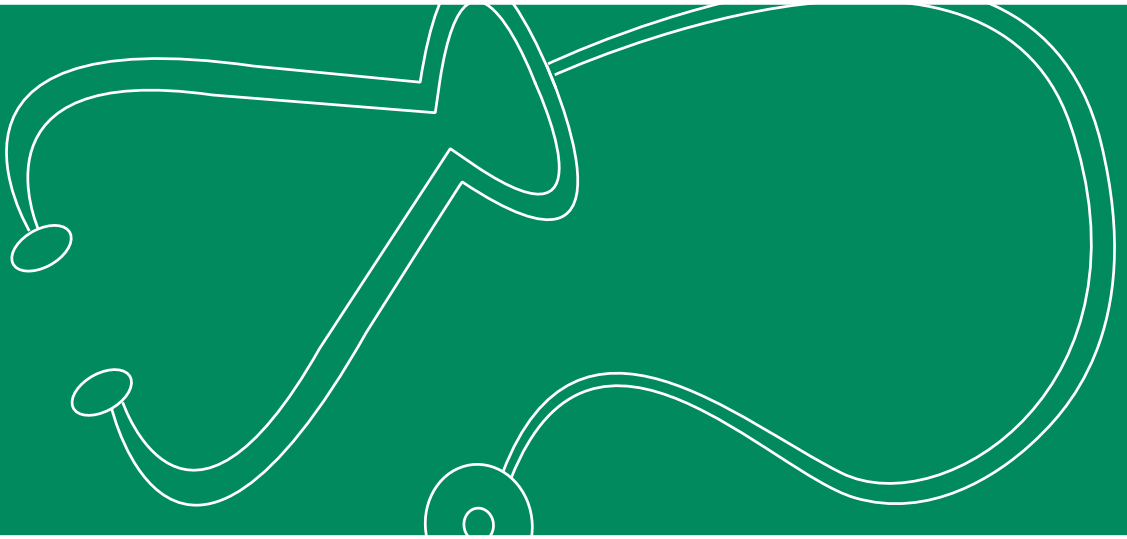
Australian Government

April 2010

Medical Training Review Panel

Thirteenth Report

MTRP



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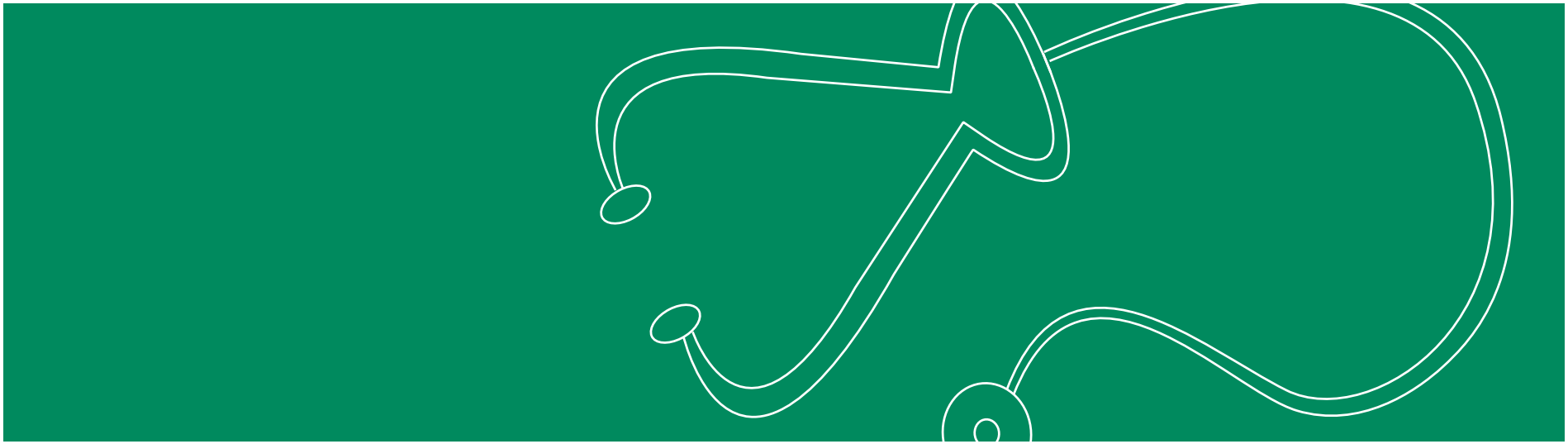

Medical Training Review Panel 13th Report

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Australian Government
Department of Health and Ageing

Medical Training Review Panel

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The Hon Nicola Roxon MP
Minister for Health and Ageing
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 thirteenth report of the Medical Training Review Panel.

The report describes the activities of the Panel and reports on medical training in Australia. It reports on the number of trainees in undergraduate, postgraduate and vocational training programs in the last year and on new college fellows. For the first time the report also presents information on the total number of college fellows and includes a dedicated chapter on those overseas trained doctors applying to work and working in Australia.

It also presents a very clear picture of the substantial increases in medical training that have happened in recent years and of the challenges of meeting the needs of an increasing number of medical students, both in terms of clinical training in their undergraduate years and prevocational training. In turn, medical colleges are also under increasing pressures to train the increasing number of specialists required to meet the needs of Australians into the future. These pressures reinforce the need for us to be able to better quantify current training activity, determine where there is capacity in the system and develop more innovative ways to undertake training, through changes to curricula, more use of training settings other than hospitals and the use of new technologies, such as simulated learning.

A comprehensive review of the functions and the operations of the MTRP was finalised recently. This acknowledged the key role that the MTRP has established in the collection and reporting of authorative data on medical education and training through the MTRP reports. As recommended, it has further been agreed that the role of the MTRP should continue and that its functions in relation to the production of the report and the collation and analysis of data on medical education and training be further expanded.

The Panel, as you know, is constituted of the key stakeholders in medical workforce training, each bringing different insights into the way medical education and training is being currently undertaken, the strains upon the system and how these might be addressed. As a group, the Panel is keenly aware of the challenges of ensuring that we have the systems in place into the future to provide medical students, junior doctors and specialist trainees with clinical training opportunities that best equip them to meet the needs of the Australian community into the future. I look forward to working with the Panel over the coming year to consider these issues and provide the evidence that can best address Australia's training needs into the future.

Yours sincerely

Kerry Flanagan

Chair
Medical Training Review Panel
12 April 2010

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EXECUTIVE SUMMARY

CHAPTER 5: INTERNATIONAL SUPPLY

Acronyms

ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
AFOM	Australasian Faculty of Occupational Medicine (Faculty of RACP)
AFPHM	Australasian Faculty of Public Health Medicine (Faculty of RACP)
AFRM	Australasian Faculty of Rehabilitation Medicine (Faculty of RACP)
AGPTP	Australian General Practice Training Program
AIHW	Australian Institute of Health and Welfare
AMC	Australian Medical Council
AMD	Adult Medicine Division (Division of RACP)
AMWAC	Australian Medical Workforce Advisory Committee
ANZCA	Australian and New Zealand College of Anaesthetists
CPMEC	Confederation of Postgraduate Medical Education Councils
GPET	General Practice Education and Training Ltd
IMG	International medical graduate
ITP	Integrated Training Program
JFICM	Joint Faculty of Intensive Care Medicine
MCQ	Multiple Choice Question
MDANZ	Medical Deans Australia and New Zealand
MTRP	Medical Training Review Panel
OTD	Overseas trained doctor
OTS	Overseas trained specialist
PGY1	Postgraduate Year 1 (also known as Intern Year)
PGY2	Postgraduate Year 2
PGY3	Postgraduate Year 3
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
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
RRMA	Rural, Remote and Metropolitan Areas (classification system)

Symbols and other usages

-	Nil or rounded to zero
..	Not applicable
n.a.	Not available

Executive Summary

The Medical Training Review Panel (MTRP) was formed under legislation in 1996 to report to the Commonwealth Minister of Health on the activities of the MTRP and provide data on medical training opportunities in Australia. The aim has been over the years to provide a more comprehensive picture of medical education and training, not only reporting data on current training and medical workforce supply, but also sourcing additional data where possible on all levels of training and in topical areas. The report also analyses trends in these over the years and endeavours to provide insight into Australia's capacity to prepare the medical workforce required into the future.

The thirteenth annual report of the MTRP provides information on university, prevocational and vocational medical training positions, applicants, trainees, examinations and new college fellows. For the first time, more comprehensive information is included on medical practitioners who have trained overseas.

The report was compiled by the Australian Government Department of Health and Ageing, with oversight by the MTRP. Data was provided by the Medical Deans Australia and New Zealand (MDANZ), state and territory health departments, medical colleges, General Practice Education and Training Limited (GPET) and the Australian Medical Council. Selected administrative data from the Australian Government Department of Health and Ageing and the Australian Government Department of Immigration and Citizenship have also been included.

To aid readability, tables in the body of the report present time series information pertaining to the latest five years and where data is available from previous years, this has been included in Appendix D. For the purposes of the Executive Summary, the latest available data has been summarised and trends in the data have been examined across all years for which national data is available, where possible back to the first year in which the MTRP reported, 1997.

University Medical Training

Initial medical education is provided by university medical schools in Australia as six-year and five-year undergraduate courses or as four-year graduate courses. There are 18 universities with accredited medical schools, of which 14 are currently producing graduates. The other four universities have students enrolled in courses of various lengths, but had not produced graduates in 2008. The first medical students graduate from Bond University in 2009. The University of Western Sydney (UWS) and the University of Wollongong commenced teaching in 2007, and Deakin and Notre Dame Sydney commenced in 2008. These universities are expecting their first medical graduates in 2010 and 2011 respectively.

In 2009, there were 14,521 medical students studying in Australian medical schools, an increase of 1,184 (8.9%) from the previous year, 2008.

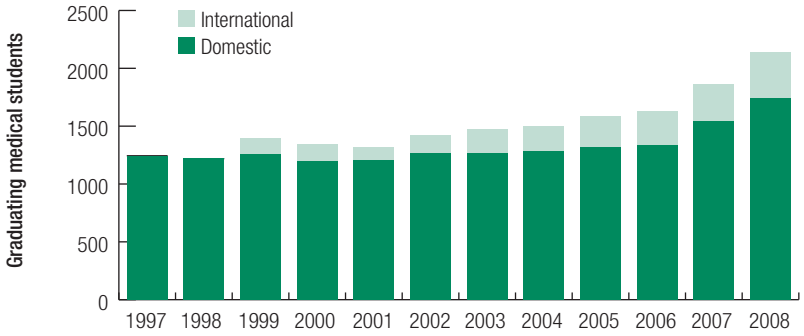
Of these, 12,097 (83.3%) were domestic students, an increase of 1,069 (9.7%) from 2008.

One quarter of all medical students (23.2%) were fee paying.

Between 2000 and 2009, the total number of first-year medical students more than doubled, increasing by 107.3%. This increase was primarily due to an increase in the proportion of domestic students (117.1% increases compared with 62.9% for international students).

The increase is mirrored in the number of medical graduates each year, but the picture is somewhat different for domestic and international students. Each year the number of domestic medical graduates has increased, with a 39.7% overall increase from 1997 to 2008 (Figure 1). Since 1999, when the number of international medical graduates was first published, the number has increased from 144 to 401 in 2008, an increase of 178.5% over the ten years.

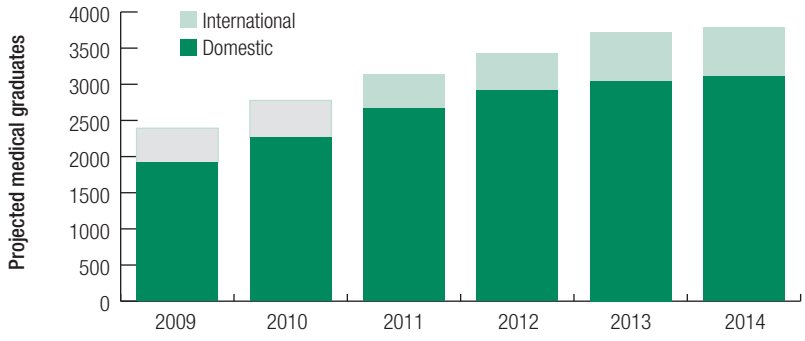
Figure 1: Domestic and international medical graduates, 1997–2008



Source: Medical Deans Australia New Zealand

While the overall number of medical graduates is projected to increase significantly in future years, the rate of growth is anticipated to decrease by 2014 (Figure 2). From 2007 to 2008, the number of graduates increased by 15.0% and it is anticipated that they will increase by a further 11.8% to 2,392 graduates in 2009. By 2014 it is projected that the number of graduates will increase to 3,786, an increase of almost 77% from 2008 and 170.4% from 1999.

Figure 2: Projections of domestic and international medical graduates, 2009–2014



Source: Medical Deans Australia New Zealand

Prevocational Medical Training

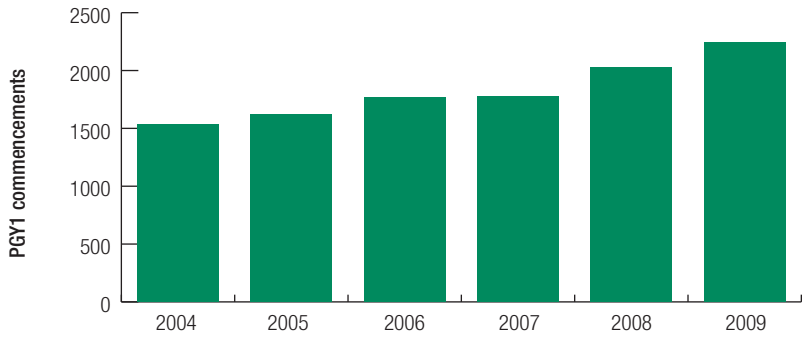
Medical graduates generally enter the medical workforce through the major public teaching hospitals as interns or postgraduate doctors. Satisfactory completion of the first postgraduate year (PGY1) is required before these junior doctors can receive full medical registration. After PGY1, and prior to starting vocational training, most doctors spend one or more years working in the public system to gain more clinical experience.

In 2009, there were 2,243 PGY1 trainees. This was an increase of 213 (10.5%) on the previous year (2008) and 467 (26.3%) since 2007.

Two thirds (1,495 or 66.7%) of all PGY1 trainees commencing training in 2009 did so in the state or territory in which they undertook their medical degree. A further 265 trainees (11.8%) were trained in Australia, but commenced their PGY1 training in another state or territory.

PGY1 commencements have increased substantially each year, with the exception of 2007, showing an overall increase of 46.5% or 712 trainees from 2004 (when data was first collated for the MTRP) to 2009 (Figure 3).

Figure 3: Prevocational year 1 commencements, 2004–2009



Source: State and territory government health departments

In 2009, 2,052 trainees commenced in PGY2 supervised medical training positions across Australia with the exception of South Australia, for which data was not available for this year.

Although the number of PGY2 commencements appears to have increased substantially in recent years, the true extent of the increase is unknown due to incomplete data and other data quality issues.

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 year of general prevocational training. Not all PGY1 and PGY2 doctors go on to specialise. A number continue to work in hospital settings in non-vocational career roles, typically as career medical officers (CMOs).

