of Rural and Remote Medicine
Professor Richard Murray	Australian College of Rural and Remote Medicine/ James Cook University
Ms Jessica Dean	Australian Medical Students' Association

Appendix B:

MEDICAL COLLEGE TRAINING REQUIREMENTS

Appendix B provides summary information about each medical college's training requirements.

The training requirements for vocational trainees vary between colleges. Tables B1 to B3 provide a consolidated summary of the length of vocational training and training program entry requirements, as well as the guidelines for part-time training and interrupted training.

Every effort has been made to ensure that the information contained in this appendix is correct at the time of publication and relevant for the data period that the report covers. However, these requirements change over time, and information should be checked with the relevant college or training organisation if current information is required. Website contact details for each college or training organisation are provided in the summaries for the colleges below.

In order to improve general understanding of medical college training requirements, the MTRP has decided to use common language in describing each college training program. Accordingly, the descriptors used in this summary may vary from the information provided by the individual college, faculty or vocational training organisation.

Consolidated Summary Tables

Table B1: Summary of specialty training requirements and entry time, 2013

College/Faculty/Training organisation	Training requirements
Australian and New Zealand College of Anaesthetists (ANZCA)	5 years full-time (0.5 years introductory training, 1.5 years basic, 2 years advanced and one year provisional fellowship)
Australian and New Zealand College of Anaesthetists	1-3 years full-time, depending on prior specialist training and experience
– Faculty of Pain Medicine (ANZCA-FPM)	1-2 years of structured training in Faculty Accredited Unit full-time equivalent 1 elective year full-time equivalent Can enter during specialty training
Royal Australasian College of Dental Surgeons	4 years full-time and assessments (including SST and Final Examinations) Entry following the Surgery in General (SIG) year
Australasian College of Dermatologists (ACD)	4 years full-time – trainees who do not pass both written and clinical fellowship examinations and satisfy all other training requirements in their fourth year may be invited to undertake a fifth year of training This will be dependent upon the availability of a Fellow to oversee the trainee in a non-accredited training position and at the discretion of the National Training Committee Can enter after completing PGY1 and PGY2

College/Faculty/Training organisation	Training requirements
Australasian College for Emergency Medicine (ACEM)	<p>2 years basic training full-time (which comprise PGY1 and PGY2) <i>NB: From 20 June 2014 ACEM no longer processed registrations for basic training</i></p> <p><i>From 1 January 2016, PGY1 and PGY2 will no longer be part of the ACEM Training Programme structure</i></p> <p>1 year provisional training full-time equivalent</p> <p>4 years advanced training full-time equivalent</p>
Royal Australian College of General Practitioners (RACGP)	<p>3 years full-time</p> <p>Optional 4th year for Advanced Skills training and for academic post</p> <p>May apply in PGY1 and can enter after completing PGY2</p>
College of Intensive Care Medicine of Australia and New Zealand (CICM)	<p>3 years basic training full-time</p> <p>3 years advanced training full-time</p> <p>Can enter after completing PGY1</p> <p><i>1st January 2014 onwards:</i></p> <p>6 months of Foundation Training (undertaken prior to selection into the training program)</p> <p>24 months core intensive care training</p> <p>12 months clinical anaesthesia training</p> <p>12 months clinical medicine training</p> <p>Approximately 12 months elective training (amount dependent on assessment by the College)</p> <p>12 months of Transition Year training</p>
Royal Australasian College of Medical Administrators (RACMA)	<p>3 years full-time</p> <p>Can enter after 3 years clinical experience</p>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	<p>6 years full-time</p> <p>Years 1-4 in the Core Training Program (as at 1 December 2013)</p> <p>Years 5-6 in the Advanced Training Program (as at 1 December 2013)</p> <p>Can enter after completing PGY2</p>
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	<p>5 years full-time</p> <p>2 years Basic Training</p> <p>2 years Advanced Training</p> <p>1 final year (fellowship year)</p> <p>Can enter after completing PGY2</p>
Royal College of Pathologists of Australasia (RCPA)	<p>5 years full-time</p> <p>Can enter after completing PGY1</p>
Royal Australasian College of Physicians – Adult Medicine (RACP-AM)	<p>3 years basic training full-time and assessments (including Written and Clinical Examinations)</p> <p>3 or more years advanced training full-time equivalent</p> <p>Can enter after completing PGY1</p>

College/Faculty/Training organisation	Training requirements
Royal Australasian College of Physicians – Paediatrics and Child Health (RACP-PCH)	3 years basic training full-time and assessments (including Written and Clinical Examinations) 3 or more years advanced training full-time equivalent Can enter after completing PGY1
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine (RACP-AFOEM)	4 years full-time (approximately) Can enter after completing 2 full-time years of general clinical experience Can enter in PGY3
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine (RACP-AFPHM)	3 years full-time equivalent Can enter after completing at least 3 years of postgraduate medical experience and completion of, or enrolment in, a Masters of Public Health Medicine (or comparable degree), which includes the faculty's core discipline areas
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine (RACP-AFRM)	<i>Adult Rehabilitation Medicine</i> 4 years full-time equivalent Can enter after completing PGY2 <i>Paediatric Rehabilitation Medicine</i> 3 years basic training full-time (with the RACP PCH) 3 years advanced training full-time equivalent Can enter after completing PGY1
Royal Australasian College of Physicians – Chapter of Palliative Medicine (RACP-AChPM)	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australasian College of Physicians – Chapter of Addiction Medicine (RACP-AChAM)	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	2003 Fellowship Program: 5 years full-time, which comprises 3 years basic training and 2 years advanced training 2012 Fellowship Program: 5 years full-time which comprises 1 year in Stage 1, 2 years in Stage 2 and 2 years in Stage 3 Optional additional advanced training certificate programs in addiction, adult, child and adolescent, consultation-liaison, old age, psychotherapy and forensic psychiatry Can enter after completing PGY1
Royal Australian and New Zealand College of Radiologists (RANZCR) – Clinical Radiology (Radiodiagnosis)	5 years full-time Can enter after completing PGY1 and PGY2 years

College/Faculty/Training organisation	Training requirements
Royal Australian and New Zealand College of Radiologists (RANZCR) – Radiation Oncology	5 years full-time Can enter after completing PGY1 and PGY2 years
Australian College of Rural and Remote Medicine (ACRRM)	4 years full-time Can enter after completing PGY1 Training consists of 1 year Core Clinical Training, 2 years Primary Rural and Remote Training, and 1 year Advanced Specialised Training
Australasian College of Sports Physicians (ACSP)	3 years basic training full-time (PGY1, PGY2, PGY3 to be completed prior to entering the College program) 4 years advanced training full-time equivalent
Royal Australasian College of Surgeons (RACS)	4 – 7 years full-time Can apply from PGY2 to commence in PGY3 Surgical Education and Training (SET) occurs in nine specialty areas: <ul style="list-style-type: none"> – Cardiothoracic surgery – 6 years full-time – General surgery – 4 to 5 years full-time – Neurosurgery – 6 years full-time including 1 year of full-time research – Orthopaedic surgery – 5 years full-time – Otolaryngology Head and Neck surgery – 5 years full-time – Paediatric surgery – up to 7 years full-time – Plastic and Reconstructive surgery – 5 years full-time – Urology – 5 years full-time – Vascular surgery – 5 years full-time

Source: Medical colleges and GPET

Table B2: Summary of specialty part-time training requirements, 2013

College/Faculty/Training organisation	Requirements for part-time training
Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine	Minimum 50% of full-time commitment Must result in FTE time
Royal Australasian College of Dental Surgeons	Minimum 50% of full-time commitment Training must be completed within six years
Australasian College of Dermatologists	Minimum 50% of full-time commitment; must be for two consecutive years and may only be undertaken once during the registrar's Training Program Must result in FTE time Cannot be taken in 4 th year
Australasian College for Emergency Medicine	Minimum 50% of full-time commitment Must result in FTE time

College/Faculty/Training organisation	Requirements for part-time training
Royal Australian College of General Practitioners	Approval on a case-by-case basis Approval provided by regional training providers
College of Intensive Care Medicine of Australia and New Zealand	Minimum 20% of full-time commitment Must result in FTE time
Royal Australasian College of Medical Administrators	Must result in FTE time Complete program within 8 years
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Minimum 50% of full-time commitment First year of training must be full-time
Royal Australian and New Zealand College of Ophthalmologists	Part-time training is possible, provided Basic and Advanced Training are completed within the required time limit as stated in the flexible training policy
Royal College of Pathologists of Australasia	Minimum 8 hours per week/20% of full-time commitment
Royal Australasian College of Physicians – Adult Medicine Division	Part-time training is possible, provided Basic Training and Advanced Training are completed within the time limit specified in the flexible training policy Minimum load of 40% in most cases. The minimum load may be less than 40% for some training programs
Royal Australasian College of Physicians – Paediatrics and Child Health	Part-time training is possible, provided Basic Training and Advanced Training are completed within the time limit specified in the flexible training policy Minimum load of 40% in most cases. The minimum load may be less than 40% for some training programs
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	Minimum 10 hours per week Training must be completed within 10 years
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine	Minimum load of 40% in most cases may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine	Minimum 40% of full-time commitment <i>Adult Rehabilitation Medicine</i> Training must be completed within 10 years <i>Paediatric Rehabilitation Medicine</i> Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Palliative Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Addiction Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years

College/Faculty/Training organisation	Requirements for part-time training
Royal Australian and New Zealand College of Psychiatrists	Minimum 50% of full-time commitment, although in rare instances part-time training at less than 50% of full-time commitment may be approved for Advanced Training post-Fellowship Must result in FTE time
Royal Australian and New Zealand College of Radiologists – Radiodiagnosis	Minimum 50% of full-time commitment Must result in minimum of .5 FTE time
Royal Australian and New Zealand College of Radiologists – Faculty of Radiation Oncology	Minimum 50% of full-time commitment Must result in minimum of .5 FTE time
Australian College of Rural and Remote Medicine	Minimum 50% of full-time commitment Approval provided by training providers
Australasian College of Sports Physicians	Considered on an individual basis Must result in FTE time Completion must be within 10 years of commencement
Royal Australasian College of Surgeons	Trainees on a SET Program who wish to apply for part-time training must apply to the relevant Specialty Board at least 6 months prior to the proposed commencement of the part-time training The overall duration of the training program must not exceed the published expected minimum duration of training plus 4 years

Source: Medical colleges and GPET

Table B3: Summary of specialty interrupted training requirements, 2013

College/Faculty/Training organisation	Requirements for interrupted training
Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine	Allowed, details available from the ANZCA Handbook on Training and Accreditation at: www.anzca.edu.au/training/2013-training-program/pdfs/training-accreditation-handbook
Royal Australasian College of Dental Surgeons	Allowed For a maximum of two years without penalty A trainee interrupting for more than two years will be required to undertake a period of additional training
Australasian College of Dermatologists	Considered on an individual basis within the policy guidelines
Australasian College for Emergency Medicine	Allowed up to 2 years and possibly beyond this, depending upon circumstances
General Practice Education and Training – Royal Australian College of General Practitioners – Australian College of Rural and Remote Medicine	Allowed up to a maximum of 2 years

College/Faculty/Training organisation	Requirements for interrupted training
College of Intensive Care Medicine of Australia and New Zealand	<p>Allowed</p> <p>Advanced training must include at least 2 years interrupted only by normal holiday or short term (e.g. study, conference) leave</p> <p>If training is interrupted for between 1 and 2 years, there must be a minimum of 1 core advanced training year as part of subsequent training</p> <p>If training is interrupted for between 2 and 4 years, 2 advanced training years, including one core year must be completed as part of subsequent training</p> <p>If training is interrupted for 4 years or more, 2 core training years must be completed as part of subsequent training</p>
Royal Australasian College of Medical Administrators	Allowed
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<p>Allowed up to 2 years without loss of credit for previous training</p> <p>The FRANZCOG (i.e. Fellowship of the RANZCOG) specialist training program comprises Core Training (the initial four years) and Advanced training (the final two years). The RANZCOG allows fractional training (ie between 0.5 – 1.0 FTE). Trainees have a maximum of 6 years to complete Core Training and 3 years to complete Advanced Training – dated from commencement of the training program</p>
Royal Australian and New Zealand College of Ophthalmologists	Training must be completed within 12 years. If training is interrupted for a period of 3 months or more reskilling may be required on return to work
Royal College of Pathologists of Australasia	Allowed – no limit is placed on the time taken to complete training, but if the final Part II examination has not been passed within 5 years of passing the Part I examination then the Part I examination must be sat and passed again
Royal Australasian College of Physicians – Adult Medicine Division	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis). Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave across each training program can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Paediatrics and Child Health	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave across each training program can be excluded from the time limit to complete training</p>

College/Faculty/Training organisation	Requirements for interrupted training
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Chapter of Palliative Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Chapter of Addiction Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>

College/Faculty/Training organisation	Requirements for interrupted training
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australian and New Zealand College of Psychiatrists	<p>Allowed</p> <p>Basic Training must be completed within 8 years or may need to repeat or complete the training experiences lapsed</p> <p>Advanced Training must be completed within 6 years or may result in review of overall training and assessment</p>
Royal Australian and New Zealand College of Radiologists – Radiodiagnosis	Allowed
Royal Australian and New Zealand College of Radiologists – Faculty of Radiation Oncology	Allowed
Australasian College of Sports Physicians	Considered on an individual basis
Royal Australasian College of Surgeons	<p>With the exception of leave for medical or family reasons, trainees cannot apply for leave in the first 6 months of their training program</p> <p>Trainees on a SET Program who wish to interrupt their training must apply to the relevant Specialty Board at least 6 months prior to the proposed commencement of the training year in which the interruption will commence</p> <p>Trainees applying for interruption due to medical reasons may do so at any time if supported by medical evidence</p>

Source: Medical colleges and GPET

Training Program Information

The series of brief summaries of the training requirements and processes for each of the specialist colleges is provided below. Each summary provides descriptions of the following:

- training programs;
- trainee selection processes and criteria;
- trainees assessment methods;
- fellowship examination;
- overseas trained specialist assessment processes; and
- accreditation processes where relevant.

Any further information or clarification should be sought directly from the relevant college.

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

Training Program

The Australian and New Zealand College of Anaesthetists (ANZCA) approved training sequence encompasses an initial two-year prevocational medical education and training period and the five-year period of ANZCA approved training, which consists of half a year of introductory training, a year and a half of basic training, two years advanced training and one year of provisional fellowship training. In the course of ANZCA approved training, trainees are required to:

- Maintain their training portfolio system records, ensuring they are accurate and up-to-date.
- Set learning goals for each clinical placement.
- Actively seek clinical experience to meet volume of practice requirements.
- Ensure adequate preparation for the primary and final examinations.
- Actively participate in self-assessment.
- Participate in feedback sessions and reviews, reflect on feedback received and strive to improve their performance in line with training requirements.

The training program provides for part-time training. The minimum trainee commitment must be 50% of that of a full-time trainee. There is provision for interrupted training. Some overseas training may be recognised during both basic and advanced training, subject to prior approval by the college assessor.

Trainee Selection

ANZCA's *Training and Accreditation Handbook* outlines the principles that should be used in selecting trainees for appointment to hospitals approved for training for fellowship of ANZCA.

Trainees are trained and educated in approved hospital departments, which must be part of an approved rotation, according to the ANZCA guidelines and policies, and under the supervision of the ANZCA. It should be noted that the hospital is the employing authority, not ANZCA, and the hospital makes the appointments using a process as outlined by these guidelines. However, the selection committee should include at least one ANZCA representative approved by the relevant regional/national committee. Trainees are not reselected into advanced training by ANZCA.

Trainee Assessment

In-Training Assessment (ITA) is carried out at least every 6 months, and is comprised of clinical placement reviews, core unit reviews and a provisional fellowship review. The trainee and the supervisor of training carry out a regular process of evaluation, recording goals set and areas identified for improvement. Each trainee must maintain a learning portfolio, which should include formal documents relating to training, including the ITA forms, the trainee's self-evaluation of performance forms, as well as an online logbook maintained using the training portfolio system. Workplace based assessments are an essential requirement of the revised curriculum.

The primary examination was changed in 2013 to a single examination encompassing physiology, including clinical measurement, pharmacology, and statistics. Trainees progress to the oral section when they have attained a satisfactory score in the written section. The final examination consists of written and oral sections, and may be taken after three years of approved training.

Admission to fellowship is available to trainees who have successfully completed five years of training, passed both examinations, and completed all other training requirements.

International Medical Graduate Specialists

The international medical graduate specialist assessment process is conducted by ANZCA to assess and make a determination regarding the comparability of the international medical graduate specialist to a fellow of ANZCA.

The ANZCA international medical graduate specialist assessment process commences with application directly to the college (as of 1 July 2014) and proceeds to a paperbased assessment to establish qualifications, training, clinical experience, recency of practice, health systems worked in, and participation in continuing professional development (CPD). Area of Need applicants are also assessed for comparability, as required.

If eligible to proceed, the assessment then includes:

- a face-to-face assessment interview;
- a clinical practice assessment period; and
- either a workplace-based assessment or the choice of the international medical graduate specialist performance assessment or the final examination.

International medical graduate specialist applicants need to provide evidence of their specialist anaesthesia training in relation to duration, structure, content, curriculum, sub-specialty experience, supervision and assessment. The ANZCA international medical graduate specialist assessment process will take into account the college's training requirements at the time the applicant attained his/her initial post-graduate specialist qualification in anaesthesia.

In relation to the specialist qualification, consideration will be given to the curriculum vitae, references, and details of practice as a specialist anaesthetist. Experience and qualifications must be substantiated by statements and original or certified copies of diplomas from relevant bodies.

Assessment of the specialist's experience takes into account case mix, use of equipment and drugs and compliance with standards of anaesthesia practice as promoted in the college professional documents. Evidence of participation in CPD is sought, comparable to the college's continuing CPD program. Continuous involvement in recent years is particularly important.

Accreditation

Accredited hospitals are reviewed according to a seven-year cycle. Where possible, an entire rotation or training scheme is reviewed at the same time. Sometimes it is necessary to visit individual hospitals in between the seven-year rotational reviews. This is usually a result of major staffing or structural changes within the hospital, or a particular concern raised by the hospital, the trainees, the regional/national committee or other parties.

The College approves departments as a whole as being suitable for training; it does not approve a particular number of posts. The number of trainees is decided by the hospital.

Hospitals are normally approved for both basic and advanced training. That is, they may take trainees in any of the 5 years of training. Under very rare circumstances, a hospital may be approved for advanced training only.

Hospitals may also be approved for the potential to offer a provisional fellowship program. This is normally in addition to approval for basic and advanced training, but some hospitals may be deemed suitable for provisional fellowship training only.

Further Information

www.anzca.edu.au

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS – FACULTY OF PAIN MEDICINE

Training Program

Fellowship of the Faculty of Pain Medicine – FPPMANZCA is a post fellowship qualification. Those wishing to obtain this qualification are required to hold, or be training toward, a specialist qualification acceptable to the board (initially anaesthesia, medicine, surgery, psychiatry, rehabilitation medicine and more recently general practice, obstetrics and gynaecology and occupational medicine). The ANZCA-FPM training requirements vary from one to three years, depending on the primary specialist qualification and previous experience and exposure to pain medicine. Training may commence during, and may be concurrent with, training programs for the diploma of fellowship of the five participating bodies, including ANZCA, RACS, RACP, RANZCP and AFRM-RACP as well as RACGP, RACRRM, RANZCOG and AChPM-RACP.

A new curriculum, to be introduced in 2015, stipulates two years of supervised training in pain medicine for all candidates for Fellowship.

Trainees must undertake a prospectively approved structured training period of one or two years in a Faculty accredited pain medicine program. One further year of additional approved experience of direct relevance to pain medicine is required. There is some provision for retrospective approval by the Assessor of prior experience and training.

The training program provides for part-time training. The minimum trainee commitment must be 0.5 full-time equivalent (FTE). There is provision for interrupted training.

It is a requirement of the training program that all trainees receive training and experience in the broad areas of acute, chronic and cancer pain. Trainees are provided with a trainee support kit that includes the objectives of training and focused resources. The objectives of training set out in detail the aims of education and training. The objectives divide into four main sections: socio-biology of pain and neurobiology of pain as ‘basic’ knowledge; principles of pain medicine and practice of pain medicine as ‘clinical’ knowledge.

Trainee Selection

Employers place advertisements for positions in pain medicine training units accredited by the FPM. Interview, selection and appointment processes are determined by the employing jurisdictions, with representation from the FPM.

Trainee Assessment

Formative assessment includes the logbook that documents workload and experience recorded over a period of six months. This acts as a tool for supervisors of training to direct trainees to rectify any gaps in exposure to the required areas. Quarterly In-Training Assessments (ITAs) require the trainee and the supervisor of training to carry out regular evaluation, with a recording

of goals being met and areas identified for improvement. Summative assessment includes the final ITA, a case report and an examination.

The Faculty examination format comprises a written paper, an observed clinical long case, short cases and a viva voce. Candidates must achieve a mark of at least 50%. Trainees may present for the annual examination during or after the mandatory structured training period in a Faculty accredited unit.

Admission to fellowship is available to candidates who are fellows of ANZCA, RACP, RACS, RANZCP, AFRM–RACP, RACGP, RNZCGP, RANZCOG, or who hold a specialist qualification acceptable to the Board, and who have successfully completed the training period prescribed by the Assessor, passed the examination and completed all other training requirements.

International Medical Graduate Specialists

In 2013, the Faculty Board approved the Regulation for the recognition as a specialist in pain medicine for overseas trained specialists and admission to Fellowship by assessment for overseas trained specialists. The FPM overseas trained specialists assessment process commences with application directly to the faculty (as of 1 July 2014) and proceeds to a paper-based assessment to establish qualifications, training, clinical experience, recency of practice, health systems worked in, and participation in continuing professional development (CPD).

If eligible to proceed, the assessment then includes:

- a face-to-face assessment interview;
- a clinical practice assessment period; and
- either a workplace-based assessment or the examination.

Accreditation

The Faculty accredits multidisciplinary pain medicine units that include practitioners from at least three relevant medical specialties and from relevant allied health professions. Comprehensive policies and criteria have been developed by the Faculty requiring a specified standard for facilities and adequate supervision by pain medicine specialists. Units seeking accreditation are required to complete a detailed questionnaire and undergo an accreditation visit. During the accreditation process, significant weighting is given to the feedback provided during structured interviews with the trainees who are based at the unit.

Further Information

www.fpm.anzca.edu.au

ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

Training Program

The Oral and Maxillofacial Surgery (OMS) program of the Royal Australasian College of Dental Surgeons (RACDS) requires four years of specialist surgical training in the area of OMS.

The college training program is undertaken in under the apprenticeship model and is designed to provide supervised training and experience in all aspects of clinical assessment, decision making and patient management.

The program is delivered over four years, with six monthly assessments to gauge trainee's progression and culminates with a Final Examination before being awarded Fellowship FRACDS (OMS).

Trainee Selection

Trainees are selected directly into one of the six trainee centres within Australia and New Zealand. Any prospective trainee wishing to enter the program must satisfy the following criteria:

- a Dental degree and full registration in either Australia or New Zealand;
- a Medical degree and full registration in either Australia or New Zealand;
- a full year of surgery in general (SIG) whilst occupying a post in a hospital that is approved for surgical training by the Trainee Advisory Committee, or be expected to complete this year prior to the commencement of OMS training. Surgical rotations during this year should be undertaken in related surgical disciplines (e.g. ENT surgery, plastic surgery, orthopaedic surgery, neurosurgery, ophthalmology, general surgery) for a minimum of nine months. Consideration is given for relevant rotations in Intensive Care and Emergency Medicine.

Once a prospective trainee has fulfilled these requirements, application is made to the College for assessment. Once approved, a prospective trainee must present to the College for a formal interview process, where the following areas are assessed:

Curriculum Vitae	20%
Professional Performance Appraisal	35%
Interview	45%
Total	100%

Prospective trainees that are deemed Successful in this process will be offered a place in the program.

Trainee Assessment

Trainees are assessed throughout the four years of training, including six monthly Formative Assessments, Assessment of Operative procedures and Case Presentations.

Trainees must also pass two examinations; SST (Surgical Science and Training) and the Final Examination. Both examinations consist of a written paper and a clinical examination. Trainees must pass both examinations to obtain Fellowship.

