# NATIONAL MEDICAL TRAINING ADVISORY NETWORK

## Prevocational Doctor Factsheet Methodology Paper

### Overview

The Prevocational Doctor Factsheet Series is being developed by the National Medical Training Advisory Network as a career planning resource for students, graduates and doctors in training. The factsheets outline workforce characteristics, employment patterns and future concerns by medical specialty, as well as the career intentions of prevocational doctors.

Factsheets will be for developed for all medical specialties covered in [*Health Workforce Australia 2012: Health Workforce 2025 – Volume 3 – Medical Specialties*](https://www.hwa.gov.au/sites/uploads/HW2025_V3_FinalReport20121109.pdf).

**The Pre-vocational Doctor Fact Sheets are divided into the following sections:**

* **The workforce** – the number and characteristics of the workforce.
* **Vocational training** – information on basic trainees, advanced trainees and new fellows.
* **Vocational intentions –** intentions of hospital non-specialists to undertake specialist training.
* **Distribution -** distribution of the workforce by remoteness (Modified Monash Model).
* **Retirement intentions** – intentions to retire within the next 10 years, 10-20 years and 20-30 years.
* **Existing workforce position** - whether or not workforce supply matches demand for services.
* **Workforce dynamics indicator** – aspects of the current workforce that may be of concern into the future.

### Data sources

#### The National Health Workforce Dataset (NHWDS)

The NHWDS includes demographic and employment information for registered health professionals. The Australian Health Practitioner Regulation Agency, in conjunction with the national boards, is responsible for the national registration process for 14 health professions, including medical practitioners. The data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the NHWDS.

#### The Medical Training Review Panel (MTRP) Report

The MTRP was established under the *Health Insurance Act 1973* to look at the demand for and supply of medical training opportunities in Australia. The eighteenth annual MTRP report 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.

#### College and jurisdiction data

Detailed data on vocational training positions/trainees was obtained from specialist medical colleges and jurisdictions.

### Existing workforce position

The existing workforce position of the medical specialties was determined from expert opinion from jurisdictions, private employers and the profession, as well as an analysis of current vacancies and waiting times (where relevant and available). It is an assessment of whether the workforce is perceived to be in balance or not. A traffic light approach was used, with the following assessment scale:

| No current perceived shortage |
| --- |
| Some perceived difficulty in filling positions, either through maldistribution or insufficient workforce |
| Perceived current shortage |

### Workforce dynamics indicator

The workforce dynamics indicator is used to highlight aspects of the current workforce that may be of concern into the future. A traffic light approach is used to score workforces against the selected indicators.

The Department of Health selected the following indicators for scoring:

**Ageing of the workforce (average age)** – workforces with a higher average age are more susceptible to higher exit rates (through retirement).

**Replacement rate** – this item calculated the ratio of new fellows to workforce exits in a given year. This indicates whether the number currently completing training is sufficient to replace those presently leaving the workforce. Note: this is an indicator for workforce dynamics assessment purposes only and is not intended to guide training numbers for the future.

**Reliance of overseas trained specialists (OTS)** – workforces with high percentages of OTSs are of greater concern due to their dependence on a less reliable supply stream (for example, changes in immigration policy may impact on supply). For the medical specialties there is limited information on the stock of OTSs, so a proxy indicator was developed. This calculated the number of migrants (temporary and permanent) as a percentage of all inflows into the specialty, that is, new fellows plus migrants.

**Duration of training program -** the greater the duration of training, the longer it takes to train a replacement workforce. For the medical specialties, training time for this indicator included both basic and advanced training, where such a distinction is made.

The below scale is used to rate the four indicators:

| Minimal concern |  |  |  | Significant concern |
| --- | --- | --- | --- | --- |

For each specialty, the future considerations, according to the workforce dynamics indicator ratings, will be presented as per the following example:

| Replacement rate | Duration of training program |
| --- | --- |
| Ageing of the workforce | Reliance of OTSs |

### Further reading

For detailed analysis on the medical specialties on workforce supply and demand; and projections of the numbers required between 2012 and 2025, refer to [*Health Workforce Australia 2012: Health Workforce 2025 – Volume 3 – Medical Specialties*](https://www.hwa.gov.au/sites/uploads/HW2025_V3_FinalReport20121109.pdf).

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