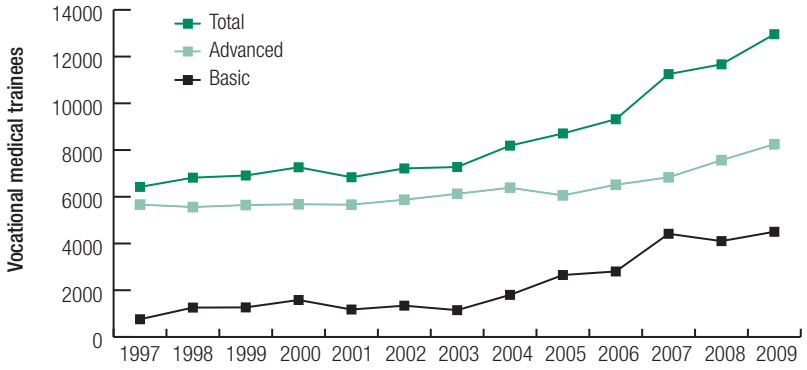
Vocational Medical Training

Most junior doctors will seek entry into specialist training or vocational training, which leads to fellowship of one of the recognised medical colleges. Each college has its own training program and structure.

There were 12,958 vocational trainees in 2009. This is double the number in 1997 (6,422 vocational trainees), when the MTRP commenced reporting this information.

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. Between 1997 and 2008, several of the colleges introduced additional basic training requirements prior to permitting the commencement of advanced training. This led to an increased number of basic trainee positions in recent years relative to advanced positions, as seen in Figure 4.

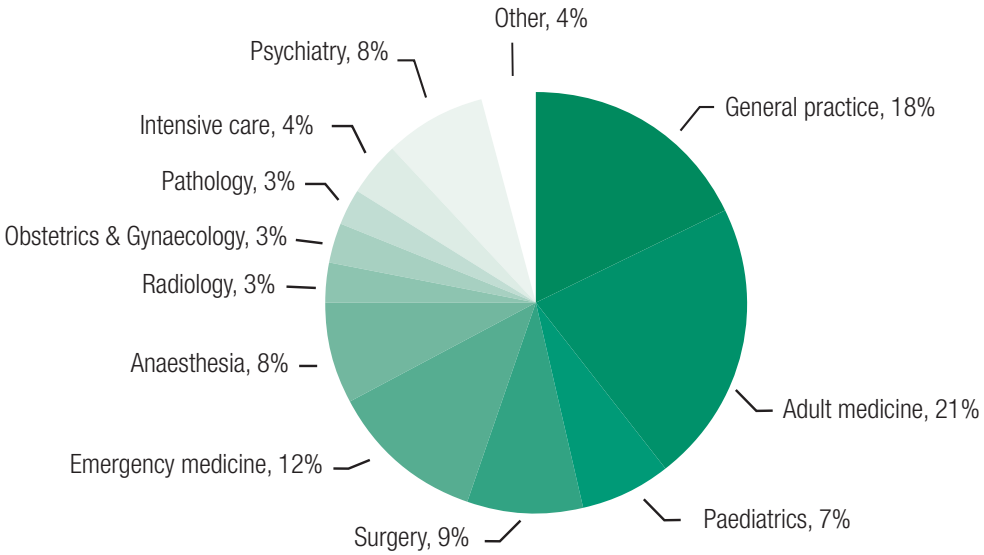
Figure 4: Vocational medical trainees, 1997–2009



Source: Medical colleges

Almost one third (31% or 3,989) of all vocational trainee positions was in the physician specialties (adult medicine, occupational and environmental medicine, paediatrics, public health medicine and rehabilitation medicine) with 21% in adult medicine. The next largest proportions of vocational trainee positions were in general practice (18% or 2,309) and emergency medicine (12% or 1,543) (Figure 5).

Figure 5: Vocational trainee positions by medical specialty, 2009



Source: Medical colleges

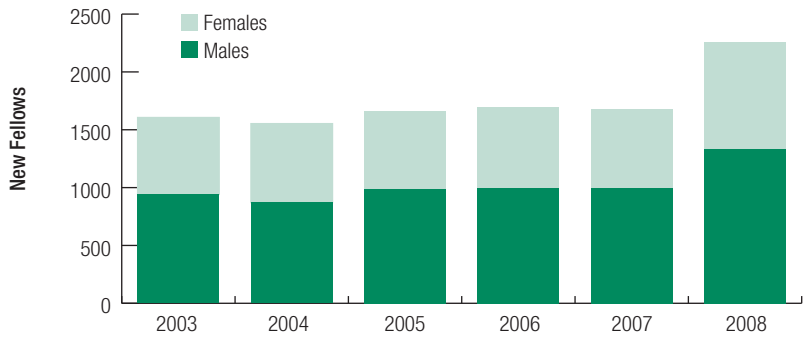
Fellowship

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

There were 2,257 new college fellows in 2008 (Figure 6). This is a significant increase from 2007, when there were 1,677 new fellows, and double the number of new fellows in 2000 (1,126), when these data were first collected.

In 2008, 925 or 41.0% of all new college fellows were female.

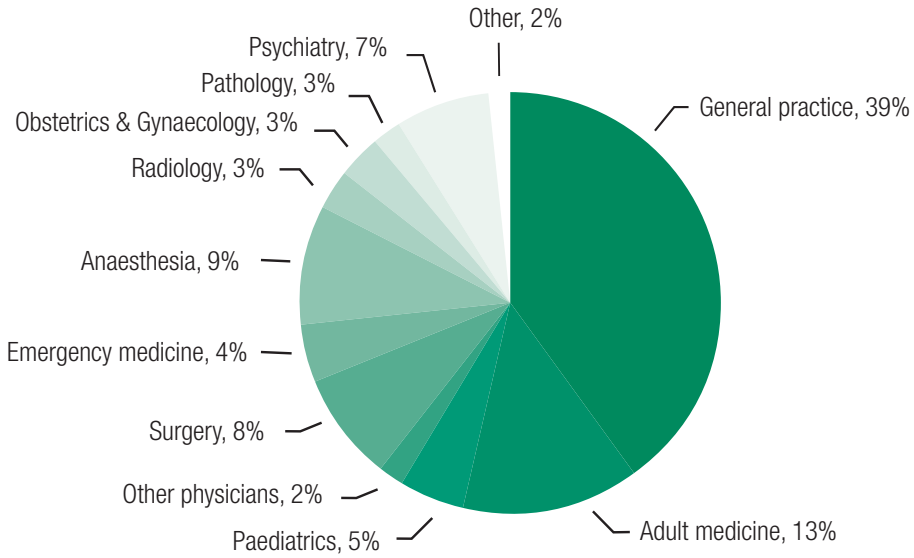
Figure 6: New fellows by sex, 2003–2008



Source: Medical colleges

The proportion of new fellows in each medical specialty is shown in Figure 7. The proportionate split has remained roughly the same across the specialties over recent years.

Figure 7: New fellows by medical specialty, 2008



Source: Australian Medical Council administrative data, December 2009

Female Trainees

In 2009 females comprised just over half (53.7%) of the total first year student commencements (54.8% of domestic and 47.0% of international graduates) and a similar proportion of medical graduates (57.2% of domestic and 54.6% of international gradates).

The proportion of female first-year commencements has varied little across the years (between 53.5% in 2008 and 56.1% in 2004). Data on the proportion of female medical graduates prior to 2007 is not available for examination of these trends more fully.

The proportion of females going on to specialise and become new fellows is, however, much lower, remaining relatively stable at around two-fifths of total new fellows each year from 2000 (41.0% in 2008). It should be noted that there is also considerable variation across the various specialties each year with only 9.1% of all new fellows in pain medicine being female in 2008 through to 62.1% of those in obstetrics and gynaecology and 90.0 % of those in dermatology. Considerable variation in the sex ratio is also seen from year to year within specialties, particularly those with smaller numbers.

Rural Practice

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

Data on students who have a rural background is collected by medical schools and is reported in this report for the second year, as is data from the Australian College of Rural and Remote Medicine (ACRRM).

In 2009, 20.7% of first-year domestic students reported that they had lived in a rural or remote area prior to commencing their medical studies.

There is little additional data on the rurality of medical trainees or on aspects of training that may affect decisions of medical practitioners to practise in rural and remote areas. The MTRP will continue to explore avenues to improve this data.

Overseas Supply of Medical Practitioners

Overseas trained medical practitioners form a large part of the medical workforce in Australia, particularly in rural and remote areas.

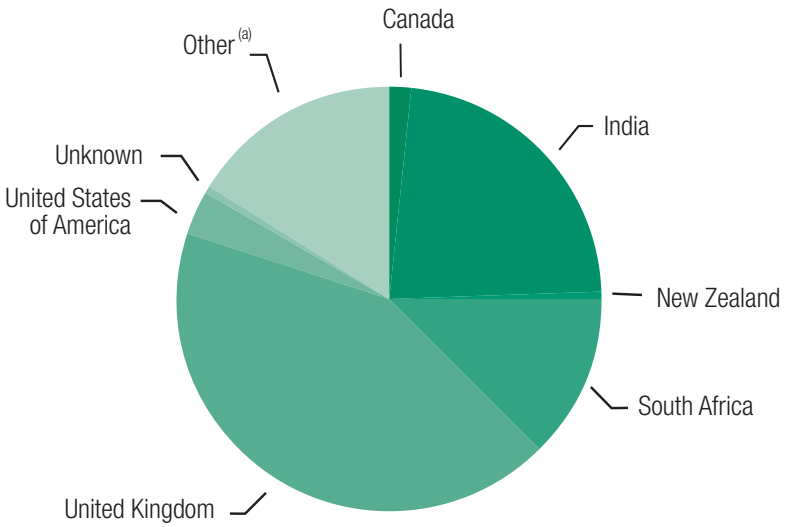
In 2008–2009 some 4,080 medical practitioners were granted visas in the three main visa subclasses (422, 442 and 457). Almost one quarter of these were applicants from the United Kingdom and Republic of Ireland. India remains a major source of medical practitioners to this country with almost one-fifth (19.4% or 790) of all visas in 2008-2009 being granted to medical practitioners from India. A number of other Asian countries (Malaysia, Pakistan, Sri Lankan and the Philippines) are key sources of medical practitioners, as are South Africa and Iran.

In 2006, 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 pathways: Competent Authority, Standard and Specialist pathways.

In 2009, the AMC assessed 1,599 applications through the Competent Authority pathway. A total of 2,464 applicants passed the Multiple Choice Questionnaire examination, the first examination under the Standard pathway, and 650 applications passed the Clinical examination, the second examination, of the assessment process through the Standard pathway.

In 2008, 1,760 applicants were assessed through the Specialist pathway. Of these applicants 212 overseas trained specialists were approved to practise. Two-fifths of all OTS (90 or 42.5%), who had their applications approved, where trained in the United Kingdom and Ireland (Figure 8).

Figure 8: Country of training of overseas trained specialists with approved applications, 2008



(a) Other includes: Argentina, Austria, Bangladesh, Belgium, Czech Republic, Egypt, Fiji, Finland, Germany, Hungary, Iraq, Ireland, Italy, Netherlands, Phillipines, Spain, Sri Lanka, Sweden, Switzerland

Source: Australian Medical Council administrative data, 2009

For the first time information has also been included on medical practitioners who have trained overseas and been given exemptions under Section 19AB of the *Health Insurance Act 1973* (the Act), which limits their practice for a defined period to Areas of Workforce Shortage.

At June 2009, there were 5,951 overseas trained doctors granted Section 19AB exemptions restricting their practice to Areas of Workforce Shortage in order to access Medicare Benefits for the services they provide.

Chapter 1

INTRODUCTION

The thirteenth 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 doctors. 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 internet[1].

The report presents the latest information on the different stages in the medical and clinical training pathway, and also includes commentary on trends and patterns in the supply of the medical workforce, where possible back to 1997, the first year of MTRP reporting. For the first time, more comprehensive information is included on medical practitioners who have trained overseas, who are a major part of the Australian medical workforce.

Medical Training Review Panel Structure and Responsibilities

The MTRP was established as a time-limited committee in June 1997 by the Minister for Health and Ageing under Section 3GC of the *Health Insurance Act 1973* (the Act). The terms of reference of the committee are 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 Amendment Act (No.2) 1996*. The MTRP was made a permanent body in 2001 to ensure that this important monitoring and reporting function continued into the future. Since this time the MTRP has provided a forum for key stakeholders in medical education and training, and, over the years, it has been involved in a wide range of activities covering various aspects of medical education and training.

Member organisations of the MTRP are appointed by Ministerial determination and include representatives from medical schools, recognised specialist medical colleges, the Australian Medical Council, the Australian Medical Students' Association, state and territory health departments and the Commonwealth. It is chaired by the Australian Government Department of Health and Ageing. A full list of member organisations and members, as at 30 June 2009, is provided at Appendix A.

To assist with carrying out its duties, the MTRP is empowered to establish subcommittees as needed. In 2008 and 2009, the MTRP had two subcommittees: the Clinical Training Subcommittee and the Data Subcommittee.

– The Clinical Training Subcommittee monitored and reported on the activities and progress being made to ensure there are adequate clinical training positions for the increasing number of new medical graduates.
– The Data Subcommittee provided advice in relation to the content of this and previous annual reports and the specifications of the data that these cover.

Membership lists for both subcommittees, as at 30 June 2009, are also provided at Appendix A.

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

Report Structure

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

University Medical Education

Chapter 2 covers medical students enrolled in Australian universities, including demographic breakdowns and projections of the number of graduates expected to join the medical workforce over the next five years.

Prevocational Medical Training

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

Vocational Medical Training

Chapter 4 covers information on trainees in specialist medical college training programs, the results of college examinations for 2008, available advanced training places for 2009 and new college fellows for 2008.

International Supply

Chapter 5 presents information on those overseas trained doctors, 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 international medical graduates seeking to practise medicine in Australia and the country in which they trained. Data is presented on approved working visas issued by the Australian Government Department of Immigration and Citizenship to international medical graduates. Information is also provided on the distribution of medical practitioners who trained overseas who provided Medicare-funded services.

Special Purpose Training Programs

Chapter 6 presents information on the range of special purpose programs operating under Section 3GA of the *Health Insurance Act 1973*, which allows medical practitioners undertaking postgraduate education, or participating in approved workforce programs, to provide professional services that attract Medicare benefits.

Medical Training Review Panel Subcommittees and National Projects

Chapter 7 presents information about the work of the Clinical Training Subcommittee and the Data Subcommittee of the MTRP, and the program of national projects funded by the Australian Government that have been overseen by the Panel in 2007–2008 and 2008–2009.

Appendices

The appendices contain additional 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 also provided at Appendix C.

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

Notes on the Data and its Presentation

Data Sources

Data for the MTRP report was supplied by a range of organisations. Information on undergraduate medical students was supplied by Medical Deans Australia and New Zealand (MDANZ). This organisation collectively represents the interests of each of the medical schools in Australia and New Zealand. Data on doctors pursuing prevocational training has been supplied by state and territory health departments. Vocational training data relating to doctors pursuing specialist training was provided by each of the specialist medical colleges. General Practice Education and Training Limited (GPET) provided data specifically on general practice training. Some administrative data was also sourced from the Australian Government Department of Health and Ageing and the Australian Government Department of Immigration and Citizenship.