Overseas Trained Specialists

The processes for assessing the suitability of overseas trained doctors for practice as surgeons in Australia are in accordance with the principles outlined in the:

- AMC application procedures and requirements for specialist assessment;
- AMC/Committee of Presidents of Medical Colleges (CPMC)/state and territory medical boards/Australian Government Department of Health/state and territory health departments' Assessment Process for Area of Need specialists: User's Guide; and
- AMC/CPMC Joint Standing Committee on Overseas Trained Specialists Assessment of Overseas Trained Specialists: Template for Colleges.

Overseas Trained Oral and Maxillofacial Surgeons are referred to as OTOMS. An OTOMS is any specialist Oral and Maxillofacial Surgeon who has gained their specialist qualification external to Australia and/or New Zealand.

The pathway for independent specialist surgical practice in the specialty of OMS culminates in obtaining Fellowship of the College by completing the OMS Training Program and the FRACDS (OMS) Final Examination. Under these circumstances the Australian and New Zealand jurisdictions and public can be assured both of the quality of training and the standards of the exit examination as all aspects are under the aegis of the College.

There are three possible outcomes to the specialist assessment process:

- Not Comparable.
- Partially Comparable.
- Substantially Comparable.

Accreditation

Accreditation of training settings is undertaken by position, as part of a training centre (network model). There is a Director of Training (DoT) in each centre, responsible for preparing for an accreditation visit.

Each position and training centre is assessed against the SCOMS (Accreditation Standards and Criteria for Oral and Maxillofacial Surgery). The SCOMS are divided into 8 standards for assessment:

1. Education and Training.
2. Clinical Experience.
3. Equipment and Support Services.
4. Resources to support education and training.
5. Supervision.
6. Organisational Support for Trainees.
7. Institutional Responsibilities.
8. Quality and Safety.

Each criterion is set and divided into two categories: Must (mandatory) and Should (desirable).

Once an accreditation assessment is finalised the position within the training centre is afforded one of the following three levels of accreditation:

- Full Accreditation:
Full accreditation will be granted to a post when all mandatory requirements have been met and the accreditation team is satisfied that the core requirements for accreditation have been achieved. Posts that receive full accreditation will be subject to periodic review every five years.
- Conditional Accreditation:
Conditional accreditation will be granted to a post when the mandatory criteria have not all been met but the accreditation team is satisfied that there is the potential for significant

progress to be made in that area within the next twelve months. The training institution would be required to report progress within twelve months of the visit.

- **Suspended Accreditation:**

Suspended accreditation may be applied if there is a substantial change to the post, for example, if the post is unoccupied or if the Supervisor of Training resigns without an appropriate replacement being appointed.

Further Information

www.racds.org

AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Training Program

The Australasian College of Dermatologists (ACD) supervises a four-year vocational training program, which consists of supervised clinics in all aspects of dermatology including dermatological medicine and procedural dermatology. In the trainees' fourth year they also complete part of the TAE40110 Certificate IV Training and Assessment as part of a basic teacher training course in preparation for becoming supervisors in the future.

Trainees pass through two defined stages during their training. These stages are designed to facilitate the progressive and cumulative acquisition of knowledge and skills. Basic training must be completed satisfactorily before the trainee can move to advanced training.

Basic Training

The purpose of basic training (years one and two) is to build on existing skills so that trainees acquire broad knowledge of the theory and practice of dermatological medicine and the basic sciences underpinning them. It is designed to give the trainee a sound base from which to further develop their skills in later years of the program.

Advanced Training

During advanced training (years three and four) trainees acquire skills in the treatment of more complex dermatological conditions and are given increased responsibility for patient management.

As of commencement of training in 2014, trainees are required to prepare and have published 1 major quality publication or 3 minor publications in one or more of the approved journals as listed on the ACD Website. Trainees who commenced prior to 2014 are only required to prepare and publish two papers of a significant nature on a dermatological subject. At least one of these papers must be published in the Australasian Journal of Dermatology (AJD) and the other may be published in another peer-reviewed journal. Trainees must also prepare and present 2 presentations. These may be 2 oral presentations or 1 oral and 1 poster presentation. The presentations must be presented at the ACD Annual Scientific Meeting or the Australasian Dermatopathology Society conference or the Australasian Society of Dermatology Research meeting or another meeting of similar stature that has been approved in advance by the National Examinations Committee.

Trainee Selection

Entry into the training program requires completion of PGY1 and PGY2 and be/likely to be a permanent resident. Applicants must complete the on-line form, accompanied by payment.

Shortlisted applicants are considered for interview dependent on the projected number of vacancies.

Trainee Assessment

Trainees pass through two defined stages in their training. These stages are designed to facilitate the progressive and cumulative acquisition of knowledge and skills. Basic training must be completed satisfactorily before the trainee can progress to advanced training.

Basic Training

To be eligible to proceed to advanced training trainees must pass the clinical sciences self-paced online modules and the pharmacology examination within the first 12 months of training and perform satisfactorily in the workplace.

Advanced Training

Trainees are eligible to apply to sit the fellowship examinations in their fourth year of training. These examinations consist of the following:

- written papers in dermatological medicine, procedural dermatology and clinical pharmacology;
- objective structured clinical examinations in procedural dermatology and laboratory dermatology; and
- clinical vivas in dermatological medicine.

Trainees who do not satisfy all the requirements of the training program, including passing both the written and clinical fellowship examinations in their fourth year of training, may be invited to complete an additional year of training. This will be dependent upon the availability of a Fellow to oversee the trainee in a non-accredited training position and at the discretion of the National Training Committee.

In addition to the examinations described above, trainees undertake throughout their four years of training a number of work-based assessments: ProDAs (Procedural Dermatology Assessments), DermCEXs (Dermatology Clinical Evaluation Exercises) and CbDs (Case-based Discussions). They have regular summative in-training assessments (SITAs). All these assessments must be passed. Through these assessment methods, along with the College's formal examinations, trainees must be assessed as competent to independently perform all essential procedures and treatment modalities as described in the *Training Program Handbook*.

International Medical Graduates

International medical graduate applicants are assessed against the standards expected of recently trained Australian dermatologists, making allowance for the number of years since graduation in determining comparability.

Applicants must submit all application material to the ACD. The college assesses applications on behalf of the MBA. The ACD International Medical Graduate Assessment Committee undertakes an initial assessment of the applicant based on their submitted documentation.

There are three potential initial assessment outcomes:

- *Applicant is not comparable*: the applicant is not substantially comparable to an Australian-trained dermatologist and could not obtain equivalence with further supervised clinical training in Australia within a maximum period of two years.
- *Applicant is partially comparable*: the applicant is not substantially comparable to an Australian-trained dermatologist but may be able to obtain substantial comparability with further specific supervised clinical training in Australia within a maximum period of two years.
- *Applicant is substantially comparable*: the applicant is substantially comparable to an Australian-trained dermatologist and is recommended for acceptance to practise as a dermatologist in Australia.

An interview may be required to confirm the assessment. The committee undertakes structured interviews four times per year that include resume-specific questions, clinical scenario questions and competency-based questions. The interview allows the committee to make a final assessment recommendation including the specific nature of any additional training and or assessment required. Full details of assessment criteria and processes are available on the college website.

Accreditation

The college does not accredit training facilities; instead individual training positions are accredited. All positions are regularly inspected to ensure that they continue to meet the college's accreditation requirements. These requirements are available on the college website.

Further Information

www.dermcoll.asn.au

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

Training Program

Basic and Provisional

Basic training of the Australasian College of Emergency Medicine (ACEM) comprises PGY1 and PGY2. The aim is to gain a broad range of experience and the acquisition of basic skills in medicine through a variety of hospital and associated posts.

Provisional training becomes more specified to emergency medicine skills. Requirements include:

- Six-months of compulsory time and experience in emergency medicine;
- a further six months in either emergency medicine or another discipline;
- completion of the primary examination; and
- the provision of three structured references.

Basic training is in the process of being removed from the ACEM Training Program. From 20 June 2014 ACEM is no longer processing registrations for basic training. From 1 January 2016, PGY1 and PGY2 will no longer be part of the ACEM Training Program structure.

Advanced

The advanced training program is of four years duration with a requirement of 30 months spent in emergency medicine over a minimum of two sites, one of which must be designated as major referral and one as urban district or rural/regional.

During advanced training, trainees acquire and demonstrate the knowledge, skills and attitudes that are outlined in the fellowship curriculum as being required for good clinical practice in emergency medicine. The balance is non-emergency department training, where trainees learn and experience more detailed aspects of related disciplines. The curriculum is described under *Emergency Medicine Training* on the ACEM website.

Trainee Selection

There is no selection process for trainees entering either basic or provisional training. The program is open to any registered medical practitioner.

Trainees undergo a selection process for advanced training although there is no quota applied. Selection to advanced training requires successful completion of 12 months provisional training, a pass in the primary examination and satisfactory structured references. Trainees satisfying all these requirements will move into advanced training.

Trainee Assessment

Provisional Training

Assessment of this training component is via the completion of In-Training Assessments (ITAs) that record the trainee's performance in various domains of learning and assessment as related to aspects of the fellowship curriculum. Domains include: knowledge and basic skills; clinical judgment; practical skills; professional relationships and communication; ability to perform under stress and different workloads; sense of responsibility and work ethic; motivation and commitment to self-directed learning; supervision and education of junior medical staff; and research and quality improvement.

Structured references that assess these domains are supplied by the supervisor of training and two ACEM Fellows (FACEMs).

The primary examination examines the basic sciences of anatomy, pathology, physiology and pharmacology as relevant to emergency medicine.

Advanced Training

There is a requirement that competence is achieved in the management of paediatric emergencies evidenced by completion of a logbook or a placement in paediatric ED. A research component is to be completed, during either provisional or advanced training, either via coursework or project pathway.

Assessment continues via the completion of ITAs, as described under provisional training, and the fellowship examination.

Workplace-based Assessments are being used in pilot sites in Advanced Training in 2014. From 2015, these will be a requirement of training in all Emergency Medicine Terms.

Fellowship Examination

The fellowship examination is an exit examination taken in the last year of training. The criteria are set with the issues of safe specialist practice foremost in mind. The examination consists of a written component (MCQ and written short answer papers), and a clinical component (of short and long cases and a six station structured clinical exam).

Overseas Trained Specialists

For those overseas trained specialists seeking fellowship of the ACEM (FACEM), the college conducts an assessment of the overseas trained specialist's qualification in line with that recommended by the AMC. Key assessment tools are the applicant's curriculum vitae; response to the questionnaire regarding consultant posts held; referee reports; and response at a structured interview.

The interview addresses the applicant's basic qualifications; advanced qualifications; experience; research and publications; education and teaching; emergency medicine administration; topical issues in emergency medicine; and knowledge of, and attitude towards, the College. A written report and outcome recommendations are sent to the College council for approval.

Outcomes can include election to fellowship without further requirements, a period of supervised practice in an ACEM accredited emergency department, completion of the research regulation, completion of the fellowship examination or a combination of these.

Assessment of overseas trained specialists for an Area of Need (AoN) position also follows that laid out by the AMC. The college reviews the AoN position description and assesses the applicant's qualifications to determine if they are suitable for the position. The recommendation of the applicant as suitable for the AoN post does not imply the applicant has demonstrated satisfactory comparability with a FACEM. Assessment for fellowship requirements can now be conducted along with the AoN assessment (concurrent assessment).

Accreditation

Hospital emergency departments meeting minimum criteria as stated in the *Guidelines for Adult and Mixed Emergency Departments Seeking Training Accreditation*, are accredited for either 6, 12 or 24 months of emergency medicine training.

Consideration will be given to staffing levels, case mix of patients, design and equipment, support services, the education and research program, accreditation of other specialties within the hospital and the impact of access block.

Inspections are carried out at the request of a hospital seeking accreditation or as part of a 5-year cycle of reinspection. A team of two senior fellows visits the hospital and meets with staff of the emergency department and other senior staff. The outcome is discussed by the team and reported to the Board of Education where the decision is made.

Further Information

Additional information, including details of the ACEM Curriculum Revision Project and revised training requirements to apply from 2015, is available from:

www.acem.org.au

GENERAL PRACTICE EDUCATION AND TRAINING LIMITED

General Practice Education and Training Ltd (GPET) managed the administration of the Australian General Practice Training (AGPT) on behalf of the Australian Government. GPET was a Commonwealth company established in 2001 by the then Minister for Health and Ageing to fund and oversee vocational general practice training throughout Australia. As announced in the Commonwealth Budget 2014-15, GPET's management of AGPT will be absorbed into the Department of Health on 1 January 2015. The AGPT program is delivered in accordance with the curricula and training standards of the RACGP and/or ACRRM.

The AGPT program offers postgraduate doctors a range of options for urban and rural vocational training, provided through Regional Training Providers (RTPs) throughout Australia.

The RTPs deliver training that on successful completion leads towards Fellowship of the Royal Australian College of General Practitioners (FRACGP) and/or FACRRM. The completion of the college assessment requirements marks the end point of training and is required for vocational registration under Medicare.

The AGPT program consists of a General Pathway and a Rural Pathway. Registrars on the General Pathway are required to undertake a mandatory 12-month placement in a rural, outer metropolitan, Indigenous Health training post, and/or non-capital city ASGC Remoteness Area 1 location as part of their training. Registrars on the Rural Pathway undertake the majority of their training in ASGC Remoteness Area 2-5 locations.

Training Program

The AGPT Program is a three or four-year FTE program for trainees. Both colleges have vocational training programs – each with different requirements. Additional information about vocational training requirements can be found on the relevant college websites. Some comparative information can be found in the current *GP Registrar's Guide* available from the website.

Trainee Selection

Refer to the *Applicant Guide* provided on the website for further details.

Trainee (Fellowship) Assessment

Refer to the RACGP and ACRRM websites.

Accreditation

Pursuant to RACGP and ACRRM standards.

Further Information

www.agpt.com.au

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Royal Australian College of General Practitioners (RACGP) sets the standards for general practice training for GP registrars training towards Fellowship of the college. On successful completion of training and success in the RACGP assessments, candidates are usually eligible for the award of fellowship of the RACGP.

Training Program

The typical length of training is three years.

The typical training program for a registrar is at least 12-month placement at a hospital; 18 months of core training in an RACGP accredited general practice; and a further 6 months in an extended skills post, which may be hospital or general practice based.

Trainee Selection

Applicants for general practice training apply through GPET for selection. The GPET website should be referred to for more information.

Trainee Assessment

Formative assessment includes the development of the registrar's learning plan. This must be done early enough and with sufficient frequency to provide the opportunity for registrars to regularly update their learning plans. Training includes specific, timely and regular feedback to registrars about their performance, including information concerning what needs to be improved and an agreed plan for how to go about making the desired changes.

As part of GP specialist training towards fellowship (FRACGP), registrars undertake the college's examination. This examination consists of three components – two written and one clinical. Further details are provided on the college's website.

International Medical Graduates/Overseas Trained Doctors

The RACGP conducts assessment of international medical graduates' general practice qualifications and experience.

Assessment for comparability

The majority of assessments conducted by the RACGP are for comparability of overseas general practice experience to Australian general practice experience. This assessment is designed to assist in determining eligibility:

- to enrol in the college examination or practice based assessment;
- for full membership of the RACGP;
- as part of an Australian rural workforce agency application; and/or
- for entry into a RACGP specialist training pathway.

Further details are provided on the college's website at:

www.racgp.org.au/assessment/pathways/practiceeligible

Accreditation

The RACGP accreditation criteria are documented in the *RACGP Standards for General Practice Education and Training Trainers and Training Posts 2005* found at www.racgp.org.au/vocationaltraining/standards

Under the delegated arrangements introduced in 2011 the Regional Training Providers (RTPs) conduct the training post accreditation process according to the RACGP standards. On successful completion of process the RTPs send a recommendation to the RACGP for endorsement. The RACGP suggests that all posts consider having at least two RACGP trainers per post. The post and trainer are accredited for a maximum of three years, after which reaccreditation is required.

Further Information

www.racgp.org.au

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

Note: This information is applicable for those who registered prior to 1 January 2014. For trainees who registered from 1 January 2014 onwards, a new curriculum is applicable.

The College of Intensive Care Medicine of Australia and New Zealand (CICM) was established in 2009 and developed from the former Joint Faculty of Intensive Care Medicine, ANZCA and RACP. From 1 January 2010, CICM assumed responsibility for the training program in intensive care medicine. The training program is flexible and allows trainees to undertake training concurrently with other related college programs (e.g. RACP, ANZCA, ACEM). The training program outlined below is relevant to the trainees and graduates captured in this report, however on 1 January 2014 the College launched a new curriculum and Trainee Selection Policy.

Training Program

Pre 2014

There are basic and advanced components of the CICM training program, both requiring three years full-time. Details of the program and subjects covered are outlined in *Objectives of Training in Intensive Care* available on the CICM web site. Many trainees undertake dual training or have completed training in a primary specialty, such as anaesthesia, medicine or emergency medicine.

The intensive care training program provides for interrupted and part-time training, which is permissible in any year of training. Part-time training must result in the equivalent time being spent in training as required by full-time trainees and the minimum trainee commitment must be 20% of a full-time trainee.

2014 Onwards

Total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of anaesthesia, 12 months of medicine (including 6 months of emergency or acute medicine) and 6 months in an elective placement. Trainees are also required to complete a term in paediatrics in an approved unit and at least 3 months of training must be undertaken in a rural hospital (paediatric and rural requirements may be completed in a discipline other than intensive care medicine).

Intensive Care Training Time

The required 42 months of specific intensive care training is divided into three stages:

- *Foundation Training* (6 months) – Undertaken prior to selection into the program.
- *Core Training* (24 months) – Entry into Core Training requires completion of a recognised First Part (Primary) Examination and other specified learning and assessment tasks.
- *Transition Year* (12 months) – Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric Intensive Care Medicine, satisfactory In-Training Evaluation Reports (ITER's) during Core intensive care training, anaesthetics and medicine, and other specified learning and assessment tasks.

Clinical Anaesthesia – 12 months

Training in clinical anaesthesia must be undertaken in anaesthesia positions approved by the College. Training time may be retrospectively accredited.

Clinical Medicine – 12 months

Clinical medicine training must be undertaken in positions approved by the College. Six months must be in acute medicine (e.g. Emergency) and six months with responsibility for longitudinal care of medical patients. Training time may be retrospectively accredited.

Elective – amount dependent on Censor's assessment of previous training/experience. Training may be in intensive care, clinical anaesthesia, general medicine, specialist medicine, emergency medicine, surgery, research or other disciplines related to intensive care.

Trainee Selection

Pre 2014

Trainees must be able to register in their region of training, have completed 12 months general hospital experience, are free from alcohol and chemical abuse, and agree to comply with the CICM regulations relating to training. Selection to positions within an intensive care unit (ICU) is conducted by the employing authority not the CICM.

2014 Onwards

Australian applicants must have Limited Registration for postgraduate training or supervised practice as set out in the Medical Board of Australia Registration Standard. If joining the training program in New Zealand, doctors must have appropriate medical registration with the Medical Council of New Zealand.

Applicants are also required to have completed 6 months of supervised experience in an intensive care unit within the last 3 years, and provide two structured references from CICM Fellows or Intensive Care Specialists who provided direct supervision during the 6 months ICU experience.

Trainee Assessment

[Pre 2014](#)

Basic training requires annual assessment by a supervisor. The Fellowship Examination examines various subjects on the theory and practice of intensive care, and the relevant aspects of the basic sciences and related disciplines. The examination consists of written and oral sections. The medical Australian Donor Awareness Program (ADAPT) is required in basic or advanced training.

[2014 Onwards](#)

Examinations

Successful completion of the CICM First Part Examination or another qualification approved by the Censor undertaken prior to the commencement of Core training. Successful completion of the CICM Second Part Examination (General or Paediatric) following the satisfactory completion of at least 12 months of Core training.

In-Training Evaluation Reports

For intensive care training, six monthly reports from Supervisors are required. All reports are completed via the online In-Training Evaluation Report (ITER). The ITER will monitor the trainee's progress throughout the program. An ITER is also required for three month blocks of training in anaesthesia, medicine or elective.

Workplace Competency Assessments (WCA)

Trainees will be required to satisfactorily complete a number of specific Competency Assessments. These can be supervised by any Fellow of the College. The required WCA's are: ventilator set-up; insertion of Central venous catheter; brain death certification; insertion of Inter-costal catheter; communication skills; performance of tracheostomy.

Observed Clinical Encounters (OCE)

Trainees are required to satisfactorily complete a minimum of eight Observed Clinical Encounters (akin to 'Mini CExs'), two during each six months of Core Training. OCE's can be supervised by any Fellow of the College.

Formal Project

All trainees must satisfactorily complete the requirements of the Formal Project. The Project must be submitted for assessment prior to commencing the Transition Year.

Overseas Trained Specialists

The assessment process is outlined in the CICM *Overseas Trained Specialist Policy* document. Applicants are assessed against equivalence with Australian specialists. Applicants not assessed as equivalent may be required to undertake a clinical practice assessment in an approved post and/or all or part of the clinical performance assessment.

Applicants must contact the AMC for advice on registration to practice and whether such registration will allow you to complete the required amount of training. Training is dependent upon applicants securing an accredited training position, as training is hospital based and the College does not take responsibility for securing training posts or assisting with immigration status for applicants.

Accreditation

Assessment criteria are outlined in the CICM Policy Documents. Criteria include, but are not limited to the following:

- the case load and case mix to which trainees will be exposed;
- sufficient numbers of staff in the unit, including FCICMs and ancillary staff;
- suitable operational requirements, such as auditing procedures, educational programs for trainees and staff, research programs, quality assurance, clerical support;
- appropriate ICU design, including office space; and
- appropriate ICU equipment and facilities.

The accreditation level is granted based upon the maximum amount of training time in months that a trainee is allowed to spend in the unit.

Further Information

www.cicm.org.au

ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

Training Program

The advanced training program of the Royal Australian College of Medical Administrators (RACMA) is three years full-time or six years part-time. There is no basic training component.

The College's training program for candidates has three strands:

- approved workplace supervised medical management experience over three years;
- theoretical studies involving an Australian, or equivalent, university masters degree program containing the core units determined by the RACMA; and
- satisfactory completion of the RACMA training program.

Part-time and interrupted training are options. Successful completion of training involves completion of three FTE years, with supervised administrative experience.

Some candidates with significant medical management experience may be awarded Recognition of Prior Learning (RPL), with a reduction in supervised workplace training time.

Trainee Selection

The applicant must have:

- completed a medical degree at a recognised Australasian university or equivalent;
- current medical registration in Australia or New Zealand; and
- at least three years clinical experience in an Australian or New Zealand health system.

Having met these requirements, a clinician makes an application to the college and submits supporting evidence. Where necessary, additional information may be sought. Sometimes an applicant may be interviewed. The applicant is then advised of the outcome and upon payment of the appropriate fees, the applicant becomes a candidate, and is allocated a preceptor and supervisor. The first 12 months is a probationary period.

Trainee Assessment

Trainee assessment involves workplace-based assessment and successful completion of both a university masters degree, including core units approved by the college, and the college training program, which has a range of assessment components:

- participation in college workshops;
- presentation of a case study;
- in-training assessment reports;
- management practice folio; and
- final oral examination.

In the final oral examination, each candidate answers four questions with two examiners to assess their management knowledge, skills and attitudes. Supplementary examination may be offered for those who fail to meet the requirements.

Overseas Trained Specialists

Overseas trained applicants first apply to the AMC for certification to practise in Australia, then apply to the college for candidacy. The required documentation is reviewed and if found to be a suitable candidate, the applicant is interviewed by a college panel chaired by a senior college Fellow. During this process, the college determines the extent to which the applicant's education, training, clinical and management experience is comparable to that of an Australian-trained medical administrator and whether the applicant requires any additional training or assessment.

Accreditation

The college accredits individual training posts according to the assessment criteria set out in the college's *Accreditation Policy*.

Further Information

www.racma.edu.au

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Training Program

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) does not use the terms 'basic' and 'advanced' to distinguish between levels of specialist training, but does distinguish between the Core Training Program (CTP: Years 1-4) and Advanced Training Program (ATP: Years 5-6).

Core Training Program (CTP)

The first 4 years (184 weeks) of general obstetric and gynaecological training is known as the Core Training Program (CTP)⁴.