Data Quality Issues

The quality of the report, as a single reference point covering all aspects of the medical trainee cycle, is dependent on the provision of comprehensive information from all contributors. While most jurisdictions and colleges have been able to supply timely and complete data, gaps remain in some areas.

The MTRP is keen to continue to work with jurisdictions and specialist medical colleges to seek remedies to address the underlying causes of data gaps and ensure that more comprehensive information on medical training will be available in the future.

Reporting Periods

Given the differing collection methodologies for different data, the year for which data is reported varies. The majority of data presented in the report is for 2009.

Data on undergraduate medical students are reported on a calendar year basis. All other data are reported as at 30 June 2009.

The exceptions to these are data on new college fellows and total fellows, which is for the previous calendar year, 2008.

Examination of Trends

The MTRP report has been produced annually since 1997. To aid readability, tables in the body of the report present information pertaining to the latest five years. Where data is available from previous years, this has been included in Appendix D. In some cases data from previous years has been updated or amended. Readers are therefore asked to exercise caution when comparing data with that of previous editions.

Medical College Acronyms and Specialties

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

Table 1.1: College names, specialties and acronyms

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 Data is also reported with that from RACGP under 'general practice'.
ANZCA	Australian and New Zealand College of Anaesthetists	Anaesthesia
	Faculty of Pain Medicine	Pain medicine
JFICM	Joint Faculty of Intensive Care Medicine —Australia and New Zealand College of Anaesthetists and Royal College of Physicians	Intensive care
RACGP	Royal Australian College of General Practitioners	General practice
RACMA	Royal Australasian College of Medical Administrators	Medical administration
RACP	Royal Australasian College of Physicians	
	Faculty of Occupational and Environmental Medicine	Occupational and Environmental medicine
	Faculty of Public Health Medicine	Public health medicine
	Australasian Faculty of Rehabilitation Medicine	Rehabilitation medicine
	Adult Medicine Division	Adult medicine
	Paediatrics and Child Health Division	Paediatrics
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
	Faculty of Radiation Oncology	Radiation oncology
RCPA	Royal College of Pathologists of Australasia	Pathology
	Joint Pathology—Royal College of Australasian College of Physicians and Royal College of Pathologists of Australasia	Pathology

Chapter 2

UNIVERSITY MEDICAL EDUCATION AND TRAINING

This chapter presents data on medical students in Australian universities.

This content was first included in the MTRP report in 2006.

Medical Students

In Australia, initial medical education is provided by university medical schools accredited by the Australian Medical Council (AMC). There are 18 universities with accredited medical schools, of which 14 are currently producing graduates. Four universities have students enrolled in courses of various lengths, but are yet to produce graduates. The first medical students graduate from Bond University in 2009. The University of Wollongong and University of Western Sydney (UWS) commenced teaching in 2007, and Deakin and Notre Dame Sydney commenced in 2008. These universities are expecting their first medical graduates in 2010 and 2011 respectively.

In the past, most medical doctors gained their graduate qualification by completing a six-year Bachelor of Medicine and Bachelor of Surgery (MBBS). Over the years, an increasing number of 5 year and 4 year (graduate entry) programs have been introduced. Recently, some six-year programs have been replaced by five-year programs and a number of universities have introduced four-year graduate entry medical degrees for applicants with an existing degree. Some universities have both undergraduate and graduate entry programs.

In the past, university medical degrees usually had two stages:

– pre-clinical, which was primarily lecture theatre and laboratory-based; and
– clinical, which incorporated hospital ward and outpatient-based experiences.

Current programs integrate both components and incorporate clinical experience during the early years of the course.

Most significant clinical exposure occurs in the last two years for graduate entry programs, or the last three or four years for undergraduate entry programs of five or six year's duration.

Medical students are usually attached to a number of clinical teams, mostly in hospital settings. The student is part of the team and, under instruction from interns and registrars, learns in an apprenticeship manner how to undertake a range of clinical tasks. This approach aims to develop their clinical skills to a level that is appropriate for commencing prevocational training as an intern.

Current Data

In 2009, there were 14,521 medical students studying in Australian universities (Table 2.1). Of these, 5,306 (36.5%) were undertaking a six-year course, 3,926 (27.0%) were undertaking a five-year course and 5,289 (36.4%) were undertaking a four-year course.

Table 2.1: Medical students in Australian universities, 2009

	Year 1	Year2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	179	166	145	122	138	123	873
James Cook	180	166	100	91	103	84	724
Melbourne UG[a]	-	248	224	221	220	213	1,126
UNSW	277	269	258	240	218	209	1,471
Tasmania[b]	-	-	-	-	53	96	149
UWA UG	173	144	124	152	187	183	963
Subtotal	809	993	851	826	919	908	5,306
5-year course							
Bond[c]	91	83	80	75	59		388
Melbourne PG[a][c]	85	77	107	87	83		439
Monash UG	301	294	295	279	233		1,402
Newcastle/UNE	196	192	105	127	107		727
Tasmania[b]	124	127	103	55	..		409
UWA PG[c]	64	58	60	33	15		230
UWS	133	110	88	..	..		331
Subtotal	994	941	838	656	497		3,926
4-year course							
ANU	94	82	91	78			345
Deakin	136	112	..	..			248
Flinders	144	132	120	102			498
Griffith	156	142	149	119			566
Monash PG	73	57	..	..			130
Notre Dame Sydney	113	107	..	..			220
Notre Dame WA	109	106	90	80			385
Queensland	429	384	411	347			1,571
Sydney	299	261	264	261			1,085
Wollongong	86	81	74	..			241
Subtotal	1,639	1,464	1,199	987			5,289
Total	**3,442**	**3,398**	**2,888**	**2,469**	**1,416**	**908**	**14,521**

UG—undergraduate PG—postgraduate

(a) UG last intake in 2008, current graduate program last intake in 2009. Graduate entry in graduate program from 2011.

(b) Tasmania's six-year course last intake in 2005. Five-year course first intake in 2006.

(c) These courses are less than 5 years in duration—Bond 4.8years, Melbourne PG 4.5years and UWA PG 4.7years.

Source: Medical Deans Australia and New Zealand

In 2009, 12,097 or 83.3% of all students were domestic students (Table 2.2). Of these, 4,230 (35.0%) were undertaking a six-year course, 3,268 (27.0%) were undertaking a five-year course and 4,599 (38.0%) were undertaking a four-year course.

Table 2.2: Domestic medical students in Australian universities, 2009

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	155	145	125	98	97	85	705
James Cook	162	162	96	88	100	82	690
Melbourne UG[a]	-	172	150	148	143	132	745
UNSW	210	209	206	200	162	169	1,156
Tasmania[b]					41	75	116
UWA UG	145	115	105	126	159	168	818
Subtotal	672	803	682	660	702	711	4,230
5-year course							
Bond[c]	83	79	80	73	55		370
Melbourne PG[c]	79	72	88	69	68		376
Monash UG	247	228	221	182	159		1,037
Newcastle/UNE	172	166	80	104	85		607
Tasmania	99	109	81	47	..		336
UWA PG[c]	64	58	60	33	15		230
UWS	118	106	88	..	..		312
Subtotal	862	818	698	508	382		3,268
4-year course							
ANU	86	78	85	72			321
Deakin	134	112	..	..			246
Flinders	125	114	106	74			419
Griffith	156	142	149	117			564
Monash PG	67	52	..	..			119
Notre Dame Sydney	113	107	..	..			220
Notre Dame WA	109	106	90	80			385
Queensland	306	300	328	272			1,206
Sydney	251	222	228	206			907
Wollongong	74	70	68	..			212
Subtotal	1,421	1,303	1,054	821			4,599
Total	**2,955**	**2,924**	**2,434**	**1,989**	**1,084**	**711**	**12,097**

UG—undergraduate PG—postgraduate

(a) UG last intake in 2008, current graduate program last intake in 2009. Graduate entry in graduate program from 2011.

(b) Tasmania's six-year course last intake in 2005. Five-year course first intake in 2006.

(c) These courses are less than 5 years in duration—Bond 4.8years, Melbourne PG 4.5years and UWA PG 4.7years.

Source: Medical Deans Australia and New Zealand

Types of Student Places

A student undertaking medical studies in Australia may occupy either a full fee-paying undergraduate place, funded entirely through the tuition fees paid by the student, or a Commonwealth-supported university place where, through the Higher Education Contribution Scheme (HECS), the student is required to pay for only part of the cost of his or her degree.

Some medical students occupying Commonwealth-supported university places are participating in the Bonded Medical Places Scheme (BMPS) or have received scholarships through the Medical Rural Bonded Scholarship Scheme (MRBSS).

Students participating in the BMPS have a return of service obligation to work in an Area of Workforce Shortage, identified by the Commonwealth, for a period of time equal to the length of the medical degree. However, up to half the return of service obligation can be met while completing prevocational training and vocational training.

Recipients of the MRBSS scholarship are required to work for six continuous years in a rural or remote area of Australia. MRBSS doctors start their six-year commitment to work in rural Australia after completing their vocational training.

In 2009, three quarters of students (75.3%) were in Commonwealth Supported Places (Table 2.3). From 2009, new full fee-paying domestic undergraduate medical places were no longer available.

Table 2.3: Medical students by type of student place: Number and proportion of places, 2005–2009

	2005	2006	2007	2008	2009
			Number		
Commonwealth supported					
HECS[a]	6,983	7,144	7,317	7,642	8,177.5
BMPS	434	688	1,212	1,747	2,279
MRBSS	452	486	488	489	481.5
Fee paying					
Domestic	160	415	678	932	949
International	1,919	2,081	2,153	2,309	2,424
Other[b]	na	35	101	218	210
Total	**9,948**	**10,849**	**11,949**	**13,337**	**14,521**
			Proportion of places (%)		
Commonwealth supported					
HECS[a]	70.2	65.9	61.2	57.3	56.3
BMPS	4.4	6.3	10.1	13.1	15.7
MRBSS	4.5	4.5	4.1	3.7	3.3
Fee paying					
Domestic	1.6	3.8	5.7	7.0	6.5
International	19.3	19.2	18	17.3	16.7
Other[b]	na	0.3	0.9	1.6	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) ANU offers their research component part time in exceptional circumstances.
(b) Other includes medical students on state health department bonded medical scholarships.

Source: Medical Deans Australia and New Zealand

In 2009, 8,178 students were in Higher Education Contribution Scheme (HECS) places. This was an increase of 1,195 (17.1%) places in total from 2005. However, HECS places significantly decreased as a proportion of all places from 70.2% in 2005 to 56.3% in 2009.

In 2009, there were 2,279 students in BMPS places, an increase of 1,845 (425.1%) from 2005, when there were only 434 students in BMPS places. The proportion of students in BMPS places also increased significantly between 2005 and 2009 from 4.4% to 15.7% of all places.

Over this same period, the proportion of students in MRBSS places decreased from 4.5% in 2005 to 3.3% in 2009.

Since full fee-paying positions were first made available to Australian students in 2005, the proportion of fee-paying domestic students has risen from 1.6% to 6.5% in 2009.The number of fee-paying international students decreased from 19.3% in 2005 to 16.7% in 2009.

Rural Exposure

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

Data on students who have a rural background is collected by medical schools. In 2009, 20.7% of first-year domestic students reported that they had lived in a rural or remote area prior to commencing their medical studies (Table 2.4).

Table 2.4: First-year domestic students with a rural background[(a)], 2009

	Males	Females	Total	Proportion domestic students (%)
Adelaide	6	5	11	7.1
ANU	7	9	16	18.6
Bond	na	na	na	na
Deakin	17	16	33	24.6
Flinders	12	23	35	28.0
Griffith	13	14	27	17.3
James Cook	18	38	56	34.6
Melbourne PG entry	5	13	18	22.8
Monash PG	6	13	19	28.4
Monash UG	30	31	61	24.7
Newcastle/UNE	21	42	63	36.6
Notre Dame Sydney	na	na	21	18.6
Notre Dame WA	na	na	32	29.4
UNSW	17	34	51	24.3
Queensland	23	21	44	14.4
Sydney	12	10	22	8.8
Tasmania	11	12	23	23.2
UWA PG	7	6	13	20.3
UWA UG	16	25	41	28.3
UWS	1	1	2	1.7
Wollongong	10	14	24	32.4
Total	**232**	**327**	**612**	**20.7**

UG—undergraduate PG—postgraduate

(a) Based on RRMA classification in which RRMAs 3–7 are categorised as rural and remote areas.

Source: Medical Deans Australia and New Zealand

No other data is currently available and the MTRP has identified this as an area in which it hopes to improve data in future years.

Trends

Between 2005 and 2009, the total number of first-year medical students increased by 47.7% (Table 2.5).

Over this same period, domestic first-year student numbers increased by 1,084 (57.9%), whilst international first-year student numbers increased by just 27 (5.9%).

The proportion of females in first-year medical studies has remained relatively stable over the last five years (Table 2.5).

Table 2.5: First-year medical students: Domestic and international and proportion of females[a], 2005–2009

	2005	2006	2007	2008	2009
Domestic	1,871	2,071	2,560	2,934	2,955
Proportion females (%)	55.2	55.1	54.4	54.0	54.8
International[b]	460	426	436.0	499	487
Proportion females (%)	57.2	53.1	49.8	50.9	47.0
Total	**2,331**	**2,497**	**2,996**	**3,433**	**3,442**

(a) Based on the commencing year of the graduate course.

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

Source: Medical Deans Australia and New Zealand

Between 2005 and 2009, there was an increase of 4,586 (46.2%) in the overall number of medical students studying in Australian universities (Table 2.6). Over this same period, the total number of domestic students increased by 4,071 (50.7%).

Table 2.6: Medical students: Domestic, international and proportions of females[a], 2005–2009

	2005	2006	2007	2008	2009
Domestic	8,026	8,768	9,796	11,028	12,097
Proportion female(%)	55.2	55.7	55.8	55.3	54.6
International[b]	1,909	2,081	2,153	2,309	2,424
Proportion females (%)	53.4	53.9	52.3	52.5	51.4
Total	**9,935**	**10,849**	**11,949**	**13,337**	**14,521**

(a) Data covers all years of study.

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

Source: Medical Deans Australia and New Zealand

Medical Graduates

Current Data and Trends

In 2008, the latest year for which data is available, 2,139 students graduated from Australian medical schools. Of these, 1,738 were domestic students.

Each year the number of domestic medical graduates has increased with a 35.0% increase from 2004 to 2008 (Table 2.7). Over the same period, the number of international medical graduates has increased by 85.6% (Table 2.8).

Table 2.7: Domestic medical school graduates from Australian universities, 2004–2008

	2004	2005	2006	2007	2008
Adelaide	94	85	92	85	98
ANU[a]	..	..	..	71	90
Flinders	67	62	66	77	75
Griffith	..	..	..	..	70
James Cook[b]	..	58	74	65	66
Melbourne	179	178	211	186	199
Monash	144	143	123	137	159
Newcastle	65	59	61	67	77
Notre Dame WA	..	..	..	..	75
Queensland	225	218	215	284	238
Sydney	190	176	147	202	208
Tasmania	55	46	62	58	64
UNSW	163	188	166	186	177
UWA	105	107	118	126	142
Total	**1,287**	**1,320**	**1,335**	**1,544**	**1,738**

(a No graduates at ANU until 2007.
(b) No graduates at James Cook until 2005.

Source: Medical Deans Australia and New Zealand

Table 2.8: International medical school graduates from Australian universities, 2004–2008

	2004	2005	2006	2007	2008
Adelaide	33	29	36	41	48
ANU[a]	..	..	..	1	4
Flinders	20	28	26	27	22
Griffith	..	..	..	..	0
James Cook[b]	..	0	1	1	0
Melbourne	75	83	74	85	88
Monash	5	28	52	39	52
Newcastle	15	14	16	15	18
Notre Dame WA	..	..	..	..	0
Queensland	4	8	9	20	51
Sydney	31	42	33	47	55
Tasmania	8	10	12	13	14
UNSW	23	23	32	23	39
UWA	2	2	7	4	10
Total	**216**	**267**	**298**	**316**	**401**

(a) No graduates at ANU until 2007.
(b) No graduates at James Cook until 2005.

Source: Medical Deans Australia and New Zealand

The proportion of females graduating has only been available for 2007 and 2008. Table 2.9 shows that just over half of all medical graduates, both domestic and international, are female (57.2% for domestic and 54.6% for international in 2008). This is a slightly higher proportion of females than in the intake of medical students in recent years (54.8% for domestic and 47.0% for international in 2009, Table 2.5).

Table 2.9: Medical graduates: Domestic, international and proportions of females, 2004–2008

	2004	2005	2006	2007	2008
Domestic	1,287	1,320	1,335	1,544	1,738
Proportion female (%)	na	na	na	56.2	57.2
International	216	267	298	316	401
Proportion females (%)	na	na	na	52.5	54.6
Total	**1,503**	**1,587**	**1,633**	**1,860**	**2,139**

Source: Medical Deans Australia and New Zealand

Data for all years from 1997 to 2008 is provided in Appendix D.

Projected Numbers of Graduates

Tables 2.10, 2.11 and 2.12 show the number of medical graduates projected for the years 2009 to 2014. This data is based on current enrolments in 2009. Attrition has not been factored into these figures. However, it should be noted that this would not greatly affect the overall numbers, as attrition rates from medical courses are low relative to other courses, with a mean national attrition rate of 1.4% in 2008.

The number of domestic medical graduates is projected to rise from 1,914 in 2009 to 2,264 graduates in 2010 and up to 3,108 in 2014 (Table 2.10). The number of domestic students graduating is projected to increase by 62.4% overall from 2009 to 2014.

Table 2.10: Domestic medical students to graduate from Australian universities: Projected numbers[(a)], 2009–2014

	2009	2010	2011	2012	2013	2014
Adelaide	85	97	98	125	145	155
ANU	72	85	78	86	95	95
Bond	55	73	84	80	83	80
Deakin	0	0	112	132	128	128
Flinders	74	106	114	125	120	132
Griffith	117	149	142	156	150	150
James Cook	82	100	88	96	162	162
Melbourne PG	68	69	88	72	79	280
Melbourne UG	132	143	148	150	172	0
Monash PG	0	0	52	67	65	65
Monash UG	159	182	221	228	247	240
Newcastle/UNE	85	104	80	166	172	169
Notre Dame Sydney	0	0	107	113	112	112
Notre Dame WA	80	90	106	109	104	104
UNSW	169	162	200	206	209	210
Queensland	272	328	300	306	305	305
Sydney	206	228	222	251	228	228
Tasmania	75	88	81	109	99	100
UWA PG	15	33	60	58	64	65
UWA UG	168	159	126	105	115	145
UWS	0	0	90	98	118	110
Wollongong	0	68	70	74	73	73
Total	**1,914**	**2,264**	**2,667**	**2,912**	**3,045**	**3,108**

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

Source: Medical Deans Australia and New Zealand

The number of international students studying medicine in Australia is also expected to rise. The projected increase is 19.2% from 2008 to 2009 (401 and 478 respectively). In 2014, it is projected that the number of international medical students graduating from Australian universities will be around two thirds (69.1%) higher than in 2008 (Table 2.11).

Table 2.11:International medical students to graduate from Australian universities: Projected numbers[a], 2009–2014

	2009	2010	2011	2012	2013	2014
Adelaide	38	41	24	20	21	24
ANU	6	6	4	12	11	11
Bond	4	2	0	4	9	4
Deakin	..	0	0	2	8	15
Flinders	28	14	18	19	19	20
Griffith	2	0	0	0	5	5
James Cook	2	3	3	4	4	18
Melbourne PG	15	18	19	5	6	50
Melbourne UG	81	77	73	74	76	0
Monash PG	0	0	5	6	15	15
Monash UG	74	97	74	66	54	60
Newcastle/UNE	22	25	26	24	34	30
Notre Dame Sydney	..	..	..	..	..	..
Notre Dame WA	..	..	..	..	..	..
UNSW	40	56	40	52	60	67
Queensland	75	83	84	123	210	210
Sydney	55	36	39	48	60	60
Tasmania	21	20	22	18	25	24
UWA PG	0	0	0	0	0	2
UWA UG	15	28	26	19	29	26
UWS	..	0	0	10	21	26
Wollongong	0	6	11	12	11	11
Total	**478**	**512**	**468**	**518**	**678**	**678**

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

Source: Medical Deans Australia and New Zealand

In total, some 3,786 medical students are expected to be graduating in 2014. This is 58.3% higher than the number anticipated to graduate in 2009 and some 77.0% higher than the number who graduated in 2008.

It should be noted, however, that while the number of medical students is increasing significantly each year, the rate of growth overall is projected to ease somewhat in future years.

Table 2.12: Medical students to graduate from Australian universities: Projected numbers of domestic and international students[a], 2009–2014

	2009	2010	2011	2012	2013	2014
Domestic	1,914	2,264	2,667	2,912	3,045	3,108
International	478	512	468	518	678	678
Total	**2,392**	**2,776**	**3,135**	**3,430**	**3,723**	**3,786**
Increase from previous year (%)		16.1	12.9	9.4	8.5	1.7

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

Source: Medical Deans Australia and New Zealand

Chapter 3

PREVOCATIONAL MEDICAL TRAINING

This chapter reports on the number of junior doctors undertaking postgraduate prevocational training across Australia. Data has been provided by state and territory health departments and is current as at June 2009.

Background

Medical graduates generally enter the medical workforce through public hospitals as interns, also known as postgraduate year 1 (PGY1) doctors. Satisfactory completion of the intern year is required before these junior doctors can receive full medical registration with the relevant state or territory medical board.

Interns have a series of work experiences, or rotations, in order to expose them to a range of clinical situations and training environments. These rotations must be in accordance with guidelines developed by the state and territory postgraduate medical councils. This is part of a structured curriculum largely focused on 'on-the-job' style training.

Prior to commencing a vocational training program, most junior doctors work for at least one or two more years after their intern year, mainly in the public hospital system, to gain more clinical experience. A key aim 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.

Training at the prevocational level generally involves rotating between clinical departments and between public hospitals. It also may include rotations to regional and rural hospitals and community settings. Such rotations are intended to give junior doctors experience of a broader range of clinical settings while meeting service delivery needs.

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 year of general prevocational training. Doctors in this period of prevocational 'on-the-job training' are usually referred to as 'resident medical officers' (RMO). The term 'hospital medical officer' (HMO) is used in Victoria.

Not all PGY1 and PGY2 doctors choose to undertake vocational specialist training. Some leave the medical workforce, others pursue a research career, some choose to work as locums and a number continue to work in hospital settings in non-vocational career roles, typically as career medical officers (CMOs). Most CMOs work in hospital settings in acute roles, such as emergency departments. A number of CMOs acquire other postgraduate qualifications related to their roles, such as early management of severe trauma, advanced paediatric support or emergency life support.

Caution is needed in using and analysing the prevocational data. 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. Also, some jurisdictions have different prevocational training processes. For instance, in New South Wales trainees are employed on

two-year contracts covering both PGY1 and PGY2 training. This means that the number of PGY2 positions advertised each year and offered does not reflect the total number of PGY2 positions available.

Postgraduate Year 1

Current Data

In 2009, there were 2,243 trainees commencing PGY1. Of these, more than half were female (56.6%) (Table 3.1).

Two thirds (1,495 or 66.7%) of all PGY1 trainees commenced training in the state or territory in which they undertook their medical degree. A further 265 trainees (11.8%) were trained in Australia, but commenced their PGPY1 training in another state or territory.

The number of PGY1 positions in each state and territory closely matched the distribution of the population as a whole.

Table 3.1: Commencing postgraduate year 1 trainees or supervised training positions: Total, females, proportion of females by doctor category and state/territory, 2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
				All commencing PGY1s					
Australian trained local (own state)	420	331	342	125	187	43	12	35	1,495
Australian trained local (interstate)	68	71	43	28	23	7	14	11	265
Temporary resident Australian-trained	98	92	48	61	14	3	na	4	320
New Zealand medical school graduates	6	5	7	5	3	0	na	0	26
Australian Medical Council graduates	76	7	4	27	1	9	1	12	137
Total	**668**	**506**	**444**	[(a)]**246**	**228**	**62**	**27**	**62**	**2,243**
				Females					
Australian trained local (own state)	241	195	177	65	111	17	3	25	834
Australian trained local (interstate)	50	45	24	13	13	2	8	7	162
Temporary resident Australian trained	49	51	28	34	6	0	na	4	172
New Zealand medical school graduates	2	0	4	2	3	0	na	0	11
Australian Medical Council graduates	52	3	3	19	1	4	1	7	90
Total	**394**	**294**	**236**	[(b)]**133**	**134**	**23**	**12**	**43**	**1,269**
				Proportion females (%)					
Australian trained local (own state)	57.4	58.9	51.8	52.0	59.4	39.5	25.0	71.4	55.8
Australian trained local (interstate)	73.5	63.4	55.8	46.4	56.5	28.6	57.1	63.6	61.1
Temporary resident Australian trained	50.0	55.4	58.3	55.7	42.9	0	na	100.0	53.8
New Zealand medical school graduates	33.3	0	57.1	40.0	100.0	0	na	0	42.3
Australian Medical Council graduates	68.4	42.9	75.0	70.4	100.0	44.4	100.0	58.3	65.7
Total	**59.0**	**58.1**	**53.2**	**54.1**	**58.8**	**37.1**	**44.4**	**69.4**	**56.6**

(a) Total includes 13 carry over positions from 2008.
(b) Approximate numbers only—correct at end of allocation.

Source: State and territory government health departments

Trends

PGY1 commencements have increased substantially each year, with the exception of 2007, showing an overall increase of 38.3% or 621 trainees from 2005 to 2009 (Table 3.2).

The increases over this period have been significantly greater in some states, namely Western Australia (72.7%), Queensland (58.6%) and South Australia (43.9%).

Table 3.2: Commencing postgraduate year 1 trainees by state/territory, 2005–2009

	2005	2006	2007	2008	2009	Increase 2005–2009 (%)
New South Wales/ Australian Capital Territory	566	628	[a]533	688	..	29.0
New South Wales	..	..	..	..	668	na
Australian Capital Territory	..	..	..	..	62	na
Victoria	397	406	447	454	506	27.5
Queensland	280	323	357	411	444	58.6
South Australia	171	183	213	227	[b]246	43.9
Western Australia	132	137	155	175	228	72.7
Tasmania	52	71	[c]56	51	62	19.2
Northern Territory	24	23	15	24	27	12.5
Australia	**1,622**	**1,771**	**1,776**	**2,030**	**2,243**	**38.3**
Increase on previous year (%)	..	9.2	0.3	14.3	10.5	

(a) January allocation only, whereas previous years also include mid-year allocation.
(b) SA has 233 accredited positions, plus 17 interns carried over from 2008 and 8 of these share 4 full time positions.
(c) Actual allocation figures not available. Figures based on number of offers made.

Source: State and territory government health departments

Postgraduate Year 2

Current Data

Table 3.3 presents data on the number of PGY2 positions offered by states and territories and, where possible, whether those offered positions were trained in Australia, New Zealand or elsewhere.

Table 3.3: Postgraduate year 2 positions offered by doctor category and state/territory, 2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Australian trained local (own state)	na	na	306	na	148	na	na	15
Australian trained local (interstate)	na	na	62	na	53	na	na	10
Temporary resident Australian trained	na	na	28	na	13	na	na	1
New Zealand medical school graduates	na	na	13	na	2	na	na	2
Australian Medical Council graduates	na	na	62	na	86	na	na	12
Total	**na**	**540**	**471**	**[a]300**	**302**	**[b]188**	**44**	**40**

(a) Approximate number only, including all prevocational trainees. The Postgraduate Medical Council of South Australia (PMCSA) is in its first year of managing Training Medical Officer (TMO) recruitment and accurate numbers will be available for the next report.
(b) Breakdown of numbers from all hospitals was unavailable.

Source: State and territory government health departments

Data on the doctors actually commencing PGY2 training is provided in Table 3.4. It is not possible to compare PGY2 training across states and territories, as data is not available for all jurisdictions and there are different inclusions in the numbers provided. In fact, the notion of PGY2 is poorly defined both within and across jurisdictions.

Table 3.4: Commencing doctors in postgraduate year 2 positions: Total, females and proportion of females by doctor category and state/territory, 2009

	[a]NSW	Vic	Qld	SA	WA	Tas	NT	ACT
				All commencing PGY2 students				
Australian trained local (own state)	[b]399	281	301	na	138	33	na	15
Australian trained local (interstate)	[b]90	81	59	na	41	13	na	10
Temporary resident Australian trained	[c]na	86	26	na	14	1	na	1
New Zealand medical school graduates	14	24	10	na	2	0	na	2
Australian Medical Council graduates	54	14	62	na	81	60	na	12
Total	**[d]640**	**[e]487**	**[f]458**	**na**	**276**	**107**	**44**	**40**
				Females				
Australian trained local (own state)	[b]217	161	165	na	75	20	na	12
Australian trained local (interstate)	[b]48	61	28	na	21	7	na	6
Temporary resident Australian trained	[c]na	53	7	na	8	1	na	1
New Zealand medical school graduates	5	12	7	na	1	0	na	2
Australian Medical Council graduate	37	6	43	na	43	28	na	7
Total	**[d]360**	**293**	**250**	**na**	**148**	**56**	**na**	**28**
				Proportion females (%)				
Australian trained local (own state)	[b]54.4	57.3	54.8	na	54.3	60.0	na	80.0
Australian trained local (interstate)	[b]53.3	75.3	47.4	na	51.2	53.8	na	60.0
Temporary resident Australian trained	[c]na	61.6	26.9	na	57.1	100.0	na	100.0
New Zealand medical school graduates	35.7	50.0	70.0	na	50.0	0.0	na	100.0
Australian Medical Council graduates	68.5	42.9	69.3	na	53.0	46.6	na	58.0
Total	**56.3**	**60.2**	**54.5**	**na**	**53.6**	**52.3**	**na**	**70.0**

(a) Inclusive of all PGY2 positions including continuous two-year contracts.
(b) Inclusive of temporary resident Australian trained postgraduates.
(c) Residency status information not available to separate into categories. Numbers included in Australia trained local own state and interstate commencements.
(d) Includes 83 IMGs working in PGY2 positions registered under the Competent Authority or Standard Pathways. 53 IMGs were female.
(e) Total includes one unknown.
(f) Data is based upon the total number of declined job offers registered in the eRecruitment system.