⁴ The Core Training Program (CTP) could be broadly regarded as 'basic training'.

Advanced Training Program (ATP)

Advanced Training⁵ may involve further general obstetrics and gynaecology, research or training towards a special interest area(s) or towards one of five Subspecialty training programs.

The training and assessment requirements, including workshops, undertaken during the CTP and the ATP, are set out in the RANZCOG curriculum, available on the College's website.

The training program provides for part-time and interrupted training. Part-time training is on the basis of a minimum 50% of the full-time commitment. The first year of the CTP must be undertaken full-time. Interrupted training of up to two years is allowed without loss of credit of training already undertaken in the program.

Trainee Selection

Trainees entering the training program at Year One should:

- hold an approved Australian or New Zealand primary medical degree, or (for applicants in Australia) have successfully completed the requirements necessary to obtain the AMC certificate;
- (in Australia) possess general registration with the Medical Board of Australia under the National Registration and Accreditation Scheme as well as meet any residency or visa requirements enabling employment at any hospital within the jurisdiction(s) for which they are applying; (in New Zealand) have full medical registration with the New Zealand Medical Council and also hold permanent residency;
- have sufficient academic achievement to meet the requirements of the training program;
- have clinical experience that demonstrates the ability to exercise sound clinical ability and judgment;
- demonstrate interpersonal, communication, problem-solving and organisational skills; and
- be familiar with the Australian or New Zealand health system, as applicable.

The RANZCOG has a national selection process in which candidates are ranked nationally based on the scoring of their online applications/CVs, referee reports and interview. Note: not all applicants are shortlisted for interview; only those appropriately ranked based on the scoring of their application and referee reports are interviewed.

Trainee Assessment

The assessments undertaken may be summarised as follows:

- three-monthly formative and six-monthly summative in-training assessments;
- In-Hospital Clinical Assessments – one in ultrasound, the other in colposcopy;
- assessment of surgical competencies and satisfactory attendance at various workshops, including obstetrics and gynaecology surgical skills;
- research project – to be completed by the end of Year Five;
- Membership Written Examination – multiple choice and short answer papers; and
- Membership Oral Examination – Objective Structured Clinical Examination (OSCE) format.

⁵ Advanced Training Program (ATP) could be broadly regarded as 'advanced training'.

Specialist International Medical Graduates

The assessment of an overseas trained applicant's qualifications, training and experience is undertaken by the College for the AMC. The AMC delegates to the college the responsibility of determining whether that applicant's qualifications and professional experience are comparable to those of an Australian-trained specialist in obstetrics and gynaecology. An assessment of the applicant's specialist training and experience, including three detailed referee reports, is undertaken to determine whether they may be considered comparable to an Australian-trained specialist in obstetrics and gynaecology, and thus proceed to an interview assessment conducted by a College panel, which includes a community representative.

Interviews are held approximately every eight weeks at College House in Melbourne. There are three possible outcomes from the interview:

- an applicant may be deemed to be substantially comparable to an Australian-trained specialist and invited to apply for fellowship of the college following satisfactory completion of a period of up to 12 months supervised specialist work and participation in CPD activities;
- an applicant may be deemed to be partially comparable to an Australian-trained specialist; or
- an applicant may be deemed to be neither partially nor substantially comparable to an Australian-trained specialist, in which case they will need to obtain the AMC Certificate and then apply to enter the college's specialist training program in order to proceed to fellowship of the College.

If deemed 'partially comparable' an applicant is required to complete a minimum of 12 months and a maximum of 24 months of prospectively approved supervised training before being eligible to apply for fellowship. During this time, they must satisfactorily complete the College Membership Written and Oral Examinations, two in-hospital clinical assessments, basic and advanced surgical procedures assessments and the College's Communication Skills Workshop. They must work closely with an approved training supervisor, submit three-monthly formative and six-monthly summative assessment reports and, be certified as having satisfactorily demonstrated a list of competencies that are drawn from the RANZCOG Curriculum. Applicants assessed as 'partially comparable' have a maximum of four years from the date of their assessment to complete their requirements.

Accreditation

All FRANZCOG training hospitals are accredited by the college. All sites undergo reaccreditation every four years by the RANZCOG to ensure that the core requirements for clinical and educational experience, as defined in the RANZCOG curriculum, are being met.

Further Information

www.ranzcog.edu.au

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OPHTHALMOLOGISTS

Training Program

Basic Training

Basic training of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is two years in length and occurs in structured terms in training hospitals in Australia and New Zealand. The trainee must demonstrate integrated clinical and surgical skills based on strong foundational knowledge of the ophthalmic sciences, as well as attainment of appropriate social and professional responsibilities. Learning occurs through on the job supervision, didactic sessions and self-study.

Advanced Training

Advanced training is two years in length followed by a final year. In advanced training, years 3 and 4, trainees must demonstrate integrated clinical and surgical skills and knowledge in each of the following clinical practice areas: cataract and lens, clinical refraction, cornea and external eye, glaucoma, neuro-ophthalmology, ocular inflammation, ocular motility, oculoplastics, paediatric, refractive surgery, and vitreo retinal.

In the final year of training the trainee is expected to broaden his or her specialist experience in final preparation for specialist qualification and to function in the community as an independent ophthalmologist. The final year experience may be undertaken in Australia, New Zealand or overseas, preferably in an institution or program other than that at which the trainee completed the first four years.

Trainee Selection

Basic Training

The college cooperates with health and hospital employing bodies to rank, match and appoint applicants on merit to accredited ophthalmology training posts. Hospital networks, as the employing bodies, have primary responsibility for trainee selection. The college provides selection guidelines, which follow the best practice in selection practices, to the hospital networks. It also specifies that the training selection criteria are based on the CanMEDs (Canadian Medical Education Directives for the Specialists) seven key roles framework: medical expert, scholar, communicator, collaborator, manager, health advocate, and professional.

Advanced Training

Selection for advanced training takes place in the second half of each calendar year. Basic trainees are therefore required to pass all ophthalmic sciences and the Ophthalmic Basic Competency and Knowledge requirements, as well as gain satisfactory grades in their work-based assessment reports within 18 months of the commencement of training, to be eligible to apply for advanced training from year 3.

Trainee Assessment

Basic Training

Assessment in the ophthalmic sciences subjects is by examination. Trainees are required to sit and pass the Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) Module 1 prior to starting formal training, but after selection to the Vocational Training Program. Once selected, even if formal training time has not commenced, a trainee must also attempt the Anatomy examination at the first sitting scheduled by the College.

All basic science exams, including the Ophthalmic Basic Competencies and Knowledge clinical examination must be passed within the first 18 months of training. Throughout their basic training, trainees also complete work-based assessments for each rotation.

Advanced Training

Formal assessment comprises of on-the-job assessments, an ophthalmic pathology examination in year 3 and the RANZCO Advanced Clinical Examination (RACE) in year 4.

To be considered eligible to sit the RACE, which has a written and clinical component, a trainee must have completed three years of training supported by satisfactory term supervisors' reports for clinical and surgical experience and have started their fourth year of training. They must also demonstrate that they have satisfactorily completed the required curriculum competencies and research requirements.

Specialist International Medical Graduates

The specialist international medical graduate applies to the AMC, which then refers the specialist international medical graduate application to RANZCO for specialist assessment. RANZCO conducts specialist international medical graduate assessments in six stages:

- Stage 1: college staff assembles full documentation;
- Stage 2: specialist international medical graduate Committee reviews documentation;
- Stage 3: specialist international medical graduate Committee interview the applicant (including medico legal status);
- Stage 4: if required, specialist international medical graduate's knowledge is further assessed by performance in RACE (one or both components);
- Stage 5: if required, clinical skills are then assessed by performance in supervised assessment; and
- Stage 6: final interview by Specialist International Medical Graduate committee.

At Stage 2 in the process, an initial decision on comparability is made:

- the specialist international medical graduate applicants are deemed substantially comparable pending interview if they are considered comparable to an ophthalmologist trained and qualified in Australia. RANZCO recommends specialist recognition to AMC and the applicant is eligible to apply for RANZCO fellowship (in some cases the applicant may be required to undergo a period of oversight before being eligible to apply for fellowship);

- the specialist international medical graduate is deemed partially comparable if the specialist international medical graduate committee has identified gaps in the specialist international medical graduate's knowledge or experience. The applicant is required to undertake further assessment or training, Stages 4 and 5, and if performing satisfactorily he/she proceeds to final interview, Stage 6. If successful in interview, the applicant is eligible to apply for fellowship (in some cases the applicant may be required to undergo a period of oversight before being eligible to apply for fellowship); or
- the specialist international medical graduate is demonstrably not equivalent if the committee identifies gaps in the knowledge of the applicant, which would require more than two years of specialist training to up skill in all clinical curriculum areas. The committee notifies the AMC who, in turn, informs the specialist international medical graduate applicant.

Decisions about comparability are made in accordance with attainment of the clinical curriculum areas, which underpin the practices of a general ophthalmologist in Australia.

Accreditation

The college inspects all training locations in the seven training networks in Australia and New Zealand. Site inspections of existing training posts take place on a three-year cycle. Other reasons for site inspections are by request either from an institution applying for a new training post or from the regional Qualification Education Committee Chair because of changes to a training post. Inspections are conducted in consultation with the key stakeholders including hospital administrators, clinical tutors, term supervisors and trainees.

The *College Standards for Training Networks* describes the college's standards for hospital-based networks that provide training in specialist ophthalmology, and for each rotational post within those networks. The standards also cover training posts in private settings.

Further Information

www.ranzco.edu

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

Training Program

The Royal College of Pathologists of Australasia (RCPA) advanced training program requires five years. There is no basic training.

The following subjects are studied: anatomical pathology, chemical pathology, clinical pathology, forensic pathology, general pathology, genetic pathology, haematology, immunopathology and microbiology. Courses offered are not compulsory.

Some programs are joint programs with the RACP. These include haematology, immunology and allergy/immunopathology, endocrinology/chemical pathology and microbiology/infectious diseases.

Part-time training is supported, as long as the trainee is employed for a minimum of eight hours per week on average. Interrupted training is also supported and the college places no limit on the time taken to achieve fellowship.

Trainee Selection

The college accredits laboratories for training, but not the actual positions. As a consequence, the college is not directly involved in selecting trainees for positions. The college does have a guideline for the selection of trainees based on the Brennan principles, which it encourages all laboratories to use. The College does support a number of Trainee Networks in various disciplines and states.

Trainee Assessment

All trainees are expected to demonstrate knowledge of basic scientific and pathological principles and laboratory management as it relates to their discipline. Trainees must pass three examinations:

- a basic pathological sciences examination;
- a Part 1 examination, usually undertaken during the third year of training; and
- a final examination, usually undertaken in the fifth and final year of training.

The RCPA *Trainee and Curriculum Handbooks* contain discipline specific information on assessment and examinations and are available from the college's website.

Overseas Trained Specialists/International Medical Graduates

The Board of Education and Assessment makes an independent assessment following interview by, and the advice of, an overseas trained specialist assessment subcommittee as described below. At the same time the assessment applicant will be provided with training determinations as to any additional training time or examinations they would need to undertake should they wish to attain the fellowship of the RCPA.

The college follows the nationally consistent approach to assessing overseas trained specialists in relation to accepting them for assessment via the overseas trained specialist pathway; that is, they must be deemed to be a specialist in their original country and not need more than two years of top-up training/assessment before being eligible for the Australasian fellowship.

Accreditation

The college accredits both public and private sector laboratories for training. In order to be accredited, a laboratory must first be accredited from a quality perspective by the separate NATA (National Association of Testing Authorities)/RCPA accreditation process. If the laboratory has this accreditation, it may apply for RCPA training accreditation to assess if the laboratory is able to provide training in pathology. This accreditation examines whether the laboratory has appropriate staffing and equipment, has appropriate selection system in place for trainees, and has training programs and supervision processes in place in accordance with the college's requirements.

The college conducts site inspections to ensure that standards of training are in accordance with college requirements. Each accredited laboratory is visited at least every four years as part of the required NATA accreditation, or as the need arises. Visits may be carried out in collaboration with representatives of the RACP where joint training programs are in place.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Training Program

The Royal Australasian College of Physicians (RACP) provides vocational training programs in the following areas:

- Adult Medicine;
- Paediatrics and Child Health;
- Occupational and Environmental Medicine;
- Public Health Medicine;
- Rehabilitation Medicine;
- Palliative Medicine;
- Addiction Medicine; and
- Sexual Health Medicine.

Each of these has separate training programs which vary in length between three to eight years depending on the specialty chosen. Commencing in 2008, the RACP has phased in a common educational framework called Physician Readiness for Expert Practice (PREP). The PREP program is a comprehensive system of formative education throughout Basic and Advanced Training.

The key principles of PREP centre around provision of a supportive learning environment, a physician led, learner-centred approach and reflective practice. Components of the framework include training program curriculum, professional qualities curriculum, formative and summative assessments, teaching and learning tools, comprehensive supervision and an e-learning environment.

Basic Training – Adult Medicine and Paediatrics and Child Health

The Basic Training program is three years in length and is designed to provide trainees with a multi-specialty foundation by introducing and developing the range of core knowledge, skills, attitudes and behaviours required to become a competent physician or paediatrician.

Advanced Training

Advanced Training is provided in all the specialties listed above and most programs are a minimum of three years in length.

Within adult medicine and paediatrics there are a broad range of specialties not listed which include cardiology, clinical genetics, clinical pharmacology, community child health (paeds only), endocrinology, gastroenterology and hepatology, general and acute care medicine (adult medicine only), general paediatrics (paeds only), geriatric medicine (adult medicine only), clinical haematology, clinical immunology and allergy, infectious diseases, medical oncology, neonatal/perinatal medicine (paeds only), nephrology, neurology, nuclear medicine, palliative medicine, paediatric rehabilitation medicine, respiratory medicine rheumatology and sleep medicine.

There are also specialty advanced training programs which are conducted jointly with other specialist colleges:

- haematology, immunology and allergy, endocrinology and chemical pathology and infectious diseases and microbiology, with the Royal College of Pathologists of Australasia (RCPA);

- paediatric emergency medicine with the Australasian College for Emergency Medicine (ACEM);
- nuclear medicine with the Royal Australian and New Zealand College of Radiologists (RANZCR); and
- paediatrics and child and adolescent psychiatry with the Royal Australian and New Zealand College of Psychiatrists (RANZCP)⁶.

Trainee Selection

Applicants for basic training must have successfully completed a medical degree and an internship year, and be currently employed in a suitable training position in an accredited hospital, as confirmed by the Director of Physician Education within the hospital. There are additional requirements for International Medical Graduates.

Selection into advanced training in a specialty is contingent upon the trainee successfully completing basic training requirements and securing a suitable advanced training position in a hospital prior to submitting an application for approval by the relevant training committee.

Trainee Assessment

Basic trainees undertake a range of workplace based formative assessments during training. Completion of learning needs analyses and summative assessments (such as a centrally administered written and clinical examination and progress reports) must also be successfully completed before progression to advanced training.

Advanced trainees are also required to undertake a range of formative and summative assessments and requirements vary across the specialties.

On satisfactory completion of all training requirements, trainees are admitted to Fellowship of the Royal Australasian College of Physicians (FRACP). Trainees enrolled in joint training programs with the RCPA must complete all training requirements of the joint program before FRACP is awarded.

Overseas Trained Specialists

Applications from overseas trained physicians or paediatricians for specialist recognition in Australia are assessed by the College. An assessment of the applicant's qualifications and experience, including at least two detailed referee reports, is undertaken against the relevant College training program to determine whether they are eligible to proceed. Applicants are interviewed to assess their comparability to Australian-trained physicians and paediatricians. Representatives from the relevant subspecialty are involved at every stage of the process. The documentation and interview report are assessed by the relevant overseas trained physician/paediatrician (OTP) committee, which determines one of three possible outcomes to the assessment:

- OTP is deemed to be substantially comparable to an Australian-trained physician/paediatrician;
- OTP is deemed to be partially comparable to an Australian-trained physician/paediatrician; or
- OTP is deemed to be not comparable to an Australian-trained physician/paediatrician and is advised to complete the AMC examination and apply to join the RACP training program.

⁶ This training program is currently under review and closed to new entrants.

If deemed 'substantially comparable', the applicant is generally required to complete 12 months of prospectively approved professional supervised peer review before being eligible to apply for fellowship. If deemed 'partially comparable', they may be required to successfully complete up to 24 months of peer review, up to 12 months of top up training, the written and/or clinical/oral examination and/or a practice visit.

Accreditation

The college accredits training settings that provide a suitable environment for physician education. Site visits are undertaken as required to verify that criteria relating to the environment for teaching and learning are satisfied. Basic and advanced training specialties all have customised accreditation processes with levels of accreditation depending on the teaching and learning opportunities available at the facility.

Further Information

www.racp.edu.au

RACP – THE AUSTRALASIAN FACULTY OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE⁷

Training Program

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) training program is focused on the ability to assess a person's fitness for work, facilitate return to work of a person after injury or illness, and identify ways in which work or environment harms health so as to negotiate effective prevention and to respond to the needs of courts and tribunals. The AFOEM training program encourages trainees to assess the effects of harmful exposures in places where they occur, to research the health effects of new and developing work activities and technologies, and to seek and seize opportunities to foster prevention.

Trainees are required to participate in training review meetings, complete six-monthly training status reports, learning plans, formative assessments and work a minimum of ten hours per week in occupational and environmental medicine.

Trainees can apply to prospectively interrupt their training at any time but cannot undertake any assessment components during the time of interruption. Interrupted training is allowed but the training program must be completed within the 10 year time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis). Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis).

A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training.

⁷ The Australasian Faculty of Occupational Medicine formally became the 'Australasian Faculty of Occupational and Environmental Medicine' (AFOEM) in May 2007. Historically there has always been a strong element of 'environmental' medicine in the teaching and practice of Occupational Medicine, and this change was seen as more clearly defining the specialty.

Trainee Selection

For entry into the AFOEM training program, applicants must:

- have obtained unconditional general medical registration with the Medical Board of Australia⁸;
- have completed at least two years of full-time postgraduate general clinical experience;
- be enrolled in or have completed a postgraduate qualification in occupational and environmental medicine; and
- have obtained a position in occupational medicine in Australia, and be working a minimum of ten hours per week in the field. It is the trainee's responsibility to find a suitable position for occupational and environmental medicine training.
- have reached an agreement with a Fellow of AFOEM to be an Educational Supervisor
- have not been involuntarily discontinued because of failure to progress from any College training program

Prospective trainees must approach the Director of Training in their region about the possibility of joining the training program. Their previous qualifications are assessed and a recommendation to undertake additional study or to apply is given.

Trainee Assessment

Assessment covers the following topics: clinical; workplace assessment; critical appraisal, research methods, management, communication, legislation, rehabilitation and the environment.

Assessment during training includes regular training status reports, written and practical examinations, a research project, a presentation of the abstract from the research project and a Written Communication Portfolio.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

AFOEM does not currently offer accredited training positions, but approves each post on a case-by-case basis. Applicants must find employment in occupational & environmental medicine and apply to Director of Training for the position to be endorsed. Any position will not contain the variety of experience required to fulfil all the competencies, so trainees are encouraged to work in different positions throughout training. Each time the trainee moves to a new position, this should be endorsed by the Director of Training.

Further Information

www.afoem.racp.edu.au

⁸ International medical graduates must first have been assessed by the AMC as being competent to practice medicine in Australia and must provide evidence of satisfactory completion of the AMC Certificate.

RACP – AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE

Training Program

The Australasian Faculty of Public Health Medicine (AFPHM) training program provides trainees with experience in the practice of public health medicine in appropriately supervised and supported environments. In the course of three years (FTE), trainees acquire the knowledge, skills and attitudes of a public health physician by completing, with guidance from Regional Education Coordinators, Supervisors, and Mentors, rotations through a variety of public health activities.

A comprehensive list of competencies expected to be possessed by a graduate of the training program forms the basis for developing individual training plans for each year of training. While strongly regional in its focus, the AFPHM training program is supported by an associate director of training based at the College (RACP). The educational activities of the Faculty are overseen by the Faculty Education Committee.

Trainee Selection

For entry into the AFPHM training program, applicants must:

1. Have obtained general medical registration with the Medical Board of Australia⁹.
2. Have completed basic training requirements:
 - at least 3 years of medical experience since graduating (including at least 2 years of clinical experience, one of which being the intern year); and
 - have completed, or are enrolled in¹⁰ a Master of Public Health (or comparable Masters degree), which includes the Faculty's core discipline areas:
 - Epidemiology;
 - Biostatistics;
 - Health Protection (includes Environmental health and/or communicable disease prevention and control);
 - Health Promotion; and
 - Health Policy, Planning or Management.
3. Have obtained a Public Health position in Australia – it is the trainee's responsibility to find a suitable position for public health training.

Doctors interested in applying for admission to the faculty's training program are required to contact the regional education coordinator for the region in which they wish to train.

Trainee Assessment

The Assessment Scheme involves both formative and summative assessment. The main purpose of formative assessment is to provide feedback to guide learning, while summative assessment is concerned with decisions about progress or satisfactory completion of training. The outcome of formative assessment does not count towards progress or completion but participation in formative assessments will be required of all trainees.

⁹ International medical graduates must first have been assessed by the AMC as being competent to practice medicine in Australia and must provide evidence of satisfactory completion of the AMC Certificate.

¹⁰ The degree program must be completed before applicant can progress to the second year of Advanced Training.

For trainees who are eligible and wish to gain Fellowship from 2010, the assessment requirements to be completed are as follows:

1. completion of 36 units of Advanced Training (confirmed by approved Supervisor's Reports);
2. satisfactory completion of three (3) Workplace Reports;
3. completion of an oral presentation (a formative assessment requirement);
4. submission of a Training Summary; and
5. satisfactory completion of an oral examination.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

The Faculty has a site accreditation process to accredit training settings that are able to provide a suitable environment for public health medicine training.

Further Information:

www.afphm.racp.edu.au

RACP – AUSTRALASIAN FACULTY OF REHABILITATION MEDICINE

Trainee Program

The Australasian Faculty of Rehabilitation Medicine (AFRM) has a four-year training program for Adult Rehabilitation Medicine and a three-year program for Paediatric Rehabilitation Medicine. Training occurs in prospectively approved training programs in rehabilitation medicine units during which trainees acquire the professional qualities and specialty specific competencies necessary to practise as a rehabilitation medicine physician. The training program requirements, curriculum, courses and assessments are detailed in the *AFRM Handbook for Trainees* and the *AMC Accreditation Submission*, both of which are available on the faculty's website.

Trainee Selection

To register for the Adult Rehabilitation Medicine program, a trainee must have completed at least two years of general clinical experience or general practice. To register for the Paediatric Rehabilitation Medicine program, trainees must have successfully completed the RACP Paediatric & Child Health Division basic training requirements. AFRM trainees are self-selected. In order to have a training program approved and become a registered trainee, a doctor must obtain employment or other supervised work that is accepted as appropriate training by the faculty. Each year, applicants must obtain positions that enable appropriate training. Applications for these service positions are managed by employing bodies.

The faculty is not directly involved in the selection of trainees into employment positions. However, each year some members of the faculty, as hospital employees, may be involved in interviews and placement of doctors into some registrar positions for the following 12-month period. The faculty recommends that official faculty representatives attend these interviews.

Trainee Assessment

As well as on-going assessment requirements and successful completion of the fellowship examinations, admission to fellowship of the faculty requires satisfactory completion of all training requirements as follows:

- four years of supervised clinical training in rehabilitation medicine in an accredited training program (Adult Rehabilitation Medicine); or
- three years of supervised clinical training in rehabilitation medicine in an accredited training program (Paediatric Rehabilitation Medicine); and
- completion of training modules in clinical research, clinical neuropsychology, health service administration and evaluation, and behavioural sciences.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

The faculty accredits facilities considered suitable environments for training in rehabilitation medicine, although individual trainees' proposed training programs, not posts, are approved annually whether undertaken at non-accredited or accredited facilities. The criteria facilities should fulfil for accreditation are listed on the website.

In order to achieve formal accreditation and two-yearly re-accreditation, facilities are required to complete and submit a rehabilitation medicine survey form to accredit training settings. A desktop audit is then conducted. Site visits are conducted on a six-year cycle.