Source: State and territory government health departments

Trends

Although the number of PGY2 commencements appears to have increased substantially since 2005 (Table 3.5), the true extent of the increase is unknown due to data quality issues. Similarly, comparisons across states and territories and across years should be undertaken with caution.

Table 3.5: Postgraduate year 2 commencements by state/territory, 2005–2009

	2005	2006	2007	2008	2009
New South Wales/ Australian Capital Territory	416	414	449	..	..
New South Wales	..	..	..	na	[a]640
Australian Capital Territory	..	..	..	36	40
Victoria	412	432	477	467	[b]487
Queensland	337	na	284	[c]441	[d]458
South Australia	134	172	220	161	[e]300
Western Australia	145	172	96	224	276
Tasmania	68	88	[f]28	49	107
Northern Territory	24	24	32	44	44
Australia	**1,536**	**1,302**	**1,586**	**1,422**	**2,352**

(a) Includes 83 IMGs working in PGY2 positions registered under the Competent Authority or Standard pathways.
(b) Total includes one unknown.
(c) Figure based on number of offers made.
(d) Commencement data is based upon the total number of declined job offers registered in the eRecruitment system.
(e) Approximate number only. PMCSA is in its 1st year of managing TMO recruitment and accurate numbers will be available for the next report.
(f) Actual allocation not available. Figures based on number of offers made.

Source: State and territory government health departments

Chapter 4

VOCATIONAL MEDICAL TRAINING

This chapter reports on vocational training recognised under the *Health Insurance Act 1973*. It presents data on the number of vocational medical training places in 2009, the results of college examinations held in 2008, the number of new college fellows in 2008 and the number of first year placements likely to be available in 2010 for each of the specialty areas. All data were current as at July 2009.

The following data has been provided by all of the specialist medical colleges and associated faculties, and General Practice Education and Training (GPET).

Data for the latest five years is presented where applicable. Tables containing data from earlier years of reporting are located in Appendix D.

Vocational Medical Training in Australia

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

The only accredited providers of such programs are the specialist medical colleges. These are accredited by the Australian Medical Council (AMC). The AMC was established by Australian Health Ministers in 1984, as the independent national standards body for medical education and training. The AMC advises the Commonwealth and states and territories on the recognition of medical specialties, and reviews and accredits specialist medical education and training programs.

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 in an accredited training program. The number of trainee positions offered is also dependent on the health services capacity to accept trainees. Some specialist medical colleges' vocational training programs have a basic and an advanced training component. 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 registrars is usually undertaken by a specialist and/or a 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 has traditionally been undertaken in teaching hospitals for most specialties, but there is now pressure to move some specialty training to an expanded range of settings to better reflect where healthcare is delivered and better satisfy curriculum objectives.

The time required to complete vocational training programs varies from about three to seven years, depending upon which specialty is undertaken.

Most specialist colleges have both clinical and practical exams and the majority have an exit exam. Increasingly, a range of other in-training assessments of both a formative and summative nature are being included so that the full range of skills and behaviours, including communication, team work and other forms of professional behaviour, can be assessed.

General Practice Training

The Australian General Practice Training Program (AGPTP) is a postgraduate vocational training program for doctors wishing to pursue a career in general practice in Australia. The AGPTP 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). Training is delivered through 20 regional training providers (RTPs).

The AGPTP is managed by General Practice Education and Training (GPET) Ltd to the standards set by the RACGP and the ACRRM. The RACGP and the ACRRM are, in turn, accredited by the AMC.

The Rural 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 AGPTP is not viable. RVTS registrars are eligible to sit for fellowship of the RACGP and ACRRM. More details about this program are included in Chapter 6.

Registrars can choose between the rural pathway and the general pathway of the AGPTP. The general practice training programs generally take three years to complete if undertaken through the RACGP[2] and four years if undertaken via the ACRRM, but may take longer under some circumstances. Training is primarily completed through general practice clinics and is funded by the Australian Government.

Rural pathway registrars undertake their training in rural and remote areas, defined as Areas 3–7 in the Rural, Remote and Metropolitan Areas classification. Metropolitan-based general pathway trainees are also required to undertake at least one placement in a rural and/or an outer metropolitan area.

Changes to College Training Programs

The Royal Australasian College of Surgeons (RACS) recently introduced a revised training program. The Surgical Education and Training (SET) program commenced in 2008 and replaced the Basic and Advanced Surgical Training programs. The Surgical Education and Training (SET) program is designed to improve the quality and efficiency of surgical education and training through early selection into specialty training and streamlining of the training experience. The SET program requires five to six years of specialist surgical training in one of nine specialty training areas.

Both specialties of the Royal Australian and New Zealand College of Radiologists (RANZCR) have also been undergoing a curriculum development process.In radiation oncology, the new curriculum commenced in 2009. It is expected that the new curriculum will commence in radiology in 2010.

The Royal Australasian College of Physicians (RACP) has developed a new training program, 'Physician Readiness for Expert Practice' (PREP). This has been progressively phased in through 2008 and 2009. This program utilises new formative assessments, greater supervision and a comprehensive e-learning environment.

2 One extra year is required for doctors taking the Fellowship in Advanced Rural General Practice through the RACGP.

Accredited Training

Tables 4.1 and 4.2 present data on the number of basic and advanced accredited training positions in 2009 in accreditation approach. The tables demonstrate that medical colleges differ in their approaches to accrediting training, with some adopting various methods of accrediting. Only seven of the 14 medical colleges accredit positions or posts (ACD, RACGP, RACMA, RANZCO, RCPA, RANZCR and ACRRM). For these colleges the number of accredited places equates with the possible number of trainees and they are able to clearly identify the number of places available at the beginning of the year and the extent to which these are filled. Some colleges accredit facilities, including laboratories, hospitals and other sites, to undertake training, while others accredit programs that can be run in a number of sites. The actual numbers undertaking training in these training facilities or programs are usually only known later in the training year.

Available data on the number of positions 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. All medical colleges provide some form of accredited advanced training, except for the RANZCOG. This data is presented in Table 4.2.

Table 4.1: Basic training: Positions/Posts and facilities/programs by medical specialty, 2009

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Adult medicine	RACP		[a]106
Anaesthesia	ANCZA		104
Pain medicine	ANZCA	na	na
Dermatology	ACD	37.5	31
Emergency medicine	ACEM		96
General practice	RACGP	[b]735	
	ACRRM	[b]203	na
Intensive care	ANZCA/RACP		104
Medical administration	RACMA	na	na
Obstetrics and Gynaecology	RANZCOG		30
Occupational and Environmental medicine	RACP	na	na
Ophthalmology	RANZCO	53	48
Paediatrics	RACP		[c]14
Pathology	RCPA	na	na
Psychiatry	RANZCP	na	19
Public health medicine	RACP	na	na
Radiation oncology	RANZCR	na	na
Radiodiagnosis	RANZCR	na	na
Rehabilitation medicine	RACP	na	na
Surgery[d]	RACS	..	..

(a) In addition there are 43 secondment sites which are not formally accredited.
(b) These general practice posts can take both basic and advanced registrars.
(c) In addition there are 61 secondment sites which are not formally accredited.
(d) RACS only recognises accreditation from SET positions, which is by hospital posts.

Source: Medical colleges

Table 4.2: Advanced training: Positions/Posts and facilities/programs by medical specialty, 2009

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Adult medicine	RACP		793
Anaesthesia	ANCZA		106
Pain medicine	ANZCA		20
Dermatology	ACD	37.5	31
Emergency medicine	ACEM		96
General practice	RACGP	[a]275	
	ACRRM	[a]349	
Intensive care	ANZCA/RACP		90
Medical administration	RACMA	92	71
Obstetrics and Gynaecology[b]	RANZCOG	na	na
Occupational and Environmental medicine	RACP		
Ophthalmology	RANZCO	[c]54	48
Paediatrics	RACP		152
Pathology	RCPA	361	287
Psychiatry	RANZCP	na	61
Public health medicine[d]	RACP		
Radiation oncology	RANZCR	101	17
Radiodiagnosis	RANZCR	328	33
Rehabilitation medicine	RACP		90
Surgery[e]	RACS	..	..

(a) Advanced registrars only.
(b) RANZCOG does not accredit training sites for Elective (advanced) trainees.
(c) RANZCO final year positions are approved, but are not accredited posts.
(d) The Faculty does not offer accredited training positions but rather prospectively accredits proposed training programs. Applicants must independently secure a public health medicine position of employment and then apply to the Faculty to undertake their training program in that position. If the submitted training plan is judged by the regional committee to be suitable, then the Education Committee accredits the training program.
(e) RACS only recognises accreditation from SET positions, which is by hospital posts.

Source: Medical colleges

Vocational Training Data

Data covers all Australian trainees, including those who are training overseas. Training programs and places in New Zealand and places in Australian programs for overseas trainees have not been included in the data. Where differences exist between the numbers reported across tables for a given specialty, these are due to the inclusion of overseas trainees and these have been noted in the table footnotes where applicable.

In 2009, there were 12,958 vocational trainees (Table 4.3). The largest number of trainees was in adult medicine (2,823), followed by general practice (2,309) and emergency medicine (1,543).

Table 4.3: Vocational trainees and placements by medical specialty, 2009[a]

Medical specialty	Basic trainees	Advanced trainees	Total college trainees
Adult medicine[b][c]	1,666	1,157	2,823
Anaesthesia	509	485	994
Pain medicine	..	53	53
Dermatology	39	39	78
Emergency medicine	732	811	1,543
General practice	..	2,309	2,309
Intensive care	82	375	457
Medical administration	..	92	92
Obstetrics and Gynaecology	301	131	432
Occupational and Environmental medicine[c]	..	55	55
Ophthalmology	53	77	130
Paediatrics[b]	459	453	912
Pathology	..	224	224
Pathology and RACP (jointly)	..	137	137
Psychiatry	661	322	983
Public health medicine[c]	..	61	61
Radiation oncology	..	101	101
Radiodiagnosis	..	328	328
Rehabilitation medicine[c]	..	138	138
Surgery [d][e]	..	901	1,108
Total	**4,502**	**8,249**	**12,958**

(a) In 2009 international medical graduates have been included in trainee numbers for the first time.
(b) Includes joint RACP and RCPA trainees and trainees based outside Australia.
(c) All figures reflect only those trainees registered to the week commencing 20 July 2009.These figures will change after the second intake of registrations at the end of August.
(d) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
(e) Includes 901 in the College SET programme and 207 in the closed Basic Surgical Training programme which will cease in 2011.

Source: Medical colleges and GPET

Advanced Training

In 2009, there were 8,249 advanced vocational trainees/positions in programs in Australia. This constitutes almost two thirds (63.7%) of the total number of all vocational trainees. The specialty with the largest number of trainees was general practice (2,309), followed by adult medicine (1,157) and surgery (901) (Table 4.4).

Table 4.4: Advanced vocational training positions/trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a]Aust
Adult medicine[b]	377	359	166	82	96	17	9	24	1,157
Anaesthesia[c]	144	138	86	45	48	9	1	14	485
Pain medicine[c]	14	14	13	4	6	2	0	0	53
Dermatology	16	13	7	1	2	..	..	..	39
Emergency medicine	231	195	156	63	97	17	17	15	811
General practice[e]	764	543	474	184	201	73	77	..	[f]2,309
Intensive care	123	95	76	37	25	8	2	9	375
Medical administration	20	19	22	3	8	0	2	4	92
Obstetrics and Gynaecology	62	33	18	7	8	1	0	2	131
Occupational and Environmental medicine	16	13	13	5	5	0	1	2	55
Ophthalmology[d]	35	17	9	8	6	1	1	0	77
Paediatrics[b]	152	124	69	30	39	5	5	3	453
Pathology	72	51	52	14	26	4	0	5	224
Pathology and RACP(jointly)	58	36	19	6	12	1	1	4	137
Psychiatry	103	114	53	21	19	4	2	6	322
Public health medicine	19	10	6	0	6	1	9	10	61
Radiation oncology	41	23	17	7	7	1	0	5	101
Radiodiagnosis	94	97	59	33	30	5	0	10	328
Rehabilitation medicine	60	33	18	7	3	0	1	3	138
Surgery[g]	326	263	153	66	78	7	2	6	901
Total	**2,727**	**2,190**	**1,486**	**623**	**722**	**156**	**130**	**122**	**8,249**

(a) Those training overseas are included in the Australian total. Therefore state/territory totals do not equate to Australian total.
(b) These figures include trainees within the joint RACP and RCPA program and conditional advanced trainees.
(c) ANZCA and FPMANZCA accredit training units not number of positions.
(d) Includes 8 trainees in final year overseas training posts.
(e) ACT trainees are included in NSW total.
(f) Registrars who transfer between providers part-way through the year are counted against each state tally but only once in the total.
(g) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

The majority of advanced trainees were located in New South Wales (34.4%), Victoria (25.9%) and Queensland (17.5%) (Table 4.5). Overall, trainees were reasonably well distributed across states and territories when compared with their proportion of the Australian population. Victoria and New South Wales had proportionally more trainees, while the proportion of trainees/positions in Queensland, Western Australia and Tasmania were below their proportion of the population.

Table 4.5: Proportion of advanced vocational training positions/trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a] Aust
Adult medicine	32.6	31.0	14.3	7.1	8.3	1.5	0.8	2.1	97.7
Anaesthesia	29.7	28.5	17.7	9.3	9.9	1.9	0.2	2.9	100.0
Pain medicine	26.4	26.4	24.5	7.6	11.3	3.8	0.0	0.0	100.0
Dermatology	41.0	33.3	17.9	2.6	5.1	..	..	..	100.0
Emergency medicine	28.5	24.0	19.2	7.8	12.0	2.1	2.1	1.8	97.5
General practice[a]	33.1	23.5	20.5	8.0	8.7	3.2	3.3	..	100.3
Intensive care	32.8	25.3	20.3	9.9	6.7	2.1	0.5	2.4	100.0
Medical administration	21.7	20.7	23.9	3.3	8.7	0.0	2.2	4.3	84.8
Obstetrics and Gynaecology	47.3	25.2	13.7	5.3	6.1	0.8	0.0	1.5	100.0
Occupational and Environmental medicine	29.1	23.6	23.6	9.1	9.1	0.0	1.8	3.6	100.0
Ophthalmology	45.5	22.1	11.7	10.4	7.8	1.3	1.3	0.0	100.0
Paediatrics	33.6	27.4	15.2	6.6	8.6	1.1	1.1	0.7	94.3
Pathology	32.1	22.8	23.2	6.3	11.6	1.8	0.0	2.2	100.0
Pathology and RACP(jointly)	42.3	26.3	13.9	4.4	8.8	0.7	0.7	2.9	100.0
Psychiatry	32.0	35.4	16.5	6.5	5.9	1.2	0.6	1.9	100.0
Public health medicine	31.1	16.4	9.8	0.0	9.8	1.6	14.8	16.4	100.0
Radiation oncology	40.6	22.8	16.8	6.9	6.9	1.0	0.0	5.0	100.0
Radiodiagnosis	28.7	29.6	18.0	10.1	9.1	1.5	0.0	3.0	100.0
Rehabilitation medicine	43.5	23.9	13.0	5.1	2.2	0.0	0.7	2.2	90.6
Surgery	36.2	29.2	17.0	7.3	8.7	0.8	0.2	0.7	100.0
Total (%)[b]	**34.4**	**25.9**	**17.5**	**6.7**	**8.3**	**1.4**	**1.6**	**3.0**	**98.7**
Population proportion (%)[c]	32.5	24.8	20.1	7.4	10.2	2.3	1.0	1.6	100.0

(a) Australian total and state total differ because 7 positions were registrars transferring between states and counted against each state but only once in the total.
(b) Balance of trainees are working overseas.
(c) Population data from ABS, Australian Demographic Statistics, 2009 (Cat.no. 3101.0), Canberra.

Source: Medical colleges and GPET

First-year Advanced Trainees

In 2009, there were 2,598 first-year advanced vocational positions/trainees (Table 4.6). The specialty with the most first-year advanced vocational training places was general practice (684), followed by adult medicine and emergency medicine, with 384 and 310 training places respectively.

Table 4.6: First-year advanced vocational positions/trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine[a]	134	124	56	28	24	7	1	10	384
Anaesthesia	46	46	26	19	16	4	0	2	159
Pain medicine	4	5	3	2	4	1	0	0	19
Dermatology	7	6	2	0	1	..	..	..	16
Emergency medicine[b]	74	79	62	31	36	7	8	5	310
General practice[c]	221	161	148	54	61	22	17	..	684
Intensive care	45	43	31	14	15	3	1	4	156
Medical administration	10	7	10	0	4	0	1	0	32
Obstetrics and Gynaecology[d]	32	13	12	2	4	0	0	2	65
Occupational and Environmental medicine	3	0	2	1	0	0	0	0	6
Ophthalmology	11	7	2	2	2	0	0	0	24
Paediatrics[a]	56	49	24	12	15	4	0	2	162
Pathology	15	6	6	3	7	1	0	0	38
Pathology and RACP (jointly)	17	1	6	1	2	1	0	0	28
Psychiatry	30	38	15	4	7	2	0	3	99
Public health medicine	0	1	2	0	1	1	1	2	8
Radiation oncology	9	6	2	2	2	1	0	2	24
Radiodiagnosis	10	16	5	7	6	0	0	3	47
Rehabilitation medicine	19	10	6	0	0	0	1	2	38
Surgery[e]	87	99	53	19	22	10	2	7	299
Total	**830**	**717**	**473**	**201**	**229**	**64**	**32**	**44**	**2,598**

(a) These figures include trainees within the joint RACP and RCPA program and conditional advanced trainees.
(b) Total includes 8 trainees working overseas.
(c) ACT numbers are included in the NSW total.
(d) Numbers in this table refer to Year 5 elective trainees only, i.e. first year advanced.
(e) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

Female Trainees

In 2009, almost half (3,967 or 48.1%) of all advanced vocational trainees were female (Table 4.7). The number of female advanced vocational trainees within each specialty ranged from 13 in medical administration to 1,472 in general practice. Specialties with the highest proportion of females included obstetrics and gynaecology (67.9%), pathology (64.5%) and general practice (63.8%).

Training programs with a comparatively low proportion of females included medical administration (14.1%), surgery (23.1%) and intensive care (24.3%).

Table 4.7: Female advanced vocational trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine[a]	169	160	57	33	28	5	5	8	465
Anaesthesia	81	74	40	23	15	5	3	5	246
Pain medicine	6	6	5	0	1	1	0	0	19
Dermatology	8	9	4	1	1	..	..	..	23
Emergency medicine[b]	101	73	70	26	39	7	10	2	340
General practice	[c]472	360	284	123	143	47	49	..	[d]1,472
Intensive care	38	25	14	5	7	0	0	2	91
Medical administration	6	1	4	1	1	0	0	0	13
Obstetrics and Gynaecology	44	25	9	5	4	0	0	2	89
Occupational and Environmental medicine	4	4	2	2	1	0	0	1	14
Ophthalmology	13	4	2	3	2	0	0	0	24
Paediatrics[a]	91	85	41	16	23	4	4	2	266
Pathology	96	53	41	12	16	4	1	10	233
Psychiatry	44	71	27	13	9	1	1	5	171
Public health medicine	12	5	3	0	6	0	4	6	36
Radiation oncology	31	8	11	2	2	0	0	4	58
Radiodiagnosis	37	36	18	14	4	1	0	4	114
Rehabilitation medicine	41	19	15	4	4	0	1	1	85
Surgery[e][f]	73	64	39	11	20	1	0	0	208
Total	**1,367**	**1,082**	**686**	**294**	**326**	**76**	**78**	**52**	**3,967**

(a) These figures include trainees within the joint RACP and RCPA program and conditional advanced trainees.
(b) Total includes 12 trainees working overseas.
(c) ACT trainees are included in NSW total.
(d) If registrars transfer between states/territories part-way through the year they will be counted against each state tally but only once in the total.
(e) Data for SET trainees only. No data available for BST, which is no longer accepting new applicants.
(f) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

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 2009, there were 1,052 part-time advanced trainees across specialties. This represents 12.8% of all trainees (Table 4.8).

Table 4.8: Advanced vocational trainees undertaking part-time training by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine	19	18	5	4	0	1	0	3	50
Anaesthesia	8	7	2	1	2	1	0	0	21
Pain medicine	3	1	2	0	0	1	0	0	7
Dermatology	1	0	0	0	0	..	..	..	1
Emergency medicine[a]	na	na	na	na	na	na	na	na	na
General practice[b]	188	109	118	41	53	26	20	..	743
Intensive care	2	0	0	0	0	0	0	0	2
Medical administration	0	0	1	0	0	0	0	0	1
Obstetrics and Gynaecology	13	7	1	1	1	0	0	2	25
Occupational and Environmental medicine	4	4	2	2	1	0	0	1	14
Ophthalmology	0	2	0	0	0	0	0	0	2
Paediatrics	25	26	7	3	8	0	0	0	69
Pathology	9	5	5	0	0	0	0	0	19
Psychiatry	17	21	10	2	7	1	1	1	60
Public health medicine	5	3	3	0	4	0	1	1	17
Radiation oncology	1	0	0	0	0	0	0	0	1
Radiodiagnosis	4	0	1	0	0	0	0	0	5
Rehabilitation medicine	8	6	1	0	0	0	0	0	15
Surgery[c]	0	0	0	0	0	0	0	0	0
Total	**307**	**209**	**158**	**54**	**76**	**30**	**22**	**8**	**1,052**

(a) Unable to provide this information for 2009.
(b) ACT trainees are included in NSW total.
(c) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

Further information on the availability of part-time training and interrupted training for each college and training organisation can be found in Appendix B.

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 2009, 130 advanced trainees discontinued training (Table 4.9). General practice and pathology had the highest numbers with 39 and 33 discontinuations respectively. The number discontinuing in general practice was, however, relatively small given that there were over two thousand trainees undertaking general practice training (2,309 compared with 361 for pathology) in 2009. Detailed data on discontinuations for individual colleges and faculties has not been shown due to the small numbers for most medical colleges.

Table 4.9: Advanced vocational trainee discontinuations by state/territory, 2007–2009

	[a]NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2007[b]	15	13	5	6	6	1	1	1	79
2008	37	29	29	6	7	2	1	1	112
2009[c]	40	36	28	7	15	2	0	1	130

(a) GPET reports joint figures for NSW and ACT.
(b) Australia in total exceeds state/territory totals, as complete state/territory data are not available for all training programs.
(c) Includes 1 overseas trainee.

Source: Medical colleges and GPET

Basic Training

Several colleges require periods of defined basic training prior to an individual commencing the advanced training program. Tables 4.10 and 4.11 provide data for those colleges that require a period of recognised basic training.

There were an estimated 4,502 basic trainees, representing 34.7% of all trainees in 2009. This is a six-fold increase from the 757 trainees in 1997, when the data was first reported. The main reason for this increase is that many colleges have since introduced additional basic training as a pre-requisite to advanced training.

The specialties with the largest number of basic trainees were adult medicine (1,666), emergency medicine (732) and psychiatry (661).

Of the total number of basic trainees, 965 were in their first year. The specialty with the largest number of first-year basic trainees was adult medicine (436), followed by anaesthesia (169) and psychiatry (118). As emergency medicine allows new trainees to enter the program at any time during basic or provisional training, the number of first-year emergency medicine trainees is not included.

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

Table 4.10: Basic trainees and first-year basic trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					All basic trainees				
Adult medicine	431	492	377	141	143	39	6	37	1,666
Anaesthesia	157	116	125	43	34	17	4	13	509
Dermatology	7	9	13	6	4	..	..	..	39
Emergency medicine[a]	209	153	193	58	71	11	18	14	732
Intensive care	32	6	20	10	10	0	0	4	82
Obstetrics and Gynaecology[b]	91	83	75	16	18	7	0	11	301
Ophthalmology	20	13	11	3	3	1	1	1	53
Paediatrics	146	114	93	43	40	9	9	5	459
Psychiatry	243	169	127	49	49	8	5	11	661
Total	**1,336**	**1,155**	**1,034**	**369**	**372**	**92**	**43**	**96**	**4,502**
					First-year basic trainees				
Adult medicine	99	156	93	42	28	5	0	13	436
Anaesthesia	43	41	44	17	13	7	1	3	169
Dermatology[a]	4	4	4	3	3	..	..	..	18
Emergency medicine[c]	..	..	..	..	..	..	..	..	..
Intensive care[d]	0	0	1	0	1	0	0	0	2
Obstetrics and Gynaecology[b]	26	27	17	3	5	2	0	1	81
Ophthalmology	12	6	5	2	2	0	0	0	27
Paediatrics	21	29	28	14	13	5	2	2	114
Psychiatry	52	23	18	9	13	1	1	1	118
Total	**257**	**286**	**210**	**90**	**78**	**20**	**4**	**20**	**965**

(a) Includes both basic and provisional trainees registered with ACEM. Total includes 5 trainees working overseas.
(b) Trainees undertake the 4-year Integrated Training program (ITP), which could be broadly regarded as 'basic training'.
(c) Unable to provide as trainees may join the program at any time.
(d) Intensive care trainees commonly receive recognition of prior learning and are generally admitted beyond first year basic training.

Source: Medical colleges

In 2009, 2,133 or 47.4% of the total number of basic trainees were female (Table 4.11). The specialty with the largest number of females was adult medicine, with 747 female basic trainees. However, the specialties with the largest proportion of females are paediatrics, obstetrics and gynaecology and dermatology with 66.4%, 65.1% and 64.1% female basic trainees respectively.

Table 4.11: Female basic trainees by medical specialty and state/territory, 2009

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Number				
Adult medicine	196	253	146	62	57	9	4	20	747
Anaesthesia	52	37	38	16	17	5	1	3	169
Dermatology	4	8	8	4	1	..	..	..	25
Emergency medicine	83	66	75	13	26	1	10	5	281
Intensive care	13	1	5	4	2	0	0	1	26
Obstetrics and Gynaecology[a]	62	53	42	13	14	3	0	9	196
Ophthalmology	8	8	1	2	0	0	0	0	19
Paediatrics	97	86	55	30	25	6	5	1	305
Psychiatry	134	105	56	29	29	1	4	7	365
Total	**649**	**617**	**426**	**173**	**171**	**25**	**24**	**46**	**2,133**
					Percent (%)				
Adult medicine	45.5	51.4	38.7	44.0	39.9	23.1	66.7	54.1	44.8
Anaesthesia	33.1	31.9	30.4	37.2	50.0	29.4	25.0	23.1	33.2
Dermatology	57.1	88.9	61.5	66.7	25.0	..	..	..	64.1
Emergency medicine	39.7	43.1	38.9	22.4	36.6	9.1	55.6	35.7	38.4
Intensive care	40.6	16.7	25.0	40.0	20.0	0.0	0.0	25.0	31.7
Obstetrics and Gynaecology[a]	68.1	63.9	56.0	81.3	77.8	42.9	0.0	81.8	65.1
Ophthalmology	40.0	61.5	9.1	66.7	0.0	0.0	0.0	0.0	35.8
Paediatrics	66.4	75.4	59.1	69.8	62.5	66.7	55.6	20.0	66.4
Psychiatry	55.1	62.1	44.1	59.2	59.2	12.5	80.0	63.6	55.2
Total	**48.6**	**53.4**	**41.2**	**46.9**	**46.0**	**27.2**	**55.8**	**47.9**	**47.4**

(a) Trainees undertake 4 years of Integrated Training program (ITP), which could be broadly regarded as 'basic training'.

Source: Medical colleges

Caution must be applied when comparing the numbers, particularly across years where the program structure has changed at some point to include a requirement for basic training prior to proceeding to advanced training.

General Practice

General practitioners' training under the AGPTP is provided through 20 regional training providers (RTPs). Data from these are presented in Table 4.12.

In 2009, there were 2,309 general practice trainees. The largest number of these were in New South Wales and the Australian Capital Territory (764), followed by Victoria (543) and Queensland (474).

Almost two thirds (63.8%) of all general practice trainees were female.

Table 4.12: General practice trainees: Registrars, first year registrars and females by state/territory training consortium, 2009[a]

Regional training provider	Registrars	Proportion registrars (%)	First year registrars	Female registrars	Proportion females (%)
New South Wales and Australian Capital Territory					
CoastCityCountry Training Inc	148	19.4	41	83	56.1
GPLogic	73	9.6	26	50	68.5
General Practice Training—Valley to Coast	130	17.0	33	87	66.9
Institute of General Practice Education Inc	109	14.3	30	59	54.1
North Coast NSW General Practice Training Ltd	72	9.4	20	45	62.5
GP Synergy	132	17.3	43	88	66.7
WentWest Ltd	101	13.2	28	63	62.4
Total NSW and ACT	**764**		**221**	**472**	**61.8**
Victoria					
Bogong Regional Training Network	61	11.2	22	33	54.1
Greater Green Triangle GP Education and Training Inc	53	9.8	16	31	58.5
Victoria Felix Medical Education	71	13.1	25	41	57.7
Victorian Metropolitan Alliance	282	51.9	78	204	72.3
getGP Ltd	76	14.0	20	51	67.1
Total Victoria	**543**		**161**	**360**	**66.3**
Queensland					
Central and Southern Qld Train	256	54.0	82	162	63.3
Rural and Regional Queensland Consortium	87	18.4	31	44	50.6
Tropical Medical Training	133	28.1	35	79	59.4
Total Queensland	**474**		**148**	**284**	**59.9**
South Australia					
Adelaide to Outback Training Program	114	62.0	29	74	64.9
Sturt-Fleurieu General Practice Education and Training	70	38.0	25	49	70.0
Total South Australia	**184**		**54**	**123**	**66.8**
Western Australia					
WAGPET Ltd	201	100.0	61	143	71.1
Total Western Australia	**201**		**61**	**143**	**71.1**
Tasmania					
General Practice Training Tasmania	73	100.0	22	47	64.4
Total Tasmania	**73**		**22**	**47**	**64.4**
Northern Territory					
Northern Territory General Practice Education Ltd	77	100.0	17	49	63.6
Total Northern Territory	**77**		**17**	**49**	**63.6**
Australia[a][b]	**2,309**		**684**	**1,472**	**63.8**

(a) Trainees may transfer between regional training providers and/or states/territories but are only counted once in total.
(b) Data may include training placements from regional training providers that cross state boundaries.