Further Information

www.afrm.racp.edu.au

RACP – AUSTRALASIAN CHAPTER OF PALLIATIVE MEDICINE

Training Program

The Australasian Chapter of Palliative Medicine (AChPM) has a three-year vocational training program. Training program requirements depend on the trainee's prior experience and are determined upon application. The minimum training requirement includes five mandatory six-month training terms (30 months) in palliative medicine, a case study and a project. Chapter trainees and RACP advanced trainees in palliative medicine both follow the RACP palliative medicine curriculum.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements including the examinations.

Trainee Assessment

Assessment during training is by ongoing assessment of clinical competence by approved supervisors. On satisfactory completion of all training requirements, trainees are admitted to fellowship of the chapter (FACHPM). Trainees who complete the RACP advanced training program in palliative medicine are awarded FRACP and may subsequently be awarded FACHPM.

Trainees enrolled in the RACP advanced training program in palliative medicine are automatically invited to become fellows of the chapter upon gaining FRACP.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

www.racp.edu.au/page/australasian-chapter-of-palliative-medicine

RACP – AUSTRALASIAN CHAPTER OF ADDICTION MEDICINE

Training Program

The Australasian Chapter of Addiction Medicine (AChAM) has a three-year vocational training program. Training program requirements depend on the trainee's prior experience and qualifications and are determined upon application. Program requirements include a minimum of 18 months clinical experience in accredited addiction medicine positions and up to 18 months in approved research, medical, psychiatric or public health positions. Exemptions are available for individuals who have completed addiction psychiatry training with the Royal Australian and New Zealand College of Psychiatrists.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements including the examinations.

Trainee Assessment

Assessment includes regular six-monthly supervisor reports, completion of a log book, completion of a quality improvement project, a research project, regular case studies/presentations and/or observed interviews.

Overseas Training Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

www.racp.edu.au/page/australasian-chapter-of-addiction-medicine

RACP – AUSTRALASIAN CHAPTER OF SEXUAL HEALTH MEDICINE

Training Program

The Australasian Chapter of Sexual Health Medicine has a three-year vocational training program and can be tailored to be completed in a range of settings. Depending on the trainee's prior experience and qualifications, credit for prior learning will be considered. The program provides experience in fertility regulation, sexual health counselling, HIV medicine, sexual health medicine, epidemiology and biostatistics.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements including the examinations.

Trainee Assessment

Assessment includes regular supervisor reports, projects, formal coursework and an oral exit exam.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

www.racp.edu.au/page/australasian-chapter-of-sexual-health-medicine

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

Training Program

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) vocational training program for admission is five years, comprising three years of basic training and two years of advanced training.

Basic Training

Basic training requires a minimum of 36 months FTE. The training is based around rotations in adult general psychiatry, child/adolescent psychiatry, and consultation liaison, together with training experiences in rural psychiatry and indigenous mental health, psychiatry of old age, addiction, electro-convulsive therapy (ECT) and psychotherapy. This curriculum is intended to promote a consumer-focused approach in which the consumer is able to work towards management of their condition in active partnership with their psychiatrist and other mental health professionals.

Advanced Training

Advanced training requires a minimum of 24 months FTE and involves continued rotations in accredited advanced training posts. In generalist training, rotations can be in general psychiatry or any subspecialty and a maximum of 12 months of the two years can be spent doing clinical research. All advanced trainees, whether in the generalist fellowship program or whether undertaking one of the seven certificate streams, must complete leadership and management

experience, accrue continuing medical education hours across the two years, continue to do regular psychotherapy and receive supervision for this, continue developing their consultative skills and must also complete several learning projects in the fields of biological, social and cultural management as well as the annual Ethical Practice Activities.

Trainee Selection

Basic Training

To be eligible to apply, prospective trainees must have satisfactorily completed at least one FTE year of general medical training, hold current general medical registration in Australia or New Zealand and be in good standing with the relevant medical registration board or equivalent approved body. Applicants apply direct to the local training committee responsible for basic trainee selection.

Advanced Training

To be eligible to commence advanced training for generalist fellowship, trainees must have satisfactorily completed all basic training and assessment requirements.

To be eligible to commence an advanced training subspecialty program, trainees must have satisfactorily completed all basic training and assessment requirements, including the clinical examinations. Applicants apply direct to the state or territory director of advanced training.

Trainee Assessment

Basic Training

During the first three years of training, trainees must demonstrate satisfactory progress in a recognised formal education course. In-training assessment consists of both formative three-monthly and summative six-monthly feedback. In addition, trainees are required to complete two case histories and written and clinical examinations.

Advanced Training

In-training assessment consists of both formative three-monthly and summative six-monthly feedback.

Overseas Trained Specialists

Applications for the assessment of international specialist psychiatry qualifications to determine equivalence for fellowship are submitted via the Australasian Medical Council (AMC) or direct to the RANZCP. The applicant, or the employer, employment agency or medical board on behalf of the applicant, provides standard documentation and payment of a standard assessment fee, as part of the AMC approved process. Local panels of trained, College approved, assessors review the documentation provided and the applicant attends a clarification interview.

The Committee for Specialist International Medical Graduate Education considered the recommendations of the local assessment panels and bases all determinations on standard categories within the RANZCP *Equivalence Guidelines*. Applicants may be required to undertake further clinical training in psychiatry and/or complete all or part of the college examinations.

Accreditation

The local training committees assess and accredit training posts. A health service submits a training proposal to a local training committee. The proposal is assessed and a site visit conducted according to standard operating procedures to determine if the post meets the RANZCP standards for accreditation.

The Accreditation Sub-Committee of the Committee for Training is responsible for conducting regular accreditation visits to all training programs in Australia and New Zealand on a three-year cycle. The accreditation visitors ascertain whether the program meets the standards of accreditation which include:

- the degree to which the apprenticeship model of training is applied;
- the adequacy of lines of clinical responsibility;
- whether the provision of supervision meets college requirements;
- that the range of individual posts throughout the training program provides satisfactory training and gives a sufficiently broad clinical experience;
- the working conditions, workload of trainees and the facilities provided;
- the overall organisational aspects of the program; and
- the atmosphere and morale within the program.

2012 Fellowship Program

In January 2013 after 5 years of development the RANZCP implemented the competency base Fellowship Program, termed the 2012 Fellowship Program. The revised program includes a modified training structure with 3 levels, Stage 1, Stage 2 and Stage 3 completed over 60 months. The revised program includes a modified assessment structure with Entrustable Professional Activities (EPAs) and Workplace Based Assessments (WBAs) being included. A scholarly project has also been included. For more information see www.ranzcp.org/Pre-Fellowship/2012-Fellowship-Program.aspx

Further Information

www.ranzcp.org

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS

Training Program

The Royal Australian and New Zealand College of Radiologists (RANZCR) advanced training program requires five years. There is no basic training.

Both specialties of the RANZCR have undergone curriculum re-development. In radiation oncology, the new curriculum commenced in December 2008 for trainees in New Zealand and January 2009 for trainees in Australia and Singapore. For radiology, the new curriculum commenced in December 2009 for trainees in New Zealand, and in January 2010 for trainees in Australia and Singapore.

Further information on the radiation oncology curriculum can be found at:

www.ranzcr.edu.au/training/radiation-oncology/current-training-program/curriculum

Further information on the radiology curriculum can be found at:

www.ranzcr.edu.au/training/radiology/current-training-program/curriculum

Radiology

The minimum required period of training for the Radiology Postgraduate Vocational Training Program is five years. The aim of the training program is to provide broadly-based experience in all current imaging modalities and body systems. The standards are set to ensure that, at the end of the five-year training program, the trainee is capable of performing as a consultant in radiology and can be recommended to the various medical boards and specialist recognition committees in Australia and New Zealand for registration as a specialist.

The principal objectives of the program are to ensure that trainees develop the communication and analytical problem solving skills necessary to function as effective diagnostic radiologists. Registrars are expected to develop the finely tuned cognitive and observation skills required to enable accurate interpretation of plain radiographs, CT, nuclear medicine, ultrasound and MRI studies. Additionally, the program is designed to provide trainees with an understanding of the risks associated with radiation, radionuclides, contrast media and interventional procedures.

Radiation Oncology

The minimum requirement for the Radiation Oncology Postgraduate Vocational Training program is five years. The aim of the program is to provide broadly-based experience in the clinical management and use of radiation to treat cancer. The standards are set to ensure that, at the end of the five-year training program, the trainee is capable of performing as a consultant in radiation oncology and can be recommended to the various medical boards and specialist recognition committees in Australia and New Zealand for registration as a specialist.

Part-time or Interrupted Training

Both specialties of the RANZCR allow for part-time and interrupted training. Part-time training must be undertaken at a minimum of 0.5 FTE for radiation oncology and 0.5 of a full-time clinical workload for radiology. Total training time must equate to five years FTE. Applications for part-time or interrupted training are required to be directed to the appropriate education board in either radiology or radiation oncology.

Trainee Selection

As the RANZCR accredits training sites, not individual positions, the selection process is undertaken by employers, whether they are private practices or departments in public hospitals, with a RANZCR representative as a member of the selection panel.

Entrants into a specialist training program are required to hold a basic medical degree and appropriate medical registration for the jurisdiction where the position is located. It is also required that all trainees have at least 24 months of general hospital training, that is have completed PGY1 and PGY2.

In some areas, a joint selection process is undertaken, where representatives from a variety of hospitals, as a group, interview and appoint trainees. This process is facilitated through the RANZCR.

Trainee Assessment

Radiology

The training program in radiology has a portfolio approach to assessment throughout training. The Learning Portfolio details a suite of assessment tools designed primarily to drive learning and provide opportunities for trainees to receive feedback on their performance in a formative manner. This includes assessment tools that are required throughout training, such as DoPs (Directly Observed Procedures), IPX (Individual Patient Evaluations), MSF (multi-source feedback) and Director of Training Assessments, as well as specified assessments that are required in the different Phases of training, for example: in Phase 1 trainees (Years 1-3) complete a Research Project and in Phase 2 (Years 4-5) trainees complete a second research project.

The examination process in assessment comprises:

- Part 1 examination in anatomy and applied imaging technology – this examination may only be attempted by candidates who occupy accredited training positions and candidates are not permitted to sit the Part I subjects separately; and
- Part 2 examination, which consists of examinations in radiology and pathology, which must be taken together at the first attempt not earlier than a candidate's fourth year of training.

Radiation Oncology

The training program in radiation oncology has a portfolio approach to assessment throughout training. The Learning Portfolio details a suite of assessment tools designed primarily to drive learning and provide opportunities for trainees to receive feedback on their performance in a formative manner. This includes assessment tools that are required throughout training, such as Mini-CEX (Mini-Clinical Evaluation), MSF (multi-source feedback), Director of Training Assessments, Clinical Supervisor Assessments, as well as specified assessments that are required in the different Phases of training. In Phase 1 trainees complete ten Clinical Assignments. In Phase 2 trainees complete Case Reports, a statistics assignment and a research requirement.

The training program in radiation oncology also includes two formal examinations:

- Phase 1 examination is a written examination of Oncology Sciences material; and
- Phase 2 examination is an exit exam and includes written papers and oral viva examinations.

Overseas Trained Specialists

The RANZCR conducts assessments of overseas trained radiologists and radiation oncologists. Assessors undertake specific training before undertaking interviews of overseas trained specialists.

Area of Need Process

The revised Area of Need (AoN) assessment process was implemented on 1 April 2007 and incorporates the assessment of the applicant's clinical competencies in addition to an interview component, where applicants are interviewed by two fellows of the RANZCR. Since 2011, this process also includes assessment for specialist recognition. Supervision guidelines have been established after consultation with supervisors of AON appointees and heads of department.

Specialist Recognition

The RANZCR currently has three different pathways to specialist recognition:

- Examination Pathway (partially comparable): The individual is assessed on their comparability to an Australian or New Zealand trained specialist, based on their training and subsequent clinical experience. If found to be partially comparable, candidates are eligible to sit the FRANZCR Part 2/Phase 2 examinations. They are eligible to apply for fellowship of the RANZCR after successful completion of the Part 2/Phase 2 examinations;
- Peer Review Pathway (substantially comparable): The individual applies for specialist recognition and is assessed as per the college process for the examination pathway; however, the applicant must satisfy set criteria to be found substantially comparable. The peer review period of up to 12 months is to be undertaken in an accredited department; upon satisfactory completion of peer assessment in the workplace and multi-source feedback exercise, the applicant is eligible to apply for fellowship of the RANZCR;
- International Recognition: The individual applies for admission to fellowship of the RANZCR on the basis of international recognition, being of an extremely high calibre, having an extensive record of publications, presentations, recipient of academic awards and holding a high level academic appointment. They are interviewed by the Chief Censor and a councillor and, if successful, are granted specialist recognition. Admission to fellowship under this provision is recommended only upon taking up a position in Australia or New Zealand.

Accreditation

The RANZCR accredits training sites, not individual positions, against criteria that are publicly available. All public and private providers of radiology and radiation oncology services are able to seek accreditation of their sites for the purpose of specialist training.

New sites applying for accreditation need to complete a site self-assessment form, which is forwarded to RANZCR. A site visit is then scheduled by the Accreditation Officer who, on completion of the visit, makes a report and recommendation to the education board. A detailed report and recommendation letter, with improvement plan if required, is then sent to the site.

The purpose of training site accreditation is to ensure that trainees will have exposure to an educationally supportive environment, where they will gain exposure to the learning opportunities that will enable them to acquire the competencies articulated in the curriculum. The RANZCR is moving towards a Training Network approach to training to facilitate this.

Further Information

www.ranzcr.edu.au

AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE

The Australian College of Rural and Remote Medicine (ACRRM) vocational training programs in rural and remote medicine have been developed by rural doctors, for rural doctors. The programs are based on comprehensive curricula that prepare doctors to attain the full scope of knowledge, skills and attitudes required to provide quality health care to rural and remote communities.

Training Program

There are three ACRRM models/pathways for candidates training towards fellowship of ACRRM (FACRRM):

- Vocational Preparation Pathway – this pathway is suited to new graduates and is implemented through the Australian General Practice Training System;
- Remote Vocational Training Scheme – provides structured distance based learning for isolated and solo practitioners; and
- Independent Pathway – provides structured distance based learning for more experienced practitioners.

These models are underpinned by ACRRM standards, which define the learning outcomes, as well as the operating principles, policies, procedures and administrative mechanisms to ensure that ACRRM accredited training posts and providers are supported to provide quality training against ACRRM standards.

Trainee Selection

Registrars completing the fellowship of ACRRM through the Australian General Practice Training (AGPT) program and the Rural Vocational Training Scheme (RVTS) are subject to the selection criteria of those organisations. The ACRRM works collaboratively with the AGPT and the RVTS to embed ACRRM's selection principles within theirs. The ACRRM recruits registrars directly to its Independent Pathway and uses a set of selection criteria to assess them.

Trainee Assessment

The ACRRM commenced its assessment process in 2008. There is no final exam in the assessment process, but rather progressive assessment, including five different assessment items, across the totality of the training program.

Successful completion of training requires:

- 12 months core clinical training in an ACRRM-accredited metropolitan, provincial or regional/rural hospital;
- 24 months primary rural and remote training in rural or remote ACRRM-accredited posts such as hospitals, Aboriginal Medical Services or community/general practice based facilities;
- 12 months advanced specialised training in ACRRM-accredited posts in one of the following disciplines: surgery, obstetrics, anaesthetics, Aboriginal and Torres Strait Islander health, emergency medicine, adult internal medicine, population health, paediatrics, mental health or remote health;
- successful completion of the college assessment program;
- completion of four modules from ACRRM's online learning platform; and
- completion of two emergency courses.

Overseas Trained Doctors

Overseas trained specialists or international medical graduates seeking entry into ACRRM's Specialist Pathway to Fellowship must first submit their application to the AMC. ACRRM's Specialist Pathway program initially assesses a doctor's comparability to an Australian-trained

Fellow of ACRRM (FACRRM) through a paper-based assessment of the documentation provided by the AMC followed by an interview with the overseas trained specialist.

The purpose of the interview is to assess the overseas trained specialist's level of comparability and identify knowledge or experience gaps. If an overseas trained specialist is deemed substantially comparable to an Australian-trained FACRRM they will undergo a period of peer review, complete the requirements as set out in their learning plan, and undertake a Multi-Source Feedback (MSF) assessment.

If an overseas trained doctor is found partially comparable to an Australian-trained FACRRM they will undertake the same process as an overseas trained specialist deemed substantially comparable but may be required to undertake a longer period of peer review and potentially undertake further assessment such as the Mini Clinical Examination (Mini-CEX), or a Structured Assessment using Multiple Patient Scenarios (StAMPS).

On successful completion of the period of peer review and assessment the overseas trained specialist is recommended for a FACRRM.

Accreditation

There are different categories of training post accreditation for different parts of ACRRM's program. There is accreditation of posts for core clinical training, primary rural and remote training and advanced specialised training. All candidates training towards fellowship of ACRRM must be trained by accredited training providers and teachers in accredited posts. ACRRM has developed standards for accreditation of training providers, as well as standards for accreditation of training posts and teachers. Those that meet the ACRRM standards will be formally recognised and certified by ACRRM to deliver training towards FACRRM.

Further Information

www.acrrm.org.au

AUSTRALASIAN COLLEGE OF SPORTS PHYSICIANS

Training Program

Basic/Foundation

Applicants for selection for advanced training are required to complete the equivalent of three years general medical and surgical experience since graduation from their undergraduate medical degree, in posts recognised by the Australasian College of Sports Physicians (ACSP). At least two of these three years must have been in full-time positions in hospitals approved by the College.

Advanced

The advanced training program is four years' duration with a requirement that 3 years FTE are spent fully supervised at Level 1 supervision whereby the supervisor is available in the institution. The fourth year comprises continued supervised training at an accredited training post at Level 2 supervision where the supervisor is not in the institution but is on call locally.

The College's advanced training program is conducted almost exclusively in the private practice environment.

During advanced training, trainees acquire and demonstrate the knowledge, skills and attitudes that are outlined in the curriculum as being required for specialist clinical practice in sport and exercise medicine. The full curriculum is available on the College website at www.acsp.org.au/acsp-training/curriculum

Trainee Selection

Trainees undergo a selection process for advanced training. Although there is no quota applied, training placements are limited. Selection to advanced training requires successful completion of the College's Part 1, basic medical sciences, examination, curriculum vitae demonstrating an interest in, and commitment to, sport and exercise medicine, satisfactory structured references and satisfactory attendance at interview. Applicants must also be eligible for permanent residency and unconditional registration in Australia or New Zealand. Applicants satisfying all these requirements will be considered for selection into advanced training.

The College conducts one selection process annually.

Trainee Assessment

Advanced Training

Trainees are required to attend six-monthly interviews throughout the period of training. In order to be accredited for the training period, trainees must provide a satisfactory six monthly progress review form prior to the scheduled meeting. The six-monthly progress review form is essentially a summary of the learning experiences of the registrar over the preceding six month period and includes reports from all supervisors.

Trainees are also required to demonstrate progress towards completion of a number of workplace based assessments including:

- Mini Clinical Evaluation Exercise (Mini-CEX);
- Direct Observation of Procedural Skills (DOPS); and
- Case based Discussion (CbD).

In addition, trainees are required to produce their learning portfolio with all required documentation in relation to their annual learning plan and progress as stipulated in the curriculum.

Trainees are also required to complete a series of post-graduate academic modules in the following subjects:

- Research Methods;
- Sports Nutrition;
- Sport Psychology;
- Sports Pharmacology; and
- Biomechanics.

Fellowship Examination

The fellowship examination is an exit examination taken after completion of all supervised training, usually in the final year of training. The examination is designed to verify the clinical competence and safety of the trainee prior to being designated as a specialist. The examination consists of six sections, a written examination comprising a multiple choice question paper and a short answer

paper, a long case clinical examination, a short case (acute) clinical examination, a short case (overuse) clinical examination and a viva, all of which must be passed by the candidate.

Overseas Trained Specialists

For those overseas trained specialists seeking fellowship of the ACSP (FACSP), the College conducts an assessment of the overseas trained specialist's qualification in line with that recommended by the AMC. Key assessment tools are the applicant's curriculum vitae, followed by response to any specific questions raised by the College.

Accreditation

Training practices are accredited for a period of up to two years and are subject to regular site assessments by the College.

Assessments of all training practices are carried out on a regular cycle. A team of two senior fellows visits the practice and meets with staff, trainees, supervisors and other relevant personnel. The outcome is discussed by the team and reported to the Training Committee, where the decision is made. A written report, which includes both commendations and recommendations, is provided to the training practice on completion of the process.

Further Information

www.acsp.org.au

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Training Program

The Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) program requires four to seven years of specialist surgical training in one of nine specialty training areas.

Surgical training is primarily a 'hands on' learning experience. The training programs are similar to an apprenticeship system, with a trainee progressing through an incremental learning structure that peaks at the point of the award of Fellowship. The trainee's hospital rotations are closely monitored by supervisors to ensure that sufficient and competent experience is obtained in specified surgical procedures.

The college's vocational training programs are designed to provide progressive, supervised training and experience in all aspects of clinical assessment, decision making and patient management, including preoperative care, postoperative care, postoperative follow up and operating room responsibility. The trainee is expected to assume increasing responsibilities in each of these areas as he/she progresses through the program.

The training program in each specialty is designed to allow the surgical trainee to achieve competency in the domains of medical and technical expertise, clinical judgment, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist surgeon.

Surgical trainees choose from the nine specialty areas described below.

Cardiothoracic Surgery

Cardiothoracic Surgery is the medical specialty devoted to the surgical management of intrathoracic diseases and abnormalities. The Cardiothoracic surgeon may perform surgical procedures that involve the lung, heart, and/or the great vessels.

General Surgery

General surgery is the core specialty within the discipline of surgery and is the broadest. The General Surgeon is a surgical specialist engaged in the comprehensive care of surgical patients and in some situations the General Surgeon may require knowledge of the whole field of surgery. The General Surgeon is frequently the one first confronted with the acutely ill or injured person and is responsible for the early investigation of obscure surgical illness.

Neurosurgery

Neurosurgery provides for the operative and non-operative management of disorders that affect the central, peripheral and autonomic nervous system, including their supportive structures and vascular supply. This includes prevention, diagnosis, evaluation, treatment, critical care and rehabilitation as well as the operative and non-operative management of pain.

Orthopaedic Surgery

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin.

Otolaryngology, Head and Neck Surgery

Otolaryngology Head and Neck surgeons investigate and treat conditions of the ear, nose, throat, and head and neck, such as nasal and sinus conditions, snoring and breathing problems, tonsillitis, cancers of the head and neck including thyroid surgery, voice problems, plastic surgery of the nose and face, hearing difficulties and deafness, and tumours of the head, neck and ears.

Paediatric Surgery

Paediatric Surgery is the specialty that includes surgeons who have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Specialist paediatric surgeons normally deal with non-cardiac thoracic surgery, general paediatric surgery and paediatric urology. Their responsibilities include involvement in the antenatal management of congenital structural abnormalities, neonatal surgery and oncological surgery for children.

Plastic and Reconstructive Surgery

Plastic and Reconstructive Surgery is a wide ranging specialty involving manipulation, repair and reconstruction of the skin, soft tissue and bone. Plastic surgery is a specialty not restricted to one organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties.

Urology

Urology is the medical specialty dedicated to the treatment of men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems.

Urologists prescribe and administer medications and perform surgical procedures in the treatment of disease or injury.

Vascular Surgery

Vascular Surgery is a specialty of surgery in which diseases of the vascular system, or arteries and veins, are managed by medical therapy, minimally-invasive catheter procedures and surgical reconstruction.

Trainee Selection

Trainees are selected directly into one of the nine specialty training programs. The earliest point at which application can be made for the first year of training (SET1) is during PGY2 with entry for successful trainees in PGY3.

Any person wishing to apply for selection into one or more of the surgical specialties must fulfil all of the generic eligibility criteria, plus the eligibility criteria for the specific specialty or specialties.

There are four general eligibility criteria which apply across all nine specialties. The trainee must:

- have permanent residency or citizenship status of Australia or New Zealand;
- have unconditional general registration to practise in Australia or general scope registration to practise in New Zealand;
- be willing to consent to a full criminal history check, including submission of relevant documentation on request, to enable this to be undertaken;
- have satisfied the hand hygiene module.