Source: GPET

It is anticipated that the AGPTP training places will rise to 700 in 2010 and 812 in 2011.

Rural Pathway

In 2009, there were 965 trainees completing training through the rural pathway. New South Wales and the Australian Capital Territory had the largest number (265), followed by Victoria with 253 trainees (Table 4.13).

Table 4.13: General practice rural pathway trainees by state/territory, 2009

	NSW/ACT	Vic	Qld	SA	WA	Tas	NT	Aust
Number	265	253	204	84	80	38	46	965
Proportion (%)	27.5	26.2	21.1	8.7	8.3	3.9	4.8	100.0

Source: GPET

Subspecialty Training

Pathology Subspecialties

In 2009, there were 361 advanced trainees undertaking training with the Royal College of Pathologists Australasia (RCPA) (Table 4.14). Almost half of these (49.0% or 177) were within the subspecialty of anatomical pathology.

Table 4.14: Advanced pathology training positions by subspecialty, 2009

Subspecialty	Positions	Proportion (%)
Anatomical pathology	177	49.0
Chemical pathology	15	4.2
Forensic pathology	5	1.4
General pathology	3	0.8
Genetics	3	0.8
Haematology	94	26.0
Immunology	23	6.4
Microbiology	39	10.8
Oral pathology	2	0.6
Total	**361**	**100.0**

Source: RCPA

Physician Subspecialties

In 2009, there were 1,824 advanced physician trainees undertaking training with the Royal Australasian College of Physicians (RACP) (Table 4.15). Of these, 873 or 47.9% were female.

Amongst the subspecialties, paediatrics had the largest number of advanced trainees (571), followed by cardiology (160).

Table 4.15: Advanced physician trainees: Total and females by subspecialty, 2009[(a)] [(b)]

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	160	8.8	36
Clinical genetics	3	0.2	2
Clinical pharmacology	11	0.6	3
Endocrinology	92	5.0	56
Gastroenterology	104	5.7	28
General medicine	138	7.6	50
Geriatric medicine	115	6.3	65
Haematology	94	5.2	42
Immunology and allergy	27	1.5	16
Infectious diseases	91	5.0	45
Intensive care	15	0.8	4
Medical oncology	101	5.5	53
Nephrology	62	3.4	28
Neurology	61	3.3	20
Nuclear medicine	20	1.1	7
Paediatrics[(c)]	571	31.3	352
Palliative medicine	35	1.9	25
Respiratory and sleep medicine	92	5.0	24
Rheumatology	32	1.8	17
Total	**1,824**	**100.0**	**873**

(a) Data includes trainees within the joint RACP and RCPA program.
(b Includes trainees undertaking advanced training in more than one subspecialty, therefore the total number is greater than the figure previously provided.
(c) Paediatric medicine includes general paediatrics and the paediatric component of other subspecialty.

Source: RACP

Paediatric Subspecialties

In 2009, there were 571 advanced paediatric and child health trainees with the RACP's Paediatric and Child Health Division (Table 4.16). Of these, 352 or 61.6% were female.

Amongst the subspecialties, half (293 or 51.3%) were training in general paediatrics.

Table 4.16: Advanced paediatric and child health trainees: Total and females by subspecialty, 2009[(a)(b)]

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	16	2.8	5
Clinical genetics	17	3.0	14
Clinical pharmacology	2	0.4	1
Community child health	35	6.1	33
Emergency medicine	32	5.6	19
Endocrinology	23	4.0	15
Gastroenterology	13	2.3	3
General paediatrics	293	51.3	190
Haematology	9	1.6	4
Immunology and allergy	12	2.1	6
Infectious diseases	13	2.3	8
Intensive care	4	0.7	2
Medical oncology	11	1.9	5
Neonatal/ perinatal medicine	53	9.3	29
Nephrology	2	0.4	8
Neurology	16	2.8	0
Nuclear medicine	2	0.4	19
Palliative medicine	1	0.2	1
Respiratory and sleep medicine	14	2.5	7
Rheumatology	3	0.5	0
Total	**571**	**100.0**	**352**

(a) Data includes trainees within the joint RACP and RCPA program.
(b) Includes trainees undertaking advanced training in more than one subspecialty, therefore the total number is greater than the total number of trainees.

Source: RACP

Trends in Vocational Training

It is important to note that some figures presented in the trend data tables below are not necessarily comparable with the figures from previous years due to training program changes. Comparable figures have been referenced where possible.

In 2009, there were 12,958 vocational training positions/trainees, an increase of 4,248 (48.8%) from 2005 (Table 4.17).

Between 2005 and 2009, the number of advanced training positions/trainees increased one third (36.1% or 2,190). The proportion of female advanced trainees stayed relatively constant across the five years. The number and proportion of part-time advanced trainees, however, varied significantly from year-to-year with no discernible trend.

Table 4.17: Advanced vocational training positions/trainees: Number, female trainees and part-time trainees, 2005–2009

	Training positions/ trainees	Advanced training positions/ trainees	Females	Proportion females (%)	Part-time	Proportion part-time (%)
2005	8,710	6,059	2,765	45.6	932	15.4
2006	9,317	6,514	3,018	46.3	676	10.4
2007[a]	11,249	6,833	3,181	46.6	739	10.8
2008[b]	11,668	7,324	3,421	46.7	556	7.6
2009	12,958	8,249	3,967	48.1	1052	12.8
Increase 2005–2009 (%)	**48.8**	**36.1**	**43.5**	**5.4**	**12.9**	**-17.1**

(a) Number of training positions/trainees has been revised from the 2007 report.
(b) Number of Advanced training positions/trainees has been revised from the 2008 report.

Source: Medical colleges and GPET

Over the five years from 2005 to 2009, a number of medical colleges markedly increased their training. Adult medicine experienced the largest increase in the number of advanced vocational training places with 485 more places filled in 2009 than in 2005 (Tabled 4.18). Psychiatry more than tripled its number of trainees from 87 in 2005 to 322 in 2009, a 270.1% increase. Intensive care and paediatric trainees almost doubled over this same period, increasing by 100.5% and 93.6% respectively. Adult medicine and emergency medicine trainees also increased substantially by 72.2% and 77.1% respectively.

In contrast, decreases in training numbers from 2005 to 2009 were seen in the numbers of advanced trainees in several specialties. Caution should be exercised when looking at these figures. Some showed considerable fluctuations in the numbers across years. For dermatology and obstetrics and gynaecology, the apparent decreases are due largely to differences in the way data is reported across the years, with the medical colleges only being able to report data for advanced trainees separately in 2007 and 2008 respectively. Only occupational and environmental medicine appears to have sustained a decrease in the number of advanced trainees since 2006.

Data on advanced vocational training positions/trainees for all years of MTRP reporting, 1997–2009 is provided in Appendix D.

Table 4.18: Advanced training positions/trainees by medical specialty, 2005–2009

Medical specialty	2005	2006	2007	2008	[a]2009	Increase 2005–2009 (%)
Adult medicine[b][g]	672	690	948	1,043	1,157	72.2
Anaesthesia	477	477	416	463	485	1.7
Pain medicine	..	36	49	45	53	..
Dermatology[c]	60	64	31	33	39	-35.0
Emergency medicine	458	486	462	480	811	77.1
General practice	1,905	2,003	2,003	2,162	2,309	21.2
Intensive care	187	180	285	326	375	100.5
Medical administration	81	84	86	80	92	13.6
Obstetrics and Gynaecology[d]	299	325	338	109	131	-56.2
Occupational and Environmental medicine	72	74	59	61	55	-23.6
Ophthalmology	53	50	47	[e]70	[f]77	45.3
Paediatrics[b][g]	234	284	286	395	453	93.6
Pathology	282	194	176	211	224	-20.6
Pathology and RACP (jointly)	..	107	95	124	137	..
Psychiatry	87	178	177	278	322	270.1
Public health medicine	71	80	75	75	61	-14.1
Radiation oncology	77	57	96	104	101	31.2
Radiodiagnosis	263	288	299	314	328	24.7
Rehabilitation medicine	118	125	131	121	138	16.9
Surgery[h]	663	732	774	[i]791	901	35.9
Total	**6,059**	**6,514**	**6,833**	**[j]7,324**	**9,150**	**51.0**

(a) International medical graduates were included in trainee numbers for the first time.
(b) Includes trainees undertaking advanced training in more than one subspecialty.
(c) Dermatology was able to identify and report advanced trainees separately from 2007.
(d) Obstetrics and Gynaecology was able to identify and report advanced trainees separately from 2008.
(e) Includes 6 trainees in overseas training positions.
(f) Includes 8 trainees in overseas training positions.
(g) These figures include trainees within the joint RACP and RCPA program, conditional advanced trainees and trainees overseas.
(h) RACS does not differentiate between basic and advanced surgical trainees. The College can only provide information on SET trainees.The BST program is closed.
(i) 2008 figure was incorrect and has been changed. 257 BST trainees are no longer included.
(j) Includes 39 trainees undertaking dual training in adult medicine and paediatrics.

Source: Medical colleges and GPET

Advanced vocational training increased markedly in all states and territories from 2005 to 2009 (Table 4.19).

The increase in training positions/trainees was highest in the Northern Territory, with an increase of 71.1% to 130 places in 2009, and New South Wales, with an increase of 66.8% to 3,491 positions/trainees in 2009.

Table 4.19: Advanced training positions/trainees by state/territory, 2005–2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a]Aust
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[b][c]	2,486	2,040	1,351	599	689	147	120	129	7,581
2009	3,491	2,190	1,486	623	722	156	130	122	8,249
Increase 2005–2009 (%)	**66.8**	**30.9**	**44.3**	**28.2**	**40.7**	**40.5**	**71.1**	**36.9**	**53.0**

(a) Australian total differs from the sum of state/territory totals in some years because it includes trainees in overseas placements.
(b Australian total and state total differ because 20 positions were not broken into states/territories.
(c) The 2008 total includes 257 trainees enrolled in Basic Surgical Training who are not included in Tables 4.17 and 4.18.

Source: Medical colleges and GPET

Overall, the proportion of advanced vocational trainees who were female has changed little over the five years from 2005 to 2009, remaining at just under half of all advanced vocational trainees (Table 4.20).

The proportion of female trainees fluctuates in many speciality areas over the years, particularly for those with smaller numbers. However, there are a number of specialities that have over the years had a far less proportion of females, such as medical administration, surgery, intensive care and occupational and environmental medicine (14.1%, 23.1%, 24.3% and 25.5% respectively in 2009). In contrast, obstetrics and gynaecology, general practice, paediatrics, rehabilitation medicine and public health medicine have continued to maintain higher proportions of female advanced trainees (at around two-fifths for each).

Table 4.20: Proportion of female advanced vocational trainees by medical specialty, 2005–2009

Medical specialty	2005	2006	2007	2008	2009	Increase 2005–2009 (%)
			Proportion females (%)			
Adult medicine	41.2	43.2	43.0	43.1	40.2	-2.5
Anaesthesia	36.5	36.5	39.7	37.1	50.7	39.0
Pain medicine	..	..	26.5	31.1	35.8	..
Dermatology	55.0	54.7	51.6	66.7	59.0	7.2
Emergency medicine	39.1	41.4	44.2	43.5	41.9	7.2
General practice	58.2	58.9	58.9	62.0	63.8	9.5
Intensive care	23.5	20.0	34.7	24.5	24.3	3.3
Medical administration	35.8	33.3	20.9	10.0	14.1	-60.5
Obstetrics and Gynaecology	63.2	65.5	65.7	68.8	67.9	7.5
Occupational and Environmental medicine	25.0	23.0	23.7	16.4	25.5	1.8
Ophthalmology	39.6	48.0	31.9	34.3	31.2	-21.3
Paediatrics	62.0	64.1	63.6	60.1	58.7	-5.3
Pathology[a]	55.3	77.5	53.9	45.3	64.5	16.7
Psychiatry	55.2	47.8	52.5	26.3	53.1	-3.8
Public health medicine	66.2	68.8	69.3	26.3	59.0	-10.9
Radiation oncology	54.5	70.2	44.8	52.9	57.4	5.4
Radiodiagnosis	33.1	33.0	30.4	30.9	34.8	5.0
Rehabilitation medicine	51.7	60.8	60.3	60.3	61.6	19.1
Surgery	16.0	18.0	18.3	23.3	23.1	44.3
Proportion of total (%)	**45.5**	**46.6**	**46.6**	**45.1**	**48.1**	
Total number	2,758	3,015	3,181	3,421	3,967	43.8

(a) Data includes trainees undertaking pathology and RACP jointly.

Source: Medical colleges and GPET

Each state and territory showed a fairly consistent pattern in the proportion of female advanced trainees, with the proportion remaining relatively constant in the range of 41% to 51% across states in each year. However, the pattern was different in the two territories, with the Northern Territory having a far higher proportion of female advanced trainees (ranging from 55.7% in 2005 to 60.0% in 2009) and the Australian Capital Territory having a lower proportion of females than any other jurisdiction in each year.

Table 4.21: Proportion of female advanced trainees by state/territory, 2005–2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Proportion females (%)				
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	46.6
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

Source: Medical colleges and GPET

Part-time advanced trainees represented 12.6% of the total advanced trainees in 2009 (Table 4.22). Considerable variability in reported numbers of part-time advanced trainees from year-to-year make it difficult to distinguish any discernable trend in this area.

Table 4.22: Advanced trainees undertaking part-time training by medical specialty, 2005–2009

Medical specialty	2005	2006	2007	2008	2009
Adult medicine[a]	33	27	46	29	51
Anaesthesia	6	6	6	32	21
Pain medicine	..	..	5	3	7
Dermatology	2	2	2	2	1
Emergency medicine	80	49	37	206	na
General practice	690	453	453	364	743
Intensive care	2	1	3	0	2
Medical administration	0	0	0	1	1
Obstetrics and Gynaecology	14	8	17	[b]7	25
Occupational and Environmental medicine	5	7	0	0	0
Ophthalmology	0	0	0	1	2
Paediatrics[a]	33	51	62	9	70
Pathology[c]	2	2	4	17	19
Psychiatry	20	27	24	57	60
Public health medicine	17	16	27	15	17
Radiation oncology	3	0	0	0	1
Radiodiagnosis	7	7	2	4	5
Rehabilitation medicine	16	18	15	11	17
Surgery[d]	2	2	2	4	0
Total	**932**	**676**	**739**	**755**	**1,042**

(a) These figures include trainees within the joint RACP and RCPA program, conditional advanced trainees and trainees overseas.
(b) Includes those undertaking elective training only.
(c) Data includes trainees undertaking pathology and RACP jointly.
(d) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

Medical College Examinations

This section provides information on the number of vocational trainees who sat college examinations in 2008 and the number of trainees who successfully passed. The data relate to Australian trainees sitting the college or faculty examinations. Some colleges, however, also examine overseas medical practitioners wishing to practise in Australia and these numbers have been included in some tables.