All generic eligibility requirements must be completed prior to the closing of registration for selection in the year of application. A detailed list of the specific eligibility criteria for each specialty is provided on the college website.

Trainee Assessment

SET trainees complete rotations in approved surgical training hospitals. In addition, all trainees must complete required skills courses which may include the Australian and New Zealand Surgical Skills Education and Training (ASSET) course, the Early Management of Severe Trauma (EMST) course, and the Care of the Critically Ill Surgical Patient (CCrISP) course. Early assessment requirements include generic and specialty-specific basic sciences examinations and generic clinical examinations.

Trainees perform clinical rotations in units designated by the specialty in which they are selected as providing career aligned requirements. During training there is an increased focus on workplace competency assessment and in-training assessment. All trainees are required to achieve satisfactory performance in clinical rotation and must successfully complete the fellowship examination before being awarded fellowship of the college.

Overseas Trained Specialists

The processes for assessing the suitability of overseas trained doctors for practice as surgeons in Australia are in accordance with the principles outlined in the:

- AMC application procedures and requirements for specialist assessment;

- AMC/Committee of Presidents of Medical Colleges (CPMC)/state and territory medical boards/Australian Government Department of Health/state and territory health departments' Assessment Process for Area of Need specialists: User's Guide; and
- AMC/CPMC Joint Standing Committee on Overseas Trained Specialists Assessment of Overseas Trained Specialists: Template for Colleges.

The college aims to assess an overseas trained specialist (referred to by the College as an International Medical Graduate) within three months of the receipt of a complete application. Interviews are currently undertaken six times per year; in February, April, June, August, October and December.

The specialist assessment of the overseas trained specialist focuses on education, training, quality, quantity and scope of clinical experience, level of formal assessment including specialist qualifications in surgery, recency of relevant practice and relevant professional skills and attributes in order to determine substantial comparability with Australian standards. The elements of such a test of substantial comparability are that the doctor has an acceptable overseas qualification, acceptable competency according to the RACS list of competencies and acceptable recency and currency of surgical practice.

The college assesses each international medical graduate on an individual basis, scrutinising a range of documentation supplied by the doctor that covers their education, training, qualifications and surgical experience. If this assessment determines that the applicant is not comparable to an Australian or New Zealand trained surgeon, a written assessment with recommendations is made. Where the written assessment suggests comparability, an interview is scheduled with the applicant.

As a result of the new policies implemented in 2006, assessment panels may recommend a period of assessment of clinical practice by oversight or supervision and/or a requirement to sit the fellowship examination for applicants to achieve fellowship of the college. Where an applicant is deemed not comparable to an Australian or New Zealand trained surgeon, the applicant is required to complete medical registration requirements, including the AMC examinations before applying for specialist training.

Accreditation

With the accreditation of hospital posts for SET, the specialties each accredit specific hospital positions according to the level of training they are able to offer a trainee.

Specialist surgical training is conducted in surgical training posts in which the trainees are supervised and mentored by appropriately qualified surgeons. Accreditation is based on 43 criteria grouped within seven standards as follows:

- Standard 1 – education facilities and systems required;
- Standard 2 – quality of education, training and learning;
- Standard 3 – surgical supervisors and staff;
- Standard 4 – support services for trainees;
- Standard 5 – clinical load and theatre sessions;
- Standard 6 – equipment and clinical support services; and
- Standard 7 – clinical governance, quality and safety.

Hospitals that wish to host a new training post or seek reaccreditation of current posts are invited to make a submission to the college documenting how the post satisfies the minimum requirements for accreditation. Submissions are considered by the relevant specialty board for compliance and posts may be accredited on the basis of this assessment. However, the usual practice is the recommendation of an inspection visit.

Inspection teams are nominated by the specialty board and jurisdictions are invited to nominate a representative as a full member of the team. On completion of an inspection visit, the team will prepare a draft report containing the recommendation. This report is sent to the hospital for comment on factual matters. The final draft report is then prepared for review by the specialty board, which makes a recommendation on accreditation to the Board of Specialist Surgical Education and Training.

The recommendation of the Board is incorporated into the final report and the decision communicated to the hospital.

Hospital accreditation is regularly reviewed. It is recognised that facilities at different hospitals positions will vary throughout a training program and the specialties maintain a constant vigil as to the efficacy of each position.

Further Information

www.surgeons.org

Appendix C:

GLOSSARY OF TERMS

University Medical Education and Training

International Student

An international student is a student studying onshore in Australia as a private or sponsored student who is not an Australian or New Zealand citizen, or permanent resident.

Continuing Student

A continuing student is a student enrolled in any year of a medical program other than commencing.

Prevocational Training

Postgraduate Year 1 (PGY1)

The year of supervised clinical training completed by graduates of an AMC accredited medical school and international medical graduates holding an AMC Certificate. This is also known as the intern year.

Satisfactory completion is a requirement for full medical registration.

Postgraduate Year 2 (PGY2)

The year of structured supervised clinical training placements, commenced once medical practitioners have completed their internship and gained general medical registration.

Vocational Training

Vocational Training Positions and Programs

Applicant

A medical graduate, including an international medical graduate, who applies in open competition for entry to a vocational training program. Due to variation in college training programs, an applicant may apply for a training post or training program within an accredited training hospital department or other type of accredited facility.

Successful Applicant

An applicant who has been offered and has accepted a place in a training program.

Trainee

A medical practitioner who has been accepted by a specialist medical college or General Practice Education and Training (GPET) into a position supervised by a member of the accredited specialist medical college or training provider for the purposes of completing the set vocational training program. Non-Australian trainees who are being trained overseas through an Australian medical college are not included in this category.

Basic Training

A defined period of elementary training required by some specialist medical colleges prior to admission to an advanced training program.

Advanced Training

A period of defined and structured education and training that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and to practise as a specialist. In some cases this must be preceded by completion of basic training requirements.

Completion and Successful Completion

When the trainee has successfully completed all examination and clinical requirements of the training program and is eligible to apply for fellowship and to practise as a specialist.

Year of Training

The year of training currently being undertaken by a trainee in a training program, as it relates to their progression through the program.

Discontinuation

The trainee is no longer pursuing the completion of a training program, either when the trainee has officially withdrawn from the training program or when the college or training provider has terminated or dismissed a trainee in accordance with college regulations or employment conditions.

Trainees who have been given approved extended leave are excluded.

Rural or Remote Recognised Vocational Positions or Trainees

Vocational positions or trainees who are based in rural and remote areas.

Medical College Accreditation

Accreditation

The process by which a college determines whether its specified requirements for the clinical experience, infrastructure and educational support required of a hospital, other facility or training position are met.

Re-accreditation

An accreditation of a hospital, other facility or training position that has previously been accredited by the college.

Accreditation Period

The accreditation period begins when the college receives a formal request for assessment and ends when the hospital or other facility undergoing accreditation is notified of the recommendation by mail.

Appeals

Appeals include review and reconsideration processes and formal appeals.

Medical College Examinations

Eligibility to Sit Exams

The trainee has fulfilled the eligibility criteria necessary to sit a college examination as prescribed by that college.

Trainees Sitting

The total number of trainees who sat an examination given by a college in Australia.

Pass Rate

The proportion of all trainees sitting examinations in the specified period who passed.

College Fellows

Fellow

A medical practitioner who has either completed a college training program, or has been overseas trained and exempted from assessments for admission into the college, and has been admitted to fellowship of the college.

New Fellow

A fellow who has been admitted to the specialist college in the year of data collection.

International supply

International Medical Graduate

A doctor whose basic medical qualifications were acquired in a country other than Australia. Also referred to as an overseas trained doctor.

Overseas Trained Specialist

A doctor whose specialist medical qualifications were acquired in a country other than Australia.

Area of Need

An Area of Need is any location or position in which there is a lack of specific medical practitioners or where there are medical positions that remain unfilled even after recruitment efforts have taken place over a period of time. These are determined by the state and territory governments and methods of defining them vary.

Most overseas trained doctors are required to work in an Area of Need when they first come to Australia, unless they hold full Australian medical registration or have completed the standard pathway for specialist assessment or for general practice/family physician assessment.

Area of Need Applicant

An applicant for a medical position with a specific category of medical registration that requires him or her to work in an Area of Need.

Non-Area of Need Applicants

An applicant for a medical position that is not an Area of Need position.

Area of Need and Non-Area of Need Assessment Period

The assessment period begins when the college receives an application, with all accompanying documentation including payment, for recognition of specialist qualifications and ends when the applicant is notified of the recommendation by mail.

Applicants may also be assessed by a variety of other parties outside of college processes, including the AMC, Commonwealth and employers. The time taken for these is not included in data reported.

Assessment Outcome

The outcome of a college's consideration of an application from an international medical graduate for recognition of his or her specialist qualifications or assessment of his or her skills against Area of Need position requirements.

District of Workforce Shortage

A District of Workforce Shortage (DWS) is a geographic area in which the general population need for health care is not met. Population needs for health care are deemed to be unmet if a district has less access to Medicare services than the national average.

Remoteness Area

The Remoteness Area (RA) Structure within the Australian Bureau of Statistics (ABS) Standard Geographical Classification (ASGC) is produced by ABS.

RAs are based on the Accessibility/Remoteness Index of Australia (ARIA), where the remoteness index value of a point is based on the physical road distance to the nearest town or service in each of six population size classes based on the 2006 Census of Population and Housing. These classes are:

- Major cities;
- Inner regional areas;
- Outer regional areas;
- Remote areas;
- Very remote areas; and
- Migratory.

Appendix D:

EXTENDED DATA TREND TABLES

Table D1: Commencing medical students: Domestic, international and proportion of females, 2000-2014

Table D2: Commencing medical students by university and state/territory, 2005-2014

Table D3: Commencing domestic medical students by university and state/territory, 2005-2014

Table D4: Commencing international medical students by university and state/territory, 2005-2014

Table D5: Medical students in Australian universities, 2000-2014

Table D6: Medical students: Domestic, international and total by state/territory, 2005-2014

Table D7: Domestic medical school graduates from Australian universities, 1997-2013

Table D8: Medical graduates: Domestic, international and proportion of domestic, international and females, 1999-2013

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Table D10: Postgraduate year 1: Commencing trainees or supervised training places by state/territory, 2004-2014

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Table D12: Basic training positions/trainees by medical specialty, 2000-2014

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Table D16: Basic trainees: Proportion of females by medical specialty, 2000-2014

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Table D18: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2000-2014

Table D19: Advanced training positions/trainees by medical specialty, 1997-2014

Table D20: Advanced training positions/trainees by state/territory, 1997-2014

Table D21: Advanced training first-year positions/trainees by medical specialty, 1997-2014

Table D22: Advanced training first-year positions/trainees by state/territory, 1997-2014

Table D23: Advanced trainees: Proportion of females by medical specialty, 1997-2014

Table D24: Advanced trainees: Proportion of females by state/territory, 1997-2014

Table D25: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 1997-2014

Table D26: New fellows by medical specialty, 2000-2013

Table D27: New fellows by state/territory, 2000-2013

Table D28: New female fellows by state/territory, 2000-2013

Table D29: New fellows: Proportion of females by medical specialty, 2000-2013

Table D30: New fellows: Proportion of females by state/territory, 2000-2013

Table D31: Fellows by medical speciality 2008-2013

Table D32: Fellows by state/territory, 2008-2013

Table D33: Female fellows by state/territory, 2008-2013

Table D34: Fellows: Proportion of females by medical specialty, 2008-2013

Table D35: Fellows: Proportion of females by state/territory, 2008-2013

Table D1: Commencing medical students: Domestic, international and proportion of females, 2000-2014

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	Change 2000-2014 (%)
Domestic	1,361	1,471	1,470	1,511	1,699	1,871	2,071	2,560	2,934	2,955	2,940	3,241	3,035	3,033	3,185	134.0
Proportion female (%)	52.9	54.4	55.3	55.8	57.3	55.2	55.1	54.4	54.0	54.8	52.9	50.9	48.1	51.2	52.3	..
Annual change (%)	..	8.1	-0.1	2.8	12.4	10.1	10.7	23.6	14.6	0.7	-0.5	10.2	-6.4	-0.1	5.0	..
International	299	309	367	378	421	460	426	436	499	487	529	529	651	636	552	84.6
Proportion female (%)	na	53.1	50.4	48.7	51.1	57.2	53.1	49.8	50.9	47.0	42.5	47.6	47.5	45.6	50.4	..
Annual change (%)	..	3.3	18.8	3.0	11.4	9.3	-7.4	2.3	14.4	-2.4	8.6	0.0	23.1	-2.3	-13.2	..
Total	1,660	1,780	1,837	1,889	2,120	2,331	2,497	2,996	3,433	3,442	3,469	3,770	3,686	3,669	3,737	125.1
Annual change (%)	..	7.2	3.2	2.8	12.2	10.0	7.1	20.0	14.6	0.3	0.8	8.7	-2.2	-0.5	1.9	..

(a) Figures for 2014 exclude all offshore programs including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D2: Commencing medical students by university and state/territory, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)
New South Wales										
Newcastle/UNE	..	0	113	193	196	223	198	204	218	194
Notre Dame Sydney	..	0	..	111	113	108	113	115	121	120
Sydney	..	0	264	267	299	276	327	302	310	298
UNSW	242	257	275	274	277	283	275	263	273	295
UWS	..	..	104	120	133	130	122	126	120	127
Wollongong	..	..	79	82	86	84	85	85	85	85
Total NSW	242	257	835	1,047	1,104	1,104	1,120	1,095	1,127	1,119
Victoria										
Deakin	..	..	..	120	136	141	132	139	136	134
Melbourne PG	..	..	93	79	85	..	..	0	0	0
Melbourne UG	227	298	230	248	..	..	0	0	0	0
Melbourne MD	..	..	..	na	..	..	331	328	330	347
Monash PG	..	..	..	na	73	78	89	87	82	81
Monash UG	251	272	313	293	301	306	305	316	321	310
Total VIC	478	570	636	740	595	525	857	870	869	872
Queensland										
Bond	..	0	85	90	91	92	87	95	96	94
Griffith	..	0	150	149	156	156	154	154	158	153
Queensland	..	0	374	402	429	483	447	444	421	413
UQ Ochsner (USA) Cohort	..	..	..	..	..	..	..	83	105	..
James Cook	99	99	112	174	180	209	195	192	235	214
Total QLD	99	99	721	815	856	940	883	968	1,015	874

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)
Western Australia										
Notre Dame Fremantle	..	0	100	105	109	104	102	106	111	113
UWA MD	..	..	..	..	..	..	..	..	..	233
UWA PG	..	..	..	59	64	63	65	69	0	0
UWA UG	174	188	199	147	173	173	171	0	0	0
Total WA	174	188	299	311	346	340	338	175	111	346
South Australia										
Adelaide	138	133	170	177	179	201	190	208	159	150
Flinders	..	0	123	136	144	136	167	166	168	166
Total SA	138	133	293	313	323	337	357	374	327	316
Tasmania										
Tasmania	62	64	127	125	124	127	121	116	120	117
Australian Capital Territory										
ANU	..	0	85	82	94	96	94	88	100	93
Total	1,193	1,311	2,996	3,433	3,442	3,469	3,770	3,686	3,669	3,737
UG – undergraduate	PG – postgraduate		MD – Doctor of Medicine							

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D3: Commencing domestic medical students by university and state/territory, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
New South Wales										
Newcastle/UNE	..	..	92	167	172	195	179	183	192	173
Notre Dame Sydney	..	..	..	111	113	108	113	115	121	120
Sydney	..	..	226	226	251	223	261	223	232	229
UNSW	186	211	214	208	210	215	206	199	214	214
UWS	..	..	104	115	118	109	104	103	103	108
Wollongong	..	..	72	71	74	74	78	75	76	80
Total NSW	186	211	708	898	938	924	941	898	938	924
Victoria										
Deakin	..	..	..	120	134	134	131	130	131	129
Melbourne PG	..	..	84	74	79	..	..	0	0	0
Melbourne UG	147	220	157	172	..	..	..	0	0	0
Melbourne MD	..	..	..	..	..	..	305	290	294	302
Monash PG	..	..	..	..	67	70	67	77	75	76
Monash UG	176	187	238	227	247	251	249	253	263	242
Total VIC	323	407	479	593	527	455	752	750	763	749
Queensland										
Bond	..	..	85	85	83	88	85	95	95	94
Griffith	..	..	150	149	156	156	154	154	152	150
Queensland	..	..	320	302	306	318	305	302	308	306
James Cook	95	93	106	169	162	182	182	166	201	182
Total QLD	95	93	661	705	707	744	726	717	756	732

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Western Australia										
Notre Dame Fremantle	..	..	100	105	109	104	102	106	111	113
UWA MD	..	..	..	..	..	..	..	..	..	210
UWA PG	..	..	..	59	64	63	65	60	0	0
UWA UG	148	169	174	119	145	146	146	0	0	0
Total WA	148	169	274	283	318	313	313	166	111	323
South Australia										
Adelaide	102	117	146	157	155	185	175	178	124	116
Flinders	..	..	105	116	125	122	142	147	143	152
Total SA	102	117	251	273	280	307	317	325	267	268
Tasmania										
Tasmania	55	55	106	106	99	103	100	94	100	99
Australian Capital Territory										
ANU	..	..	81	76	86	94	92	85	98	90
Total	909	1,052	2,560	2,934	2,955	2,940	3,241	3,035	3,033	3,185
UG – undergraduate	PG – postgraduate				MD – Doctor of Medicine					

Source: Medical Deans Australia and New Zealand Inc

Table D4: Commencing international medical students by university and state/territory, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)
New South Wales										
Newcastle/UNE	..	0	21	26	24	28	19	21	26	21
Notre Dame Sydney	..	0	0	0	0	0	0	0	0	0
Sydney	..	0	38	41	48	53	66	79	78	69
UNSW	56	46	61	66	67	68	69	64	59	81
UWS	..	0	0	5	15	21	18	23	17	19
Wollongong	..	0	7	11	12	10	7	10	9	5
Total NSW	56	46	127	149	166	180	179	197	189	195
Victoria										
Deakin	..	0	0	0	2	7	1	9	5	5
Melbourne PG	..	..	9	5	6	..	0	0	0	0
Melbourne UG	80	78	73	76	0	..	0	0	0	0
Melbourne MD	..	..	..	..	..	..	26	38	36	45
Monash PG	0	0	0	0	6	8	22	10	7	5
Monash UG	75	85	75	66	54	55	56	63	58	68
Total VIC	155	163	157	147	68	70	105	120	106	123
Queensland										
Bond	..	0	0	5	8	4	2	0	1	0
Griffith	..	0	0	0	0	0	0	0	6	3
Queensland	..	0	54	100	123	165	142	142	113	107
UQ Ochsner (USA)	..	..	..	..	..	..	..	83	105	..
James Cook	4	6	6	5	18	27	13	26	34	32
Total QLD	4	6	60	110	149	196	157	251	259	142

MD – Doctor of Medicine

Source: Medical Deans Australia and New Zealand Inc

Table D5: Medical students in Australian universities, 2000-2014

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	Increase 2000-2014 (%)
Domestic	6,617	6,803	6,962	7,108	7,484	8,026	8,768	9,796	11,028	12,097	12,946	13,956	14,177	14,267	14,384	117.4
Proportion female (%)	49.5	50.9	52.6	54.0	48.3	55.2	55.7	55.8	55.3	54.6	54.2	53.0	51.5	51.2	51.3	..
Annual increase (%)	..	2.8	2.3	2.1	5.3	7.2	9.2	11.7	12.6	9.7	7.0	7.8	1.6	0.6	0.8	..
International	1,129	1,192	1,386	1,573	1,749	1,909	2,081	2,153	2,309	2,424	2,451	2,535	2,691	2,727	2,453	117.3
Proportion female (%)	na	46.6	49.4	49.3	34.3	53.4	53.9	52.3	52.5	51.4	50.1	49.1	48.7	47.3	48.8	..
Annual increase (%)	..	5.6	16.3	13.5	11.2	9.1	9.0	3.5	7.2	5.0	1.1	3.4	6.2	1.3	-10.0	..
Total	7,746	7,995	8,348	8,681	9,233	9,935	10,849	11,949	13,337	14,521	15,397	16,491	16,868	16,994	16,837	117.4
Annual change (%)	..	3.2	4.4	4.0	6.4	7.6	9.2	10.1	11.6	8.9	6.0	7.1	2.3	0.7	-0.9	..

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D6: Medical students: Domestic, international and total by state/territory, 2005-2014

Year		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2005	Domestic	2,257	1,891	1,610	872	860	371	..	165	8,026
	International	495	801	117	335	60	90	..	11	1,909
	2005 Total	2,752	2,692	1,727	1,207	920	461	..	176	9,935
2006	Domestic	2,308	2,147	1,876	895	938	364	..	240	8,768
	International	532	888	168	316	84	82	..	11	2,081
	2006 Total	2,840	3,035	2,044	1,211	1,022	446	..	251	10,849
2007	Domestic	2,573	2,060	2,253	945	1,229	406	..	330	9,796
	International	562	863	213	307	102	90	..	16	2,153
	2007 Total	3,135	2,923	2,466	1,252	1,331	496	..	346	11,949
2008	Domestic	3,004	2,326	2,540	1,059	1,351	422	..	326	11,028
	International	599	888	323	270	114	94	..	21	2,309
	2008 Total	3,603	3,214	2,863	1,329	1,465	516	..	347	13,337
2009	Domestic	3,414	2,523	2,830	1,124	1,433	452	..	321	12,097
	International	661	822	419	247	145	106	..	24	2,424
	2009 Total	4,075	3,345	3,249	1,371	1,578	558	..	345	14,521
2010	Domestic	3,870	2,606	2,957	1,243	1,461	471	..	338	12,946
	International	700	724	530	219	157	104	..	17	2,451
	2010 Total	4,570	3,330	3,487	1,462	1,618	575	..	355	15,397
2011	Domestic	4,231	2,993	3,068	1,324	1,518	472	..	350	13,956
	International	774	638	628	210	155	113	..	17	2,535
	2011 Total	5,005	3,631	3,696	1,534	1,673	585	..	367	16,491

Year		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2012	Domestic	4,331	3,091	3,151	1,398	1,363	487	..	356	14,177
	International	847	578	774	225	147	98	..	22	2,691
	2012 Total	5,178	3,669	3,925	1,623	1,510	585	..	378	16,868
2013	Domestic	4,412	3,200	3,266	1,393	1,174	467	..	355	14,267
	International	871	518	858	233	122	103	..	22	2,727
	2013 Total	5,283	3,718	4,124	1,626	1,296	570	..	377	16,994
2014 ^(a)	Domestic	4,439	3,214	3,313	1,404	1,208	450	..	356	14,384
	International	894	466	606	244	123	112	..	8	2,453
	2014 Total	5,333	3,680	3,919	1,648	1,331	562	..	364	16,837

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D7: Domestic medical school graduates from Australian universities, 1997-2013

University	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Adelaide	96	93	103	98	90	84	81	94	85	92	85	98	83	94	97	111	127
ANU	..	..	..	..	..	..	..	..	..	..	71	90	72	83	75	87	85
Bond	..	..	..	..	..	..	..	..	..	..	..	..	55	74	81	69	85
Deakin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	109	123	136
Flinders	72	56	56	54	54	58	56	67	62	66	77	75	74	102	109	113	111
Griffith	..	..	..	..	..	..	..	..	..	..	..	70	116	151	133	150	144
James Cook	..	..	..	..	..	..	..	..	58	74	65	66	82	94	88	92	136
Melbourne	161	168	184	190	193	174	206	179	178	211	186	199	198	212	234	231	240
Monash	131	131	132	125	129	150	145	144	143	123	137	159	165	181	219	290	297
Newcastle	56	62	65	60	65	65	59	65	59	61	67	77	85	104	70	140	147
Notre Dame Frenantle	..	..	..	..	..	..	..	..	..	..	..	75	80	86	98	104	114
Notre Dame Sydney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	103	106	107
Queensland	219	211	224	191	220	220	215	225	218	215	284	238	279	332	290	307	314
Sydney	197	205	201	137	119	185	188	190	176	147	202	208	208	221	222	237	231
Tasmania	52	42	45	56	54	53	45	55	46	62	58	64	73	89	67	97	104
UNSW	156	134	145	157	158	165	159	163	188	166	186	177	163	166	187	198	203
UWA	104	117	101	127	121	110	112	105	107	118	126	142	182	207	172	165	183
UWS	..	..	..	..	..	..	..	..	..	..	..	..	..	..	86	91	108
Wollongong	..	..	..	..	..	..	..	..	..	..	..	..	..	63	67	66	72
Total	1,244	1,219	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738	1,915	2,259	2,507	2,777	2,944

Source: Medical Deans Australia and New Zealand Inc

Table D8: Medical graduates: Domestic, international and proportion of domestic, international and females, 1999-2013

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013 ^(a)
Domestic	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738	1,915	2,259	2,507	2,777	2,944
Proportion domestic (%)	89.7	88.7	91.4	88.7	86.2	85.6	83.2	81.8	83.0	81.3	80.5	82.7	84.6	84.6	85.6
Proportion female (%)	na	na	na	na	na	na	na	na	56.2	57.2	54.1	54.1	55.0	53.2	52.8
International	144	152	113	161	203	216	267	298	316	401	465	474	457	507	497
Proportion international (%)	10.3	11.3	8.6	11.3	13.8	14.4	16.8	18.2	17.0	18.7	19.5	17.3	15.4	15.4	14.4
Proportion female (%)	na	na	na	na	na	na	na	na	52.5	54.6	51.6	54.2	51.6	52.9	49.1
Total	1,400	1,347	1,316	1,425	1,469	1,503	1,587	1,633	1,860	2,139	2,380	2,733	2,964	3,284	3,441
Annual change (%)	..	-3.8	-2.3	8.3	3.1	2.3	5.6	2.9	13.9	15	11.3	14.8	8.5	10.8	4.8

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D9: Medical graduates: Domestic, international and total by state/territory, 2004-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2004									
Domestic	418	323	225	161	105	55	..	..	1,287
International	69	80	4	53	2	8	..	..	216
2004 Total	487	403	229	214	107	63	..	..	1,503
2005									
Domestic	423	321	276	147	107	46	..	..	1,320
International	79	111	8	57	2	10	..	..	267
2005 Total	502	432	284	204	109	56	..	..	1,587
2006									
Domestic	374	334	289	158	118	62	..	..	1,335
International	81	126	10	62	7	12	..	..	298
2006 Total	455	460	299	220	125	74	..	..	1,633
2007									
Domestic	455	323	349	162	126	58	..	71	1,544
International	85	124	21	68	4	13	..	1	316
2007 Total	540	447	370	230	130	71	..	72	1,860
2008									
Domestic	462	358	374	173	217	64	..	90	1,738
International	112	140	51	70	10	14	..	4	401
2008 Total	574	498	425	243	227	78	..	94	2,139
2009									
Domestic	456	363	532	157	262	73	..	72	1,915
International	111	171	75	66	15	21	..	6	465
2009 Total	567	534	607	223	277	94	..	78	2,380
2010									
Domestic	554	393	651	293	196	89	..	83	2,259
International	115	184	81	25	54	11	..	4	474
2010 Total	669	577	732	318	250	100	..	87	2,733

Year		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2011	Domestic	735	562	592	206	270	67	..	75	2,507
	International	98	159	101	40	27	28	..	4	457
	2011 Total	833	721	693	246	297	95	..	79	2,964
2012	Domestic	838	644	618	224	269	97	0	87	2,777
	International	133	151	134	43	21	16	0	9	507
	2012 Total	971	795	752	267	290	113	..	96	3,284
2013 ^(a)	Domestic	868	673	679	238	297	104	..	85	2,944
	International	144	152	118	35	28	12	..	8	497
	2013 Total	1012	825	797	273	325	116	..	93	3,441

(a) Excludes all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D10: Postgraduate year 1: Commencing trainees or supervised training places by state/territory, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
New South Wales/Australian Capital Territory	554	566	628	^(b) 533	688	..	..	..	..	..	..
New South Wales	..	..	..	..	..	668	657	^(e) 756	^(h) 849	^(h) 923	^(h) 957
Australian Capital Territory	..	..	..	..	..	62	62	78	88	93	96
Victoria	371	397	406	447	454	506	557	625	698	707	^(h) 753
Queensland	246	280	323	357	411	444	558	644	^(a) 663	678	695
South Australia	155	171	183	213	227	^(a) 246	230	247	256	276	278
Western Australia	136	132	137	155	175	228	240	267	282	300	312
Tasmania	49	52	71	^(b) 56	51	62	58	71	73	75	76
Northern Territory	20	24	23	15	24	27	32	35	41	44	44
Commonwealth funded ^(a)	..	..	..	..	..	..	..	..	..	22	76
Australia	1,531	1,622	1,771	1,776	2,030	2,243	2,394	2,723	2,950	3,118	3,287

(a) Includes PGY1 positions funded by the Commonwealth Government under the Additional Medical Internships Initiative 2013 and Commonwealth Medical Internships Initiative 2014.

(b) January allocation only, previous years include mid-year allocation.

(c) Actual allocation figures are not available. Figures based on number of offers made.

(d) South Australia has 233 accredited positions, plus 17 interns carried over from 2008 and 8 of these share 4 full time positions.

(e) Total number of intern positions available for 2011 was 770.

(f) Total number of intern positions available for 2012 was 850.

(g) Approximate numbers only based on acceptances registered in eRecruitment system.

(h) Total number of intern positions available for 2013 was 927.

(i) Total number of intern positions available for 2014 was 959.

(j) Includes 10 graduates of an Australian Medical Council Accredited Overseas University (Monash Malaysia).

Source: Australian Government Department of Health and state and territory government health departments

Table D11: Postgraduate year 2: Commencing doctors by state/territory, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
New South Wales/Australian Capital Territory	394	416	414	449	..	na	640	617	803	881	912
New South Wales	..	..	..	..	na	640	686	617	803	881	912
Australian Capital Territory	..	..	..	..	36	40	62	58	73	64	85
Victoria ^(a)	436	412	432	477	467	540	543	^(b) 585	^(b) 644	^(b) 742	^(m) 742
Queensland	na	337	na	284	^(b) 441	^(b) 458	474	^(b) 575	^(b) 734	683	671
South Australia	124	134	172	220	161	^(b) 300	183	^(b) 189	^(b) 244	^(b) 356	238
Western Australia	190	145	172	96	224	276	241	330	469	^(b) 308	333
Tasmania	54	68	88	^(b) 28	49	107	79	103	87	104	71
Northern Territory	18	24	24	32	44	44	45	64	47	56	55
Australia	1,216	1,536	1,302	1,586	1,422	2,405	2,313	2,521	3,101	3,194	3,107

(a) Victoria does not collect data regarding the fee status of domestic students studying in Victoria or interstate. Also these numbers are an underestimate as not all PGY2 posts are included in the postgraduate medical council computer match.

(b) Actual allocation is not available. Figures based on number of offers made.

(c) Figure based on number of offers made.

(d) Commencement data are based upon the total number of declined job offers registered in the eRecruitment system.

(e) Approximate number only. Postgraduate Medical Council of SA was in its first year of managing TMO recruitment.

(f) A total of 667 Hospital medical officer 2 positions were included in the computer matching process and 644 positions were matched. Of these 644 matched positions, 18 candidates declined their Victorian offer. All Hospital medical officer positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service. This figure is based on incomplete data and only reflects the number of PGY2 positions advised by health services to include in the Victorian Hospital medical officer match. Health services are able to exempt positions from the matching process, so the number is an underestimate.

(g) Commencement data are approximate and based upon the total number of acceptances registered in the eRecruitment system.

(h) Includes only the number of PGY2 commencing who completed internship in SA.

(i) A total of 667 Hospital medical officer 2 positions were included in the computer matching process and 644 positions were matched. Of the 644 matched positions, 18 candidates declined their Victorian offer. All Hospital medical officer positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service.

(j) Data based on the total number of positions made to PGY2 doctors via the SA MET centralised process. Additional employment could occur outside of this process. Data are not available.

(k) A total of 708 Hospital medical officer 2 positions were included in the Hospital medical officer Computer Match and of these, 689 positions were matched. From the 689 matched candidates 17 subsequently declined their offer. A further 36 candidates were offered and accepted a Hospital medical officer 2 position. A further 34 positions were directly recruited by health services.

(l) New data checking processing has enabled cleaner data and ensured the capture of PGY2 doctors only.

(m) This figure only reflects the number of PGY2 positions advised by health services to include the Victorian hospital medical officer match. Health services exempted at least 37 positions from the match, so the number is underestimated.

Source: State and territory government health departments

Table D12: Basic training positions/trainees by medical speciality, 2000-2014

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adult medicine	487	585	765	626	784	726	809	967	1,609	1,666	1,893	1,951	2,197	2,475	2,699
Anaesthesia	..	..	..	..	324	318	318	360	410	509	504	617	615	555	543
Dermatology	..	..	..	..	..	..	..	38	41	39	42	44	42	46	45
Emergency medicine	21	165	183	214	244	231	292	320	319	732	803	785	821	727	756
General practice															
– ACRRM	..	..	..	..	..	..	..	..	..	..	50	141	..	..	..
Intensive care	..	..	..	..	..	..	..	125	114	82	167	152	192	199	208
Obstetrics and gynaecology	..	..	..	..	..	..	..	na	277	301	295	330	354	356	376
Ophthalmology	..	..	..	..	22	48	52	50	51	53	55	53	55	53	54
Paediatrics	155	199	240	143	259	199	173	190	436	459	554	530	664	812	818
Psychiatry	..	..	..	..	..	638	602	610	623	661	677	661	804	833	868
Rehabilitation medicine	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Surgery	901	225	151	164	168	493	557	607	207	..	..	..	..	..	..
Total	1,582	1,174	1,339	1,147	1,801	2,653	2,803	3,267	4,087	4,502	5,040	5,264	5,744	6,056	6,367

Source: Medical colleges

Table D13: Basic training positions/trainees by state/territory, 2000-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	551	420	254	154	142	32	4	25	1,582
2001	376	336	180	125	92	28	12	25	1,174
2002	432	408	212	100	114	32	13	28	1,339
2003	360	357	188	95	86	27	9	25	1,147
2004	596	496	306	137	152	51	22	41	1,801
2005	869	761	453	209	232	54	18	57	2,653
2006	930	782	543	196	214	55	27	56	2,803
2007	1,162	988	831	375	409	238	188	225	3,267
2008	1,262	1,078	870	309	352	93	45	78	4,087
2009	1,336	1,155	1,034	369	372	92	43	96	4,502
2010	1,492	1,275	1,148	424	437	106	53	105	5,040
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
2012	1,607	1,548	1,285	478	537	134	46	109	5,744
2013	1,710	1,603	1,382	469	583	132	53	124	6,056
2014	1,824	1,650	1,414	476	644	146	66	147	6,367
Change 2000-2014 (%)	231.0	292.9	456.7	209.1	353.5	356.3	1550.0	488.0	302.5

Source: Medical colleges

Table D14: Basic training first-year positions/trainees by medical speciality, 2000-2014

Medical speciality	2000	2001 ^(a)	2002 ^(b)	2003 ^(b)	2004 ^(b)	2005 ^(b)	2006 ^(b)	2007	2008	2009	2010	2011	2012	2013	2014
Adult medicine	na	177	247	na	207	253	262	202	336	436	522	583	610	585	662
Anaesthesia	na	..	..	na	..	162	159	195	197	169	240	321	314	215	201
Dermatology	na	..	..	na	..	..	..	16	23	18	23	20	26	22	26
Emergency medicine	na	..	..	na	..	na	na	54	9	..	..	..	240	241	277
Intensive care	na	..	..	na	..	..	..	14	7	2	11	7	9	28	5
Obstetrics and gynaecology	na	..	..	na	..	..	..	..	81	81	77	87	83	89	88
Ophthalmology	na	..	..	na	..	25	30	24	24	27	25	26	28	25	23
Paediatrics	na	52	57	na	33	49	66	23	67	114	123	142	181	151	168
Psychiatry	na	..	..	na	..	..	124	90	109	118	223	239	314	313	216 ^(c)
Surgery ^(d)	na	..	164	na	168	195	220	234	1	..	..	..	..	..	..
Total	na	229	468	na	408	684	861	852	854	965	1,244	1,425	1,805	1,669	1,666

(a) With the introduction of the SET program in 2008, which does not distinguish between basic and advanced trainees, all trainees are reported under advanced training.

(b) Estimated number of positions that were likely to be available in this particular year.

(c) Includes Stage 1 trainees that started in 2014 and existing trainees in Stage 1.

Source: Medical colleges

Table D15: Basic training first-year^(a) positions/trainees by state/territory, 2000-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	na	na	na	na	na	na	na	na	na
2001	62	74	42	30	11	2	3	5	229
2002	164	146	49	41	37	12	6	13	468
2003	na	na	na	na	na	na	na	na	na
2004	137	123	45	36	38	11	5	13	408
2005	230	188	119	54	50	16	10	17	684
2006	260	245	150	61	74	12	12	17	861
2007	215	240	233	55	65	25	6	13	852
2008	214	250	196	71	70	25	11	17	854
2009	257	286	210	90	78	20	4	20	965
2010	350	341	267	124	100	22	16	24	1,244
2011	387	410	298	124	130	39	15	22	1,425
2012	407	545	420	146	190	50	17	30	1,805
2013	397	494	402	132	154	38	15	37	1,669
2014	391	505	397	122	153	47	15	36	1,666

(a) Covers basic training in anaesthesia from 2004, dermatology from 2007, general practice (ACRRM) from 2010, intensive care from 2007, obstetrics and gynaecology from 2008, ophthalmology from 2004, psychiatry from 2005, rehabilitation medicine for 2000 and surgery up to 2008.

Source: Medical colleges

Table D16: Basic trainees: Proportion of females by medical speciality, 2000-2014

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adult medicine	42.5	44.4	41.6	41.1	..	43.1	42.6	60.8	41.0	44.8	47.4	49.9	48.9	49.5	49.2
Anaesthesia	..	..	..	..	16.0	18.2	18.2	38.9	40.0	33.2	45.0	45.9	46.0	45.8	44.2
Dermatology	..	..	..	..	..	..	..	63.2	73.2	64.1	64.3	63.6	45.2	56.5	66.7
Emergency medicine	38.1	44.8	38.3	40.7	43.0	42.4	46.2	45.9	46.7	38.4	38.2	39.4	42.4	42.9	45.4
Intensive care	..	..	..	..	..	..	..	24.8	28.1	31.7	33.5	24.3	32.3	40.2	40.4
Obstetrics and gynaecology	..	..	..	..	..	..	..	..	63.2	65.1	69.8	77.6	79.4	80.6	81.6
Ophthalmology	..	..	..	..	45.5	35.4	26.9	34.0	33.3	35.8	40.0	43.4	41.8	34.0	35.2
Paediatrics	61.9	58.3	58.3	61.5	62.9	66.8	72.8	0	66.7	66.4	67.9	70.6	72.7	71.4	72.9
Psychiatry	..	..	..	..	..	52.2	53.3	54.3	50.6	55.2	54.1	55.4	48.3	54.5	56.1
Surgery	14.8	27.1	24.5	22.0	24.4	21.5	23.5	25.5	22.2	..	..	..	..	..	..
Total (%)	28.9	43.5	42.0	40.8	40.4	39.9	40.3	56.1	46.0	47.4	49.6	50.8	51.6	53.4	53.9
Total female trainees	457	511	562	468	727	1,058	1,130	1,834	1,878	2,133	2,498	2,672	2,962	3,235	3,433

Source: Medical colleges

Table D17: Basic trainees: Proportion of females by state/territory, 2000-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	29.6	28.8	33.9	29.2	23.9	9.4	25.0	16.0	28.9
2001	45.5	39.0	51.1	42.4	43.5	35.7	33.3	40.0	43.5
2002	44.4	40.4	42.5	40.0	39.5	43.8	38.5	39.3	42.0
2003	41.1	40.9	45.2	37.9	37.2	29.6	44.4	36.0	40.8
2004	37.7	45.4	38.6	38.7	42.1	39.2	45.0	35.0	40.4
2005	39.1	44.4	36.2	40.2	38.8	25.9	38.9	36.8	39.9
2006	39.6	42.8	36.6	44.4	39.7	34.5	48.1	42.9	40.3
2007	51.2	54.7	40.7	35.7	34.2	11.8	4.8	20.0	56.1
2008	49.1	50.0	40.5	42.4	42.0	32.3	37.8	52.6	46.0
2009	48.6	53.4	41.2	46.9	46.0	27.2	55.8	47.9	47.4
2010	51.3	56.0	42.0	50.0	49.7	29.2	41.5	51.4	49.6
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8
2012	51.9	55.6	46.9	51.5	52.0	44.0	52.2	51.4	51.6
2013	53.6	57.0	48.8	53.9	53.9	45.5	58.5	58.9	53.4
2014	53.3	56.3	49.9	57.4	53.6	54.1	63.6	59.2	53.9

Source: Medical colleges

Table D18: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2000–2014

Year	Training positions/trainees	Basic training positions/trainees	Proportion basic positions/trainees (%)	Female basic trainees	Proportion female basic trainees (%)	First-year basic trainees	Proportion first-year basic trainees (%)
2000	7,262	1,582	21.8	457	28.9	na	na
2001	6,835	1,174	17.2	511	43.5	229	19.5
2002	7,213	1,339	18.6	562	42.0	468	35.0
2003	7,273	1,147	15.8	468	40.8	na	..
2004	8,188	1,801	22.0	727	40.4	408	22.7
2005	8,710	2,653	30.5	1,058	39.9	684	25.8
2006	9,317	2,803	30.1	1,130	40.3	861	30.7
2007	11,249	3,267	29.0	1,834	56.1	852	26.1
2008	11,668	4,087	35.0	1,878	46.0	854	20.9
2009	12,958	4,502	34.7	2,133	47.4	965	21.4
2010	14,679	5,040	34.3	2,498	49.6	1,244	24.7
2011	15,478	5,264	34.0	2,672	50.8	1,425	27.1
2012	16,740	5,744	34.3	2,962	51.6	1,805	31.4
2013	17,888	6,056	33.9	3,235	53.4	1,669	27.6
2014	19,158	6,367	33.2	3,433	53.9	1,666	26.2
Change 2000–2014 (%)	163.8	302.5	52.5	651.2	86.6	..	..

Source: Medical colleges

Table D19: Advanced training positions/trainees by medical speciality, 1997-2014

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Addiction medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	11	13	18	24	22
Adult medicine	444	478	426	443	440	510	596	663	672	690	948	1,043	1,157	1,406	1,469	1,468	1,513	1,699
Anaesthesia	426	578	459	454	452	478	531	465	477	477	416	463	485	612	566	609	657	664
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	36	49	45	53	51	58	59	65	66
Dermatology ^(b)	42	43	50	56	55	58	60	61	60	64	31	33	39	45	54	57	49	54
Emergency medicine ^(c)	602	678	655	688	498	489	489	471	458	486	462	480	811	881	1,090	1,204	1,339	1,355
General practice	1,603	1,441	1,478	1,455	1,525	1,429	1,446	1,569	1,905	2,003	2,003	2,162	2,309	2,642				
– GPET															2,948	3,289	3,932	^(a) 4,315
– ACRRM ^(d)															6	^(a) 156	155	171
Intensive care	108	126	100	102	142	220	186	146	187	180	285	326	375	332	312	302	281	336
Medical administration	107	99	99	102	95	88	90	96	81	84	86	80	92	105	86	98	^(a) 107	^(a) 115
Obstetrics and gynaecology	350	317	333	309	312	288	258	292	299	325	338	109	131	^(a) 123	143	^(a) 133	^(a) 159	^(a) 165
Occupational and environmental medicine	24	na	49	46	46	44	49	62	72	74	59	61	55	87	80	84	102	92
Ophthalmology ^(e)	90	90	91	91	100	95	102	105	53	50	47	70	77	^(a) 49	^(a) 86	^(a) 80	^(a) 90	^(a) 90
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	38	38	38
Paediatrics ^(c)	179	143	135	141	147	180	233	258	234	284	286	395	453	583	640	593	556	662
Palliative medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	58	71	24	80	^(a) 28
Pathology	224	224	221	236	224	251	251	273	282	194	176	211	224	301	314	314	301	307
Pathology and RACP, jointly	..	..	..	..	..	..	..	..	..	107	95	124	137	131	173	208	213	236
Psychiatry ^(e)	..	..	..	..	..	..	..	..	87	178	177	278	322	350	^(a) 368	^(a) 417	^(a) 418	^(a) 418
Public health medicine	75	75	75	56	52	62	62	65	71	80	75	75	61	60	72	61	81	81
Radiation oncology	50	50	51	52	58	61	69	68	77	57	96	104	328	110	137	141	122	117
Radiodiagnosis	186	186	189	187	195	205	236	241	263	288	299	314	101	333	366	372	364	410
Rehabilitation medicine	68	46	61	67	77	92	97	118	118	125	131	121	138	143	162	177	191	202
Sexual health medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	19	7	10	20	13
Sport and exercise medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	na	27	28	^(a) 30	41
Surgery ^(d)	478	498	541	546	590	604	660	652	663	732	774	791	901	1,000	966	^(a) 1,094	983	1,094
Total	5,056	5,072	5,013	5,031	5,008	5,154	5,415	6,387	6,059	6,514	6,833	7,324	8,249	9,432	10,214	11,034	11,870	12,791

- (a) Addiction medicine, palliative medicine, sexual health medicine and sports and exercise medicine were recognised as specialties in 2009.
- (b) Dermatology was able to identify and report advanced trainees separately from 2007.
- (c) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.
- (d) Includes registrars on the Independent Pathway only.
- (e) Ophthalmology and psychiatry was able to identify and report advanced trainees separately from 2005.
- (f) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
- (g) Includes 39 trainees undertaking dual training in adult medicine and paediatrics. Also includes 6 ophthalmology trainees in overseas training positions.
- (h) Includes advanced Australian trainees who were undertaking FRANZCOG training only and not overseas trained specialists (referred to by the College as SIMG) who were also undertaking RANZCOG advanced training as a requirement to obtain college fellowship.
- (i) Includes 3rd and 4th years only, not 5th year.
- (j) Includes 6 trainees who were completing their final year of training overseas.
- (k) Includes 170 fellows undertaking subspecialty training.
- (l) Excludes 4 trainees living overseas. The definition of what counted as advanced training changed in 2012, hence the significant change in the number of posts.
- (m) Includes 11 trainees who were completing their final year of training overseas.
- (n) Includes 229 fellows in subspecialty training.
- (o) Includes 183 New Zealand, 7 overseas accredited training posts and 7 New Zealand and 2 overseas SET trainees on approved extended leave.
- (p) Excludes New Zealand and Hong Kong advanced trainees.
- (q) Includes 15 trainees who are currently completing their final year overseas.
- (r) Includes fellows completing advanced training certificates.
- (s) Excludes 9 trainees based overseas.
- (t) Figures for 2014 are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.
- (u) Excludes New Zealand and Hong Kong advanced trainees.
- (v) Includes 10 trainees who were completing their final year of training overseas.
- (w) Includes Chapter trainees only. Excludes Clinical Diploma Chapter trainees as this training program is not leading to fellowship of RACP or AChPM.
- (x) Includes 215 fellows in subspecialty training.

Source: Medical colleges and GPET

Table D20: Advanced training positions/trainees by state/territory, 1997-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
1997	1,827	1,447	947	497	540	115	70	164	5,665
1998	1,825	1,407	939	534	534	108	73	166	5,561
1999	1,839	1,438	950	476	555	121	79	146	5,645
2000	1,826	1,487	947	498	581	112	77	138	5,680
2001	1,839	1,472	930	580	572	116	80	148	5,661
2002	1,971	1,524	968	502	556	109	86	140	5,874
2003	2,044	1,656	1,020	543	562	94	99	100	6,126
2004	2,185	1,786	1,051	531	565	103	81	76	6,378
2005	2,093	1,673	1,030	486	513	111	76	77	6,059
2006	2,188	1,770	1,144	524	529	116	102	98	6,514
2007	2,312	1,831	1,220	525	619	121	101	107	6,833
2008	2,486	2,040	1,351	599	689	147	120	129	^(b) 7,581
2009	2,727	2,190	1,486	623	722	156	130	122	8,249
2010	3,033	2,448	1,780	740	700	170	176	252	9,277
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
2012	3,580	2,769	2,244	888	983	239	178	151	10,996
2013	3,859	2,916	2,476	914	1,052	250	208	143	11,832
2014	4,203	3,160	2,634	969	1,205	264	203	153	12,791
Change 1997-2014 (%)	130.0	118.4	178.1	95.0	123.1	129.6	190.0	-6.7	125.8

(a) Australian total differs from the sum of state/territory totals in some years because it includes trainees in overseas placements.

(b) Australian total is higher because state/territory data on 20 positions were not available.

Source: Medical colleges and GPET

Table D21: Advanced training first-year positions/trainees by medical speciality, 1997-2014

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Addiction medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	6	7	7
Adult medicine	148	118	192	204	166	184	228	257	274	247	na	na	384	432	408	418	437	677
Anaesthesia	145	165	148	141	158	134	219	153	159	159	155	145	159	214	193	196	201	174
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	20	24	19	22	26	26	29	28
Dermatology	13	8	6	9	14	15	12	3	17	17	18	18	16	18	28	28	16	32
Emergency medicine ^{(b),(c)}	120	121	150	150	98	115	91	108	122	110	102	^(d) na	305	282	262	293	332	180
General practice																		
– GPET	400	400	410	450	450	450	600	624	626	648	648	648	684	814	918	1,006	^(e) 1,152	^(f) 1,222
– ACRRM	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	^(g) 43	0	..
Intensive care	..	..	..	..	..	..	..	..	..	..	na	na	156	60	58	82	96	48
Medical administration	20	20	20	20	20	21	27	27	27	30	19	15	32	8	25	24	32	33
Obstetrics and gynaecology	55	55	50	50	50	47	47	48	56	69	65	56	65	59	58	66	89	87
Occupational and environmental medicine	12	na	10	na	na	na	8	na	na	na	na	na	6	27	19	23	0	21
Ophthalmology	21	24	18	18	18	26	28	25	22	26	27	27	20	27	28	27	29	28
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
Paediatrics ^(c)	59	43	68	68	50	48	63	97	89	119	na	na	162	131	170	141	119	315
Palliative medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	41	11	9	67	15
Pathology	50	43	49	48	71	54	44	46	58	87	90	^(e) 85	^(e) 66	50	40	51	65	57
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41	49	54	65
Psychiatry	118	122	118	117	126	127	106	115	142	131	39	102	99	129	112	^(g) 216	119	105
Public health medicine	24	24	24	na	na	16	15	18	12	10	10	14	8	28	22	12	0	33

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Radiation oncology	..	4	na	11	12	6	10	14	15	14	25	15	24	15	27	24	27	18
Radiodiagnosis	43	50	62	41	41	34	37	21	9	51	48	32	47	56	96	70	65	86
Rehabilitation medicine	13	14	19	20	25	27	29	29	30	30	32	20	38	30	34	57	0	61
Sexual health medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	1
Sport and exercise medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	7	8
Surgery	128	139	139	162	184	185	188	197	240	208	421	218	299	250	207	246	^(b) 238	249
Total	1,369	1,350	1,483	1,509	1,483	1,489	1,752	1,782	1,898	1,956	1,719	1,419	2,589	2,696	2,802	^(b) 3,114	3,184	3,556

(a) Addiction medicine, palliative medicine, sexual health medicine and sports and exercise medicine were recognised as specialties in 2009.

(b) RACP data is included with ACEM totals.

(c) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.

(d) Due to retrospective data collection, the number of estimated first year advanced trainees in 2009 is unavailable.

(e) Includes trainees from pathology and RACP (jointly).

(f) Excludes 1 trainee living overseas.

(g) Includes 71 fellows in subspecialty training.

(h) Total number of first year registrars across all states (excluding double counting of registrars and one trainee from overseas).

(i) Figures include both basic and advanced trainees together. It also includes those who are enrolled or who have completed training.

(j) Excludes 28 trainees that deferred SET training commencement in 2012.

(k) Figures are for those enrolled in the 2014 training year and include those now withdrawn or fellowed.

Source: Medical colleges and GPET

Table D22: Advanced training first-year positions/trainees by state/territory, 1997-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
1997	378	321	187	108	130	24	15	42	1,205
1998	403	324	242	133	133	28	21	46	1,330
1999	469	384	233	120	148	31	17	35	1,437
2000	478	392	250	111	129	41	17	41	1,459
2001	474	397	252	124	139	31	19	47	1,483
2002	485	394	247	110	142	27	23	45	1,473
2003	507	416	265	157	129	34	29	12	1,549
2004	511	445	259	120	144	38	39	17	1,573
2005	561	448	286	119	153	37	32	21	1,657
2006	669	492	351	157	176	49	33	29	1,956
2007	364	290	235	94	102	24	25	9	1,143
2008	471	364	271	110	135	31	22	15	1,419
2009	830	717	473	201	229	64	32	44	2,590
2010	856	687	581	227	243	53	46	40	2,733
2011	1,022	724	522	190	214	70	30	45	2,817
2012	1,034	788	657	222	257	77	44	41	3,114
2013	1,070	747	662	248	290	64	62	44	3,184
2014	1,139	860	722	281	370	76	59	49	3,556

Source: Medical colleges and GPET

Table D23: Advanced trainees: Proportion of females by medical speciality, 1997-2014

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Addition medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	36.4	30.8	44.4	46.0	45.5
Adult medicine	34.2	39.5	36.7	39.2	43.9	42.0	47.8	40.3	41.2	43.2	43.0	43.1	40.2	42.3	43.0	45.6	48.0	50.7
Anaesthesia	39.7	55.0	55.6	36.8	35.0	37.0	44.3	37.4	36.5	36.5	39.7	37.1	50.7	39.9	43.1	44.0	44.9	47.6
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	26.5	31.1	35.8	29.4	27.6	38.9	52.3	42.4
Dermatology	38.1	32.5	36.0	41.1	43.6	54.7	50.0	49.2	55.0	54.7	51.6	66.7	59.0	55.6	61.1	73.7	63.3	50.0
Emergency medicine	30.7	28.0	39.4	37.8	38.4	39.5	39.9	39.9	39.1	41.4	44.2	43.5	41.9	38.6	41.1	40.9	41.4	40.5
General practice	56.6	59.7	58.9	60.3	60.8	60.6	60.5	59.1	58.2	58.9	58.9	62.0	63.8	64.9	..	..	..	..
– GPET	..	..	..	..	..	..	..	..	..	..	..	..	..	..	65.8	64.9	64.9	64.9
– ACRRM	..	..	..	..	..	..	..	..	..	..	..	..	..	..	33.3	27.5	25.0	18.1
Intensive care	11.1	9.5	19.0	24.5	18.3	22.3	36.0	28.1	23.5	20.0	34.7	24.5	24.3	27.1	26.9	30.5	32.7	32.1
Medical administration	34.6	25.7	25.7	41.2	49.5	50.0	44.4	37.5	35.8	33.3	20.9	10.0	14.1	27.6	41.9	39.8	40.2	37.4
Obstetrics and gynaecology	48.6	61.2	56.8	49.5	60.0	62.5	60.5	59.6	63.2	65.5	65.7	68.8	67.9	65.0	60.1	65.4	69.2	74.5
Occupational and environmental medicine	25.0	na	16.3	19.6	23.9	34.1	24.5	24.2	25.0	23.0	23.7	16.4	25.5	14.9	21.3	20.2	24.5	31.5
Ophthalmology	20.0	18.2	19.8	23.1	25.0	31.4	34.3	41.9	39.6	48.0	31.9	34.3	31.2	38.8	38.4	23.8	40.0	42.2
Oral and maxillofacial surgery	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	7.9	7.9	10.5
Paediatrics	62.0	66.7	66.7	65.2	63.3	65.0	57.9	63.4	62.0	64.1	63.6	60.1	58.7	61.4	65.9	65.3	67.0	72.8
Palliative medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	53.4	63.8	60.0	67.5	57.1
Pathology ^(b)	46.6	43.3	42.7	42.8	48.7	50.2	51.8	55.7	55.3	77.5	53.9	45.3	64.5	80.1	59.2	64.3	58.8	62.5
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	47.4	35.7	56.3	57.6
Psychiatry	44.6	45.8	45.9	46.0	48.4	47.6	49.4	52.3	55.2	47.8	52.5	26.3	53.1	55.1	63.0	55.6	55.0	50.7
Public health medicine	50.7	50.7	50.7	48.2	48.1	51.6	66.7	64.6	66.2	68.8	69.3	54.7	59.0	61.7	52.8	67.0	65.0	72.8
Radiation oncology	..	..	51.0	48.1	56.9	60.1	55.1	58.8	54.5	70.2	44.8	52.9	57.4	58.2	51.8	56.7	53.2	51.3
Radiodiagnosis	27.8	25.8	24.9	26.7	32.3	34.1	33.5	31.5	33.1	33.0	30.4	30.9	34.8	31.8	31.4	46.5	34.0	37.6
Rehabilitation medicine	34.0	30.8	26.8	42.9	57.1	54.3	52.6	55.1	51.7	60.8	60.3	60.3	61.6	61.5	64.8	68.9	69.0	66.3
Sexual health medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	52.6	28.6	80.0	70.0	69.2
Sport and exercise medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22.2	25.0	20.5	22.0
Surgery	17.2	13.3	12.6	12.8	13.4	12.1	14.4	17.1	16.0	18.0	18.3	23.3	23.1	22.8	23.8	25.5	28.1	27.5
Total (%)	45.9	47.2	49.6	48.8	50.7	51.4	52.5	45.9	45.5	46.3	46.6	46.7	48.1	47.6	49.9	50.4	52.0	52.6
Total number	2,322	2,393	2,488	2,456	2,538	2,650	2,845	2,930	2,758	3,015	3,181	3,421	3,967	4,494	5,116	5,536	6,160	6,733

(a) Addition medicine, palliative medicine, sexual health medicine and sport and exercise medicine were recognised as specialties in 2009.

(b) Data includes trainees undertaking pathology and RACP jointly up to 2010.

(c) The total proportion of female surgical trainees including Australian, New Zealand and overseas trainees was 24.4%.

Source: Medical colleges and GPET

Table D24: Advanced trainees: Proportion of females by state/territory, 1997-2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
1997	41.8	39.5	40.0	37.7	39.1	38.3	57.1	44.4	41.0
1998	43.5	41.3	40.7	43.4	44.2	35.2	39.5	53.3	43.0
1999	44.8	43.3	41.6	44.7	45.1	45.1	50.6	45.2	44.1
2000	42.6	43.9	43.0	45.2	43.5	43.8	40.3	42.8	43.2
2001	45.5	46.3	42.0	45.2	41.1	48.3	46.3	45.9	44.8
2002	46.1	47.8	40.9	41.4	44.4	43.1	53.5	42.9	45.1
2003	48.0	46.1	43.6	45.3	47.2	56.4	53.5	39.0	46.4
2004	46.3	46.7	44.0	44.1	46.0	52.4	50.6	42.1	45.9
2005	45.3	46.2	44.2	41.4	46.1	51.3	55.7	40.3	45.6
2006	46.9	47.7	46.0	41.4	46.8	49.1	55.9	39.8	46.3
2007	47.5	47.5	45.2	43.6	46.0	43.8	60.4	30.8	46.6
2008	46.3	45.0	44.3	44.9	42.7	46.9	59.2	33.3	45.1
2009	39.2	49.4	46.2	47.2	45.2	48.7	60.0	42.6	48.1
2010	50.0	48.8	46.1	46.4	48.9	57.6	52.3	40.1	47.6
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.2
2012	52.7	50.8	46.8	50.2	50.9	52.7	60.1	35.8	50.3
2013	53.4	52.5	48.8	52.2	54.2	53.6	57.7	39.9	52.1
2014	54.0	53.4	49.4	50.9	53.8	55.3	58.6	45.1	52.6

Source: Medical colleges and GPET

Table D25: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 1997-2014

Year	Training positions/trainees	Advanced training positions/trainees	Proportion advanced positions/trainees (%)	Female advanced trainees	Proportion female advanced trainees (%)	Part-time advanced	Proportion part-time advanced (%)
1997	6,422	5,665	88.2	2,332	41.2	296	5.2
1998	6,818	5,561	81.6	2,393	43.0	337	6.1
1999	6,910	5,645	81.7	2,488	44.1	388	6.9
2000	7,262	5,680	78.2	2,456	43.2	368	6.5
2001	6,835	5,661	82.8	2,538	44.8	325	5.7
2002	7,213	5,874	81.4	2,650	45.1	357	6.1
2003	7,273	6,126	84.2	2,845	46.4	534	8.7
2004	8,188	6,387	78.0	2,930	45.9	704	11.0
2005	8,710	6,059	69.6	2,765	45.6	932	15.4
2006	9,317	6,514	69.9	3,018	46.3	676	10.4
2007 ^(a)	11,249	6,833	60.7	3,181	46.6	739	10.8
2008 ^(b)	11,668	7,324	62.8	3,421	46.7	556	7.6
2009	12,958	8,249	63.7	3,967	48.1	1,052	12.8
2010	14,679	9,432	64.3	4,494	47.6	971	10.3
2011	15,478	10,214	66.0	5,116	50.1	1,416	13.9
2012	16,740	10,996	65.7	5,536	50.3	1,220	11.1
2013	17,888	11,832	66.1	6,160	52.1	1,576	13.3
2014	19,158	12,791	66.8	6,733	52.6	2,075	16.2
Change 1997-2014 (%)	198.3	125.8	-24.3	188.7	27.9	601	210.5

(a) Figure for the number of training positions/trainees has been revised from the 2007 report.

(b) Figure for the number of advanced training positions/trainees has been revised from the 2008 report.

Source: Medical colleges and GPET

Table D26: New fellows by medical speciality, 2000-2013

Medical speciality	Change 2000–2013														Change 2000–2013 (%)
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Addiction medicine	..	..	..	..	..	..	..	..	..	6	3	1	4	3	..
Adult medicine	159	129	170	168	190	181	247	209	303	397	346	362	456	438	279
Anaesthesia	95	123	165	133	128	198	135	150	234	197	243	223	229	256	161
Anaesthesia – pain medicine	..	..	..	..	..	5	5	7	11	9	17	12	19	14	..
Dermatology	8	14	21	9	12	13	14	23	11	11	26	21	20	23	15
Emergency medicine	40	61	34	82	80	58	78	69	95	82	77	78	135	115	75
General practice															
– RACGP	365	324	670	746	661	671	628	592	819	928	^(c) 835	^(b) 1,037	^(a) 1,216	^(a) 1,096	731
– ACRRM	..	..	..	..	..	..	..	21	22	40	28	^(e) 38	63	85	..
Intensive care	11	22	20	15	20	29	23	36	62	63	60	50	63	^(a) 52	41
Medical administration	9	7	6	10	15	4	13	11	10	9	18	^(b) 14	19	13	4
Obstetrics and gynaecology	54	49	46	57	29	28	49	46	66	56	82	90	81	68	14
Occupational and environmental medicine	3	1	4	4	6	6	6	6	11	11	5	2	4	8	5
Ophthalmology	25	21	20	30	20	26	16	30	14	11	26	^(a) 29	^(b) 38	^(a) 36	11
Oral and maxillofacial surgery	na	na	na	na	na	na	na	na	na	na	na	4	8	11	..
Paediatrics	40	41	51	55	57	74	73	47	114	116	91	102	146	134	94
Palliative medicine	..	..	..	..	..	..	..	..	..	8	6	7	16	15	..
Pathology ^(a)	42	35	37	43	41	48	46	77	68	64	94	88	99	98	56
Psychiatry	80	70	82	70	109	85	90	72	147	125	154	131	136	141	61
Public health medicine	11	11	13	6	8	4	13	15	13	12	15	4	7	7	-4

-36.4

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Change 2000–2013	
															(%)	(%)
Radiation oncology	14	12	10	9	10	19	9	12	11	18	13	22	20	23	9	64.3
Radiodiagnosis	46	26	36	40	37	39	74	54	54	44	54	77	115	100	54	117.4
Rehabilitation medicine	13	10	13	12	15	13	19	24	21	13	22	23	26	20	7	53.8
Sexual health medicine	..	..	..	..	..	..	..	..	..	1	0	3	3	3	..	..
Sport and exercise medicine	..	..	..	..	..	..	7	3	5	1	1	3	2	(m)2	..	..
Surgery	111	103	108	117	115	155	155	176	171	(b)174	(b)184	(b)212	(b)217	(b)193	82	73.9
Total	1,126	1,059	1,506	1,606	1,553	1,656	1,700	1,680	2,262	2,396	2,400	2,633	3,142	2,954	1,828	162.3

a) From 2010 data includes new fellows from pathology, and pathology and RACP (jointly).

b) Includes new fellows through SET program and overseas trained specialists that have been awarded fellowship.

c) An additional 151 new fellows who live overseas joined the college in 2010.

d) Excludes 96 new fellows awarded fellowship who live overseas.

e) Excludes 2 new fellows who live overseas.

f) Includes 5 New Zealand and Hong Kong new fellows.

g) Includes 10 new fellows trained overseas.

h) Excludes 107 new fellows awarded fellowship but living overseas.

i) Includes 13 overseas trained specialists.

j) Excludes 99 new fellows who live overseas.

k) Excludes 17 new fellows who live overseas.

l) Excludes 6 new fellows who live overseas.

m) Excludes 1 New Zealand new fellow.

Source: Medical colleges

Table D27: New fellows by state/territory, 2000-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
2000	361	301	197	90	108	29	11	29	1,126
2001	361	260	172	96	114	27	10	19	1,059
2002	499	392	254	115	155	38	15	25	1,493
2003	518	384	324	140	167	43	8	9	1,592
2004	476	414	262	161	173	23	4	10	1,553
2005	501	434	310	157	179	35	10	14	1,640
2006	530	468	308	165	163	30	11	18	1,693
2007	538	470	327	151	135	30	11	15	1,677
2008	635	543	441	213	246	49	15	23	2,165
2009	620	548	471	196	225	47	25	41	2,285
2010	734	603	479	179	272	52	29	40	2,388
2011	744	713	603	198	242	45	31	41	2,617
2012	863	759	702	241	328	89	43	64	3,103
2013	832	747	660	204	364	61	44	42	2,954
Change 2000-2013 (%)	130.5	148.2	235.0	126.7	237.0	110.3	300.0	44.8	162.3

(a) Australian totals differ for 2009 and 2012 from the sum of state/territory numbers due to the inclusion of new fellows who completed their training overseas.

Source: Medical colleges

Table D28: New female fellows by state/territory, 2000-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	152	109	84	36	45	8	3	15	454
2001	136	104	74	43	56	12	4	10	439
2002	210	172	87	48	63	17	9	12	618
2003	228	162	130	47	71	17	5	2	662
2004	222	166	120	62	77	12	2	8	683
2005	213	171	114	65	74	20	3	7	667
2006	233	192	119	74	55	12	3	9	697
2007	218	194	131	63	54	13	5	4	682
2008	261	225	182	78	102	19	6	12	885
2009	256	234	178	83	90	29	11	14	895
2010	315	289	201	66	121	24	19	17	1,052
2011	330	340	248	83	86	27	9	22	1,145
2012	395	351	296	103	148	38	19	35	1,385
2013	411	344	266	99	155	28	20	18	1,341
Change 2000-2013 (%)	170.4	215.6	216.7	175.0	244.4	250.0	566.7	20.0	195.4

Source: Medical colleges

Table D29: New fellows: Proportion of females by medical speciality, 2000-2013

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Addiction medicine	..	..	..	..	..	..	..	..	..	50.0	33.3	..	25.0	33.3
Adult medicine	42.1	34.0	41.8	40.5	38.4	38.7	36.8	38.3	41.6	35.8	37.6	37.0	39.9	42.7
Anaesthesia	18.9	32.5	30.9	27.8	28.9	36.4	43.0	31.3	35.0	29.4	32.5	31.8	41.5	42.2
Anaesthesia – pain medicine	..	..	..	..	..	40.0	40.0	0.0	9.1	33.3	29.4	33.3	15.8	35.7
Dermatology	37.5	42.9	33.3	33.3	66.7	69.2	42.9	34.8	90.9	90.9	53.8	57.1	65.0	52.2
Emergency medicine	25.7	29.5	25.0	39.0	42.5	37.9	30.8	33.3	36.8	36.6	44.2	34.6	45.2	38.3
General practice														
– RACGP	59.2	56.8	47.9	47.6	46.8	45.8	46.8	50.0	44.8	43.3	56.0	52.6	50.8	52.6
– ACRRM	..	..	..	..	..	..	..	14.3	31.8	27.5	39.3	23.7	31.7	32.9
Intensive care	18.2	18.2	10.0	20.0	20.0	20.7	8.7	13.9	25.8	23.8	23.3	24.0	11.1	30.8
Medical administration	22.2	28.6	66.7	50.0	53.3	100.0	30.8	27.3	50.0	11.1	27.8	7.1	42.1	46.2
Obstetrics and gynaecology	44.4	59.2	56.5	56.1	51.7	53.6	46.9	58.7	62.1	62.5	56.6	63.3	54.3	60.3
Occupational and environmental medicine	0	0	16.7	50.0	0	50.0	33.3	16.7	45.5	9.1	20.0	0	50.0	0
Ophthalmology	24.0	19.0	20.0	13.3	50.0	38.5	31.3	50.0	35.7	36.4	30.8	10.3	28.9	30.6
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	0
Paediatrics	77.5	52.2	64.7	50.9	64.9	59.5	45.2	57.4	56.1	47.4	57.1	63.7	64.4	56.7
Palliative medicine	..	..	..	..	..	..	..	..	..	62.5	66.7	85.7	56.3	86.7
Pathology	45.2	42.9	45.9	37.2	45.0	54.2	65.2	53.2	51.5	46.9	47.6	59.3	55.7	50.9
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	48.4	37.9	51.7	44.2
Psychiatry	32.5	45.7	42.7	42.9	45.9	50.6	54.4	43.1	42.2	42.4	46.8	45.0	52.9	45.4
Public health medicine	63.6	45.5	30.8	66.7	62.5	75.0	84.6	80.0	69.2	58.3	53.3	75.0	57.1	71.4
Radiation oncology	35.7	41.7	50.0	66.7	50.0	52.6	55.6	50.0	36.4	44.4	53.8	50.0	45.0	65.2
Radiodiagnosis	19.6	38.5	22.2	25.0	37.8	21.1	33.8	24.1	25.9	40.9	24.1	29.9	31.3	32.0
Rehabilitation medicine	15.4	60.0	61.5	75.0	40.0	38.5	63.2	62.5	52.4	69.2	59.1	60.9	57.7	70.0
Sexual health medicine	..	..	..	..	..	..	..	..	..	100.0	..	100.0	33.3	33.3
Sport and exercise medicine	..	..	..	..	..	..	..	..	..	..	..	33.3	50.0	100.0
Surgery	7.2	12.6	13.0	14.0	6.1	10.3	13.5	16.5	15.2	19.5	14.1	15.1	19.4	19.2
Total	40.3	40.9	41.1	41.3	44.0	40.8	41.2	40.7	41.0	39.0	44.0	43.7	44.7	45.4

Source: Medical colleges

Table D30: New fellows: Proportion of females by state/territory, 2000-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	42.1	36.2	42.6	40.0	41.7	27.6	27.3	51.7	40.3
2001	37.7	40.0	43.0	44.8	49.1	44.4	40.0	52.6	41.5
2002	42.1	43.9	34.3	41.7	40.6	44.7	60.0	48.0	41.4
2003	44.0	42.2	40.1	33.6	42.8	39.5	62.5	22.2	41.6
2004	46.6	40.1	45.8	38.5	44.5	52.2	50.0	80.0	44.0
2005	42.5	39.4	36.8	41.4	41.3	57.1	30.0	50.0	40.7
2006	44.0	41.0	38.6	44.8	33.7	40.0	27.3	50.0	41.2
2007	40.5	41.3	40.1	41.7	40.0	43.3	45.5	26.7	40.7
2008	41.1	41.4	41.3	36.6	41.5	38.8	40.0	52.2	40.9
2009	41.3	42.7	37.8	42.3	40.0	61.7	44.0	34.1	39.2
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1
2011	44.4	47.7	41.1	41.9	35.5	60.0	29.0	53.7	43.8
2012	45.8	46.2	42.2	42.7	45.1	42.7	44.2	54.7	44.8
2013	49.4	46.1	40.3	48.5	42.6	45.9	45.5	42.9	45.4

Source: Medical colleges

Table D31: Fellows by medical speciality, 2008-2013

Medical speciality	2008	2009	2010	2011	2012	2013	Change 2008–2013	Change 2008–2013 (%)
Addiction medicine	..	171	164	167	182	^(b) 155	..	..
Adult medicine	6,436	6,765	6,284	6,861	7,754	^(b) 6,823	387	6.0
Anaesthesia	3,448	3,197	3,425	3,612	3,815	4,043	595	17.3
Anaesthesia – pain medicine	187	191	212	221	239	252	65	34.8
Dermatology	354	434	390	411	491	^(c) 495	141	39.8
Emergency medicine	1,009	1,106	1,134	1,204	1,340	1,453	444	44.0
General practice								
– RACGP	9,956	14,748	14,651	^(a) 16,563	^(a) 17,822	^(d) 17,261	7,305	73.4
– ACRRM	1,392	1,365	1,352	^(a) 1,363	1,443	^(e) 1,459	67	4.8
Intensive care	642	554	584	634	640	^(f) 713	71	11.1
Medical administration	436	441	299	^(a) 458	485	411	-25	-5.7
Obstetrics and gynaecology	1,330	1,696	1,492	1,497	1,559	1,586	256	19.2
Occupational and environmental medicine	265	323	245	253	252	^(b) 240	-25	-9.4
Ophthalmology	767	784	796	797	822	827	60	7.8
Oral and maxillofacial surgery	..	..	..	..	..	172	..	..
Paediatrics	1,923	2,013	1,723	1,955	2,325	^(b) 1,984	61	3.2
Palliative medicine	..	210	181	227	261	^(b) 220	..	..
Pathology	1,416	1,488	1,379	1,387	1,263	1,241	-175	-12.4
Pathology and RACP (jointly)	..	..	225	236	410	501	..	..
Psychiatry	2,588	2,741	2,949	3,101	3,073	3,154	566	21.9
Public health medicine	454	799	725	^(a) 574	571	^(b) 402	-52	-11.5

Medical specialty	2008	2009	2010	2011	2012	2013	Change 2008–2013	Change 2008–2013 (%)
Radiation oncology	249	253	269	293	314	327	78	31.3
Radiodiagnosis	1,284	1,457	1,562	1,674	1,714	1,786	502	39.1
Rehabilitation medicine	317	323	354	365	398	400	83	26.2
Sexual health medicine	..	130	111	^(a) 156	145	^(b) 111	..	..
Sport and exercise medicine	..	..	140	^(a) 119	^(a) 155	70	..	..
Surgery	3,841	3,912	4,089	4,281	4,467	4,618	777	20.2
Total	38,294	45,092	44,735	48,403	51,967	50,704	12,410	32.4

(a) Includes fellows living overseas.

(b) Numbers are down from 2012 due mainly to the inclusion in 2012 of 'Retired' and 'Life' fellows (i.e. fellows aged 70+). These fellows have been excluded from the count in 2013.

(c) Excludes 17 fellows who live overseas.

(d) Excludes 1,729 fellows who live overseas.

(e) Excludes 19 fellows who live overseas.

(f) Excludes 197 fellows who live overseas.

Source: Medical colleges

Table D32: Fellows by state/territory, 2008-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	11,820	9,311	7,033	3,350	3,327	869	179	519	36,408
2009	13,261	10,538	7,930	3,573	3,927	999	360	814	42,739
2010	14,233	11,323	8,577	3,824	4,232	1,059	386	879	44,513
2011	14,843	11,911	9,088	3,938	4,404	1,103	394	922	46,603
2012	15,143	12,307	9,628	4,029	4,629	1,137	441	972	50,215
2013	15,816	12,948	10,188	4,170	4,971	1,178	454	977	50,704
Change 2008-2013 (%)	33.8	39.1	44.9	24.5	49.4	35.6	153.6	88.2	39.3

Source: Medical colleges

Table D33: Female fellows by state/territory, 2008-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	3,534	2,861	2,121	989	990	278	79	141	10,993
2009	4,155	3,393	2,458	1,068	1,233	327	164	290	13,586
2010	4,575	3,764	2,725	1,165	1,367	362	172	316	14,446
2011	4,827	4,044	2,916	1,206	1,433	385	174	333	15,318
2012	5,179	4,365	3,218	1,310	1,565	406	201	374	17,271
2013	5,534	4,680	3,435	1,382	1,719	435	215	383	17,783
Change 2008-2013 (%)	56.6	63.6	62.0	39.7	73.6	56.5	172.2	171.6	61.8

Source: Medical colleges

Table D34: Fellows: Proportion of females by medical speciality, 2008-2013

Medical speciality	2008	2009	2010	2011	2012	2013
Addiction medicine	..	25.1	25.0	24.6	24.2	25.8
Adult medicine	24.7	25.4	24.2	25.1	28.6	29.8
Anaesthesia	21.1	24.4	25.1	25.6	26.9	27.9
Anaesthesia – pain medicine	17.6	18.8	19.8	20.8	20.5	21.4
Dermatology	39.3	36.2	39.5	40.4	39.7	40.4
Emergency medicine	27.2	28.7	28.9	29.4	31.0	31.3
General practice						
– RACGP	44.4	43.5	45.8	45.3	45.8	46.7
– ACRRM	29.1	19.9	19.5	19.6	20.8	21.3
Intensive care	15.0	14.4	14.9	14.7	15.8	16.8
Medical administration	24.5	24.5	27.8	24.0	26.4	27.0
Obstetrics and gynaecology	32.2	34.9	36.2	37.1	38.7	39.8
Occupational and environmental medicine	17.7	18.0	18.8	19.0	19.0	19.2
Ophthalmology	16.7	17.3	17.3	17.6	19.2	19.5
Oral and maxillofacial surgery	..	..	..	..	..	9.3
Paediatrics	41.8	42.2	40.9	42.8	46.8	47.2
Palliative medicine	..	47.1	44.2	48.0	47.5	51.8
Pathology	34.5	35.7	35.9	37.2	40.5	41.7
Pathology and RACP (jointly)	..	..	45.3	45.3	36.6	36.9
Psychiatry	34.1	33.9	34.7	35.9	38.3	37.6
Public health medicine	36.8	36.5	38.1	40.8	36.3	42.0
Radiation oncology	34.5	35.2	35.7	39.2	40.1	41.3
Radiodiagnosis	22.7	22.8	24.3	24.0	25.0	25.6
Rehabilitation medicine	37.9	38.4	40.7	40.8	43.2	44.0
Sexual health medicine	..	46.9	47.7	51.3	53.1	54.1
Sport and exercise medicine	..	..	16.4	22.7	19.4	37.1
Surgery	7.3	7.7	8.2	8.6	9.2	9.7
Total	30.1	31.8	32.5	33.1	34.6	35.1

Source: Medical colleges

Table D35: Fellows: Proportion of females by state/territory, 2008-2013

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	29.9	30.7	30.2	29.5	29.8	32.0	44.1	27.2	30.2
2009	31.3	32.2	31.0	29.9	31.4	32.7	45.6	35.6	31.8
2010	32.1	33.2	31.8	30.5	32.3	34.2	44.6	35.9	32.5
2011	32.5	34.0	32.1	30.6	32.5	34.9	44.2	36.1	32.9
2012	34.2	35.5	33.4	32.5	33.8	35.7	45.6	38.5	34.4
2013	35.0	36.1	33.7	33.1	34.6	36.9	47.4	39.2	35.1

Source: Medical colleges

Appendix E:

DATA SPECIFICATIONS

To assist in preparation of data inputs, data templates and specifications were first developed for the MTRP 12th report. In order to improve data comparability and quality these were refined for the 13th report and the specifications further expanded to cover the prevocational and vocational levels, and international medical graduates and overseas trained specialists for the MTRP 14th report onwards.

The data specifications used for the production of the MTRP 18th report are listed below. These were sent to all jurisdictions, medical colleges, General Practice Education and Training Ltd, the Australian Medical Council and the Australian Government Department of Immigration and Border Protection as relevant to the data each provides.

Prevocational training

Definition:	<p>Postgraduate training undertaken by junior doctors who enter the medical workforce.</p> <p>Postgraduate Year 1 (PGY1)</p> <p>The year of supervised clinical training completed by graduates of an Australian Medical Council (AMC) accredited medical school. This is also known as the intern year.</p> <p>Rural area</p> <p>Rural area classification as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.</p> <p>Rural internship</p> <p>Rural internship is a type of internship when all or majority of it is undertaken in an RA2-RA5 hospital.</p> <p>Rotational positions</p> <p>Rotational positions are the rural based intern positions that are filled on rotation by doctors from a metropolitan hospital.</p> <p>Postgraduate Year 2 (PGY2)</p> <p>The year of structured supervised clinical training placements, commenced once medical practitioners have completed their internship and gained general medical registration.</p>
Data source:	State and territory health departments, Australian Government Department of Health (for Commonwealth Medical Internships initiative).
Scope:	<p>All junior doctors undertaking postgraduate prevocational training in Australia. This includes all junior doctors who accepted their applications to commence their training either at the beginning of the academic year or during additional intakes during the given year of data collection.</p> <p>It also includes International Medical Graduates (IMGs) who have completed the Australian Medical Council (AMC) multiple choice questionnaire (MCQ) and clinical examinations and who must complete a supervised year of training to be eligible for general medical registration.</p>

Statistical unit:	Number of trainees/doctors Number of supervised training positions Number of rural intern positions Number of rotational positions (RA2-RA5)
Collection period:	Academic year 2014
Guide for use	
State/Territory:	This is the state/territory where training is being provided. It is not the place of residence of trainees undertaking the vocational training.

Prevocational medical training 2014

Data items	Values
Commencing postgraduate year 1 trainees or supervised training positions	
Type of graduate	Australian trained local (own state) <ul style="list-style-type: none"> – Commonwealth-supported – Full-fee paying
	Australian trained local (interstate) <ul style="list-style-type: none"> – Commonwealth-supported – Full-fee paying
	New Zealand medical graduates
	International students who graduated from an Australian medical school and were placed by states/territories <ul style="list-style-type: none"> – Own state – Interstate
	Australian Medical Council graduates
	International students who graduated from an Australian medical school and were placed by the Commonwealth
Sex	Female
State/Territory	NSW VIC QLD SA WA TAS NT ACT

Data items	Values
Commencing postgraduate year 1 trainees or supervised training positions (RA2-RA5)	
Type of graduate	Rural intern positions where postgraduate year 1 trainees can undertake majority of their internship in a rural location Postgraduate year 1 trainees undertaking rural internship (RA2-RA5) Rotational positions (RA2-RA5)
State/Territory	NSW VIC QLD SA WA TAS NT ACT
Commencing doctors in postgraduate year 2 training positions	
Type of graduate	Australian trained local (own state) Australian trained local (interstate) New Zealand medical graduates International students who graduated from an Australian medical school Australian Medical Council graduates Other/Unspecified
Sex	Female
State/Territory	NSW VIC QLD SA WA TAS NT ACT

Vocational training

Definition:	<p>Vocational trainee</p> <p>Trainees who were successful in their application and are undertaking training in a position supervised by a member of the accredited specialist medical college or other vocational training provider.</p>
Data source:	<p>Medical colleges</p> <p>General Practice Education and Training Limited</p>
Scope:	<p>The scope includes Australian medical school graduates who are:</p> <ul style="list-style-type: none"> – undertaking basic or advanced training; – undertaking their training overseas; and – undertaking research programs. <p>New Zealand and other international medical graduates who are working/training in an accredited training position/post within Australia are to be included.</p> <p>Whereas non-Australian medical school graduates who are being trained overseas through an Australian medical college are to be excluded.</p> <p>The scope includes those who are undertaking training on a part-time basis or who have interrupted their training through approved extended leave.</p> <p>It excludes those who have withdrawn from their training either on a voluntary basis or have been discontinued by the college or other vocational training provider.</p>
Statistical unit:	Number of trainees
Collection period:	<p>Calendar year 2014</p> <p>Latest available data for trainees who are undertaking basic or advanced training in 2014.</p> <p>Calendar year 2013</p> <p>Examination/assessment outcome data, new fellow and fellow data are to be reported for the previous year, 2013.</p>
Definition:	<p>Overseas trained specialist</p> <p>A doctor whose specialist medical qualifications were acquired in a country other than Australia.</p>
Data source:	Medical colleges
Scope:	All overseas trained specialists who have applied to the Australian Medical Council for recognition of their specialty qualifications and who have been referred to the relevant medical college for assessment of the comparability of their qualifications to Australian standards.
Statistical unit:	Number of overseas trained specialists
Collection period:	Calendar year 2013

Guide for use	
Basic training	A period of defined training required by some specialist medical colleges to be undertaken in order for trainees to meet eligibility criteria for entering an advanced training program.
Advanced training	<p>A period of defined and structured education and training, that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and/or to practise as a specialist. This may be preceded by completion of basic training requirements.</p> <p>Some colleges have an integrated training program and do not have separate basic and advance components. Data on these programs should be included under advanced training.</p>
State/Territory	<p>This is the state/territory in which the vocational training is provided by the accredited specialist medical college/faculty or other vocational training provider.</p> <p>This is not the place of residence of trainees undertaking the vocational training.</p>
State/Territory of fellow	<p>This is the place of residence of fellows.</p> <p>It includes fellows who have been trained overseas and are accepted by the college to practise in Australia. It excludes fellows who are residing overseas.</p>
Accreditation approach	<p>Approach that is adopted by a college or other vocational training provider whereby a college determines whether its specified requirements for the clinical experience, infrastructure and educational support required of a hospital/training position are met.</p> <p>Accreditation varies depending upon whether positions or posts, sites, facilities, units or programs are accredited.</p>
Training discontinuation	<p>A trainee is considered discontinued either when he or she has officially withdrawn from the training program or the medical college has terminated or dismissed a trainee in accordance with the college regulations or employment conditions.</p> <p>Trainees who have been given approved extended leave are excluded.</p>
Part-time training	Trainees who have been given approval to undertake training for a period at less than full time during the year of data collection.
Examination outcome	<p>The total number of trainees who have sat an examination and the number who have sat and passed the examination.</p> <p>Data excludes examination results from overseas medical practitioners wishing to practise in Australia.</p> <p>Examination results for international medical graduates who have been assessed as being partially comparable are not to be included.</p>
Examination name	This refers to the name of the college training programs for which vocational trainees are being examined as part of their medical college training requirements.
Rural pathway	Rural Pathway registrars undertake their training in rural and remote areas. These areas were previously defined as Rural, Remote and Metropolitan Area (RRMA) classification areas 3-7. Since 1 January 2010 rural areas have been defined using the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) as Remoteness Areas 2-5.
New fellow	A fellow who has been admitted to the medical college in the specified year. This includes trainees who have completed their training in Australia or overseas.

Guide for use

Fellow	<p>A medical practitioner, who has been granted fellowship of the medical college through completion of a college training program or by other mechanisms.</p> <p>This includes active fellows who have been trained overseas and who either successfully completed assessment or were exempted from assessments for admission into the college.</p> <p>It excludes those who hold life membership by virtue of their age and those who are retired.</p>
Substantially comparable	<p>Medical colleges assess overseas trained specialists to determine whether they meet Australian standards to practise their specialty within Australia.</p> <p>Overseas trained specialists who are assessed as substantially comparable are eligible to become fellows of the relevant medical college without further examination but may require a period of up to 12 months oversight and peer review prior to admission to Fellowship.</p>
Partially comparable	<p>Partially comparable overseas trained specialists require up to two years additional training and/or supervision and formal assessments, prior to being considered to be eligible to become fellows.</p>

Vocational medical training

Medical colleges

Accreditation approach

Data item	Value
Accreditation approach	
Specialty	As defined by the medical college
Accreditation approach	Positions/Posts Facilities/Programs

Vocational training

Data item	Value
Basic and advanced training	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW VIC QLD SA WA TAS NT ACT
Part-time status	
Training discontinuation	
Country of primary medical qualification	Australia, New Zealand, UK and Ireland, India, United States, Canada, South Africa, Malaysia, Iran, Philippines, Sri Lanka and Other

Data item	Values
Examination type	Written
	Clinical
	Oral
	Fellowship
	Viva
	Other
Examination outcome	Number sitting examination
	Number passing examination
Examination name	
Basic training – first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	ACT
Advanced training – first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	ACT
GPET – first year trainees	
Regional Training Provider	
State/Territory	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	ACT
GPET – all trainees	
Regional Training Provider	
Sex	Female

Data item	Values
State/Territory	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	ACT
Rural pathway – all trainees	
State/Territory	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	ACT
Subspecialty – all vocational trainees	
Subspecialty	As defined by medical college
Sex	Female

College fellows

Data item	Values
New fellows	
Specialty	As defined by medical college
Sex	Female
State/Territory	NSW VIC QLD SA WA TAS NT ACT
Subspecialty – new fellows	
Subspecialty	As defined by medical college
Sex	Female
Fellows	
Specialty	As defined by medical college
Sex	Female
State/Territory	NSW VIC QLD SA WA TAS NT ACT
Subspecialty – fellows	
Subspecialty	As defined by medical college
Sex	Female

Overseas trained specialists

Data item	Value
Recognition/Fellowship	
Specialty	As represented by colleges
Type of overseas trained specialist assessment	Substantially comparable Partially comparable Not comparable
Fellows	
Specialty	As represented by colleges
Sex	Female

International medical graduates

Overseas trained specialists

Definition:	<p>International medical graduate</p> <p>A doctor whose basic medical qualifications were acquired in a country other than Australia.</p> <p>Overseas trained specialist</p> <p>A doctor whose specialist medical qualifications were acquired in a country other than Australia.</p>
Data source:	<ul style="list-style-type: none"> – AMC for pathway data relating to international medical graduates – Medical colleges.
Scope:	<p>The scope includes international medical graduates who have applied and whose qualification have been assessed as suitable for entering into the training program to allow them eligibility for fellowship by the college.</p> <p>It also includes overseas trained specialists who have applied to the college and who were assessed as being exempted from any assessment or requiring further assessment to allow them eligibility for fellowship by the college.</p>
Statistical unit:	<ul style="list-style-type: none"> – Number of international medical graduates – Number of overseas trained specialists
Collection period:	<p>Calendar year 2013.</p> <p>Latest available data at a specified time of data collection for international medical graduates and overseas trained specialists.</p>

International medical graduates Overseas trained specialists 2013

Data item	Values
International medical graduates and overseas trained specialists	
AMC pathways	<p>Competent authority</p> <p>Standard pathway (AMC examination)</p> <p>Standard pathway (workplace based assessment)</p> <p>Specialist assessment</p>
Type of overseas trained specialist assessment	<p>Substantially comparable</p> <p>Partially comparable</p> <p>Not comparable</p>
Overseas trained specialist assessment	<p>Initial processing</p> <p>College processing</p> <p>Substantially comparable</p> <p>Partially comparable</p> <p>Not comparable</p> <p>Withdrawn</p>

Appendix F:

TRAINING PROGRAM TERMINOLOGY

Medical colleges

Guide for use as defined in MTRP

Basic training	A defined period of elementary training required by some specialist medical colleges prior to admission to an advanced training program.
Advanced training	<p>A period of defined and structured education and training, that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and/or to practise as a specialist. This may be preceded by completion of basic training requirements.</p> <p>Some colleges have an integrated training program and do not have separate basic and advanced components. Data on these programs should be included under advanced training.</p>

The table below illustrates what is defined under the category of the terms used in MTRP for 'basic training' and 'advanced training' for each medical specialty. These are not the training requirements of each medical college, but rather show what is included under the term 'basic' or 'advanced' for each medical specialty.

Specialty	MTRP defined	Year of training	Medical College defined
Anaesthesia	Basic	Year 1	0.5 year Introductory Training/0.5 year Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Provisional Fellowship Training
Dermatology	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training ^(a)
Emergency medicine	-	Year 1	Usually PGY1 ^(b)
	-	Year 2	Usually PGY2 ^(b)
	Basic	Year 3	Provisional Training Year
	Advanced	Year 4	Advanced Training Year
	Advanced	Year 5	Advanced Training Year
	Advanced	Year 6	Advanced Training Year
	Advanced	Year 7	Advanced Training Year

(a) Offered as an additional year if required, most trainees finish in the fourth year.

(b) Refers to two years of 'basic training' preceding provisional training but it usually comprises of PGY1 and PGY2.

Specialty	MTRP defined	Year of training	Medical College defined
General practice (ACRRM and RACGP) ^(c)	Advanced	Year 1	ACRRM – Core clinical training time
	Advanced	Year 2	ACRRM – Primary rural and remote training
	Advanced	Year 3	ACRRM – Primary rural and remote training
	Advanced	Year 4	ACRRM – Advanced specialised training
	Advanced	Year 1	RACGP – Hospital training time
	Advanced	Year 2	RACGP – GP Terms – GPT1, GPT2
	Advanced	Year 3	RACGP – GP Terms – GPT3/extended skills
	Advanced	Year 4	RACGP – Advanced skills training (only for FARGP)
Intensive care	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Basic	Year 3	Basic Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training
Medical administration	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Obstetrics and gynaecology	Basic	Year 1	Integrated Training Program (Year 1)
	Basic	Year 2	Integrated Training Program (Year 2)
	Basic	Year 3	Integrated Training Program (Year 3)
	Basic	Year 4	Integrated Training Program (Year 4)
	Advanced	Year 5	Elective Training (Year 1)
	Advanced	Year 6	Elective Training (Year 2)
Ophthalmology	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
Pain medicine ^(d)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Pathology	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
Physicians – addiction medicine ^(e)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training

(c) GP titles are more curricula descriptors rather than actual training year names.

(d) Training requirements vary from one to three years, depending on the primary specialist qualification.

(e) Basic training program requirements are to be met prior to entering the particular physician training program.

Specialty	MTRP defined	Year of training	Medical college defined
Physicians – adult medicine	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Basic	Year 3	Basic Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training
Physicians – occupational and environmental medicine ^(f)	Advanced	Year 1	Stage A/B
	Advanced	Year 2	Stage B
	Advanced	Year 3	Stage B/C
	Advanced	Year 4	Stage C
Physicians – paediatrics	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Basic	Year 3	Basic Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training
Physicians – palliative medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Physicians – public health medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Physicians – rehabilitation medicine ^{(f),(g)}	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
Physicians – sexual health medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Psychiatry	Basic	Year 1	Basic Training Year 1
	Basic	Year 2	Basic Training Year 2
	Basic	Year 3	Basic Training Year 3
	Advanced	Year 4	Advanced Training Year 1
	Advanced	Year 5	Advanced Training Year 2
Radiation oncology	Advanced	Year 1	Phase 1 (18-24 months)
	Advanced	Year 2	Phase 1 (18-24 months)
	Advanced	Year 3	Phase 2 (36-42 months)
	Advanced	Year 4	Phase 2 (36-42 months)
	Advanced	Year 5	Phase 2 (36-42 months)

(f) Entry requirement of a minimum of two years clinical experience.

(g) An exception for paediatric rehabilitation which is three years basic and three years advanced training.

Specialty	MTRP defined	Year of training	Medical College defined
Radiodiagnosis	Advanced	Year 1	Phase 1 – General radiology training
	Advanced	Year 2	Phase 1 – General radiology training
	Advanced	Year 3	Phase 1 – General radiology training
	Advanced	Year 4	Phase 2 – Systems focused rotations
	Advanced	Year 5	Phase 2 – Systems focused rotations
Sport and exercise medicine ^(h)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
Surgery ⁽ⁱ⁾	Advanced	Year 1	Surgical education and training year 1
	Advanced	Year 2	Surgical education and training year 2
	Advanced	Year 3	Surgical education and training year 3
	Advanced	Year 4	Surgical education and training year 4
	Advanced	Year 5	Surgical education and training year 5
	Advanced	Year 6	Surgical education and training year 6

(h) Three years basic training (PGY1-PGY3) to be completed prior to entering the medical college training program.

(i) Five year training programs for general surgery, orthopaedic surgery, otolaryngology, plastic surgery, urology and vascular surgery, six year training programs for cardiothoracic surgery and, neurosurgery, and up to seven years for paediatric surgery.