Current Data

Table 4.23 presents the outcomes of final examinations in 2008. This highlights the considerable variation in the pass rates across medical specialties and even for different examinations required by colleges for a particular specialty. These differences are due, at least in part, to differing assessment processes. Further information on the requirements of each college is provided under the heading 'Training Assessment' in Appendix B.

Table 4.23: Vocational trainees sitting a final or fellowship examination: Number and proportion passing by medical specialty, 2008

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
Anaesthesia	Fellowship	228	197	86.0
Pain medicine	Fellowship	20	14	70.0
Dermatology[a]	Fellowship Written	13	12	92.3
	Fellowship Clinical	12	11	91.6
Emergency medicine[b]		114	80	70.2
General practice[c][d]	RACGP Fellowship Exam	559	510	91.2
	ACRRM Fellowship Exam	50	32	64.0
Intensive Care	General Fellowship exam	117	67	57.3
	Paediatric Fellowship exam	5	4	80.0
Medical administration	Oral Examination	12	10	83.3
Obstetrics and Gynaecology	Written	88	50	56.8
	Oral	67	63	94.0
Occupational and Environmental medicine	Written	19	12	63.2
	Practical	15	10	66.7
Ophthalmology	RANZCO Advanced Clinical Exam (RACE)	35	28	80.0
Pathology	Part II Examinations	106	96	90.6
Public health medicine	Final Program Assessment	15	12	80.0
Radiation oncology	Part II Written and Clinical Vivas	27	21	77.7
Radiodiagnosis	Part II FRANZCR Examination Written and Vivas	118	65	55.1
Rehabilitation medicine	Written	19	15	78.9
	Clinical	20	13	65.0
Surgery	Fellowship	254	199	78.3
Total[e][f]		**3,414**	**2,599**	**76.1**

(a) Candidates sitting the fellowship exam cannot proceed to the clinical component without having first passed the written component.
(b) Each exam sitting is separate and must be passed without reference to any previous attempts.
(c) Trainees proceeding through the AGPT program only.
(d) ACRRM assessment process does not include a final exam but rather progressive assessment, including five different assessment items across the totality of the training program.
(e) RANZCP does not have a fellowship exam.
(f) RACP (Adult Medicine and Paediatrics) does not have a fellowship exam. Trainees sit the Basic Physician Training exam.

Source: Medical colleges and GPET

Table 4.24 presents the examination outcomes for the additional examinations that are required as part of some college training programs. The data presented in this table and Table 4.25 is for Australian trainees only.

Table 4.24: Vocational trainees undertaking additional examinations: Number and proportion passing by medical specialty, 2008

Medical specialty	Examination	Timeheld	Trainees sitting	Trainees passing	Proportion passing (%)
Adult medicine[a]	Written		603	422	70.0
	Clinical		515	391	75.9
Anaesthesia[b]	Part I Pharmacology	Feb/April & July/Sept	Writtens 266 Orals 214	177	
	Physiology		Writtens 141 Orals 202	173	60.0
Dermatology	Clinical sciences	May & Nov	23	23	100.0
	Pharmacology	May & Nov	25	25	100.0
Emergency medicine[c]	Primary—Anatomy	April & Sept	268	186	69.4
	Primary—Pathology	April & Sept	300	243	81.0
	Primary—Physiology	April & Sept	301	223	74.1
	Primary—Pharmacology	April & Sept	309	237	76.7
Intensive care	Part I	April & Nov	6	4	66.7
Ophthalmology	Ophthalmic Sciences[d]	2	25	24	96.0
	Ophthalmic Basic Competencies and Knowledge (OBCK)	2	31	30	97.0
	Advanced Pathology	2	31	29	94.0
Paediatrics	Written		209	143	68.4
	Clinical		174	130	74.7
Pathology	Basic pathology sciences		125	109	87.2
	Part I		107	74	69.2
Psychiatry: Basic training	Case Histories	4	255	197	77.3
	Written	2	202	145	71.8
	Clinical	2	165	110	66.7
Public health medicine	Part 1	October	2	1	50.0
Radiation oncology	Part I		39	24	61.5
Radiodiagnosis	Part I	Twice yearly	100	82	82.0
Surgery	Basic Sciences	2	52	39	75.0
	Clinical Exam	2	177	164	92.7
	Surgical Science Exam (Generic)	2	104	96	92.3
	Surgical Science (Specialty Specific)	2	72	40	55.6

(a) Candidates must pass the Written Examination prior to sitting the Clinical Examination. Candidates are required to successfully complete the Clinical Examination within a period of 59 months (five years) of passing the Written Examination. Candidates who do not pass the Clinical Examination within this period must again undertake and pass the Written Examination.

(b) Candidates may sit one or both subjects, but do not pass the Primary Examination until both subjects are successfully completed.

(c) For the ACEM Primary Exam, candidates may attempt subjects not yet passed in any order at any examination until all subjects have been cumulatively passed.

(d) This represents overall passes in eight ophthalmic sciences subjects.

Source: Medical colleges and GPET

Trends

Table 4.25 presents details of the trend in college final examination outcomes over the period 2004–2008. This highlights the considerable variation in the pass rates across years for some medical specialties. This data should be interpreted cautiously, due to the various college training requirements and changes to these across the years and also due to relatively small numbers for some specialties.

Table 4.25: Proportion of vocational trainees sitting a final or fellowship examination who passed by medical specialty, 2004–2008

Medical specialty	Examination	2004	2005	2006	2007	2008
		Proportion passing (%)				
Adult medicine						
	Written	72.9	70.4	72.7	67.1	..
	Clinical	63.3	70.9	73.7	73.2	..
Anaesthesia		78.0	85.0	86.3	86.0	86.0
Pain medicine		..	79.2	70.0	100.0	70.0
Dermatology		[a]85.7	[a]68.4	..	..	..
	Written	..	..	78.3	79.2	92.3
	Clinical	..	..	77.8	100.0	91.6
Emergency medicine		79.8	65.2	72.2	69.4	70.2
General practice		81.5	85.4	85.3	88.2	91.2
Intensive care		[a]60.4	[a]40.5	[a]66.2	..	..
	General	..	..	..	61.7	57.0
	Paediatric	..	..	..	60.0	80.0
Medical administration		93.8	57.1	64.3	73.3	83.3
Obstetrics and Gynaecology						
	Written	76.3	55.3	65.2	63.9	56.8
	Oral	93.0	71.4	91.1	62.1	94.0
Occupational and Environmental medicine						
	Written	57.1	40.9	50.0	40.7	63.2
	Oral	83.3	47.4	..	..	..
	Practical	..	..	67.9	45.5	66.7
Ophthalmology						
	Written	97.0	77.0	..	..	..
	Advanced pathology	97.0	76.9	..	..	..
	Clinical	90.5	52.9	100.0	82.8	80.0
Paediatrics						
	Written	66.9	68.2	69.7	67.3	..
	Clinical	57.4	69.7	74.7	70.0	..
Pathology		100.0	85.7	98.5	92.9	90.6
Psychiatry		71.0	47.2	..	..	..
Public health medicine		80.0	50.0	78.9	50.0	80.0
Radiation oncology		83.3	74.1	77.3	78.9	77.7
Radiodiagnosis		61.0	71.2	58.4	51.3	55.1
Rehabilitation medicine		68.6	52.5	..	..	..
	Written	..	..	75.8	67.7	78.9
	Clinical	..	..	..	79.1	65.0
	Oral	..	..	37.5	..	..
Surgery		78.4	87.1	82.4	80.7	78.3

(a) Final or fellowship exam only.

Source: Medical colleges and GPET

New College Fellows

Current Data

In 2008, there were 2,257 new fellows in medical colleges. Of these, 925 or 41.0% were female (Table 4.26).

The state and territory distribution of new fellows does not capture those new fellows residing overseas.

Table 4.26: New fellows and proportion of females by medical specialty, 2008

Medical specialty	New fellows	Proportion all new fellows (%)	Females	Proportion females (%)
Adult medicine[a]	303	13.4	126	41.6
Anaesthesia[b]	234	10.4	82	35.0
Pain medicine[c]	11	0.5	1	9.1
Dermatology	11	0.5	10	90.9
Emergency medicine	95	4.2	35	36.8
General practice				
– RACGP	819	36.3	367	44.8
– ACRRM	22	1.0	7	31.8
Intensive care[d]	62	2.7	16	25.8
Medical administration	10	0.4	5	50.0
Obstetrics and Gynaecology	66	2.9	41	62.1
Occupational and Environmental medicine	11	0.5	5	45.5
Ophthalmology[e]	14	0.6	5	35.7
Paediatrics[a]	114	5.1	64	56.1
Pathology	68	3.0	35	51.5
Psychiatry	147	6.5	62	42.2
Public health medicine	13	0.6	9	69.2
Radiation oncology	11	0.5	4	36.4
Radiodiagnosis	54	2.4	14	25.9
Rehabilitation medicine	21	0.9	11	52.4
Surgery	171	7.6	26	15.2
Total	**2,257**	**100.0**	**925**	**41.0**

(a) Includes overseas trained specialists.
(b) 181 new fellows resided in Australia.
(c) Of 15 fellows admitted by examination and training in 2008, 11 are domiciled in Australia.
(d) Includes 13 fellows (3 females) who have returned overseas.
(e) RANZCO numbers include overseas trained specialists with new fellows for the first time. Also, the number of trainees is significantly reduced in this reporting year due to commencement of a 5-year rather than a 4-year training program.

Source: Medical colleges

Data on where new fellows resided is shown in Table 4.27.

Table 4.27: New fellows by medical specialty and state/territory, 2008

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine[a]	108	81	41	19	21	7	6	6	289
Anaesthesia	50	40	45	21	14	7	1	3	181
Pain medicine	1	2	4	1	3	0	0	0	11
Dermatology	4	4	0	2	1	0	0	0	11
Emergency medicine	20	32	29	4	8	1	0	1	95
General practice									
– RACGP	[b]229	193	172	[c]107	94	24	na	na	819
– ACRRM	8	0	5	1	5	0	2	1	22
Intensive care	15	14	12	4	3	0	0	1	49
Medical administration	1	0	9	0	0	0	0	0	10
Obstetrics and Gynaecology	17	15	18	5	7	2	2	0	66
Occupational & Environmental medicine	1	2	5	0	3	0	0	0	11
Ophthalmology[d]	2	5	5	0	2	0	0	0	[e]14
Paediatrics[a]	23	28	16	7	23	1	2	2	102
Pathology	20	18	12	4	10	1	0	3	68
Psychiatry	41	36	29	14	21	3	0	3	147
Public Health medicine	2	2	2	1	4	0	1	1	13
Radiation oncology	5	4	1	1	0	0	0	0	11
Radiodiagnosis	21	10	11	6	5	1	0	0	54
Rehabilitation medicine	12	4	2	0	3	0	0	0	21
Surgery	55	53	23	16	19	2	1	2	171
Total	**635**	**543**	**441**	**213**	**246**	**49**	**15**	**23**	**2,165**

(a) Includes overseas trained specialists now based in Australia.
(b) Includes ACT fellows.
(c) Includes NT fellows.
(d) RANZCO numbers include overseas trained specialists with new fellows for the first time. Also, the number of trainees is significantly reduced in this reporting year due to commencement of a 5-year rather than a 4-year training program.
(e) Includes 10 overseas trained specialists.

Source: Medical colleges

The distribution across states and territories of female new fellows follows a similar pattern to the distribution of all new fellows (Table 4.28).

Table 4.28: Female new fellows by medical specialty and state/territory, 2008

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine[a]	44	34	20	4	10	2	1	4	119
Anaesthesia	13	12	17	5	4	3	1	1	56
Pain medicine	0	0	1	0	0	0	0	0	1
Dermatology	4	4	0	1	1	0	0	0	10
Emergency medicine	9	10	12	3	1	0	0	0	35
General practice									
– RACGP	[d]114	91	74	[e]43	35	10	na	na	367
– ACRRM	1	0	2	1	2	0	0	1	7
Intensive care	3	3	4	1	1	0	0	1	13
Medical administration	1	0	4	0	0	0	0	0	5
Obstetrics and Gynaecology	7	11	10	4	6	1	2	0	41
Occupational & Environmental medicine	1	1	1	0	2	0	0	0	5
Ophthalmology [b]	2	2	1	0	0	0	0	0	[c]5
Paediatrics[a]	12	20	9	4	13	0	2	0	60
Pathology	8	7	7	3	7	1	0	2	35
Psychiatry	20	15	11	4	9	1	0	2	62
Public health medicine	1	1	2	1	3	-	-	1	9
Radiation oncology	3	1	0	0	0	0	0	0	4
Radiodiagnosis	2	4	4	1	3	-	-	-	14
Rehabilitation medicine	7	2	1	0	1	0	0	0	11
Surgery	9	7	2	3	4	1	0	0	26
Total	**261**	**225**	**182**	**78**	**102**	**19**	**6**	**12**	**885**

(a) Includes overseas trained specialists now based in Australia.
(b) RANZCO numbers include overseas trained specialists with new fellows for the first time. Also, the number of trainees is significantly reduced in this reporting year due to commencement of a 5-year rather than a 4-year training program.
(c) Total includes 4 overseas trained specialists.
(d) Includes ACT fellows.
(e) Includes NT fellows.

Source: Medical colleges

Trends

Between 2004 and 2008, the number of new fellows has almost doubled, increasing by 704 (45.3%) (Table 4.29). Adult medicine had the largest increase in terms of sheer numbers, with 303 new fellows in 2008 compared to 190 in 2004, while new fellow numbers tripled in intensive care (210% increase) and paediatrics doubled.

Dermatology, medical administration and ophthalmology were the only areas with lesser number of new fellows in 2008 than in 2004. It should be noted that the numbers in each were relatively small and varied considerably across years.

Appendix D provides further data back to 2000 on new fellows.

Table 4.29: New fellows by medical specialty, 2004–2008

Medical specialty	2004	2005	2006	2007	2008	Increase 2004–2008 (%)
Adult medicine[a]	190	181	247	209	303	59.5
Anaesthesia	128	198	135	150	234	82.8
Pain medicine	..	5	5	7	11	..
Dermatology	12	13	14	23	11	-8.3
Emergency medicine	80	58	78	69	95	18.8
General practice						
– RACGP	661	671	628	592	819	23.9
– ACRRM	..	..	..	21	22	..
Intensive care	20	29	23	36	62	210.0
Medical administration	15	4	13	11	10	-33.3
Obstetrics and Gynaecology	29	28	49	46	66	127.6
Occupational and Environmental medicine	6	6	6	6	11	83.3
Ophthalmology	20	26	16	30	14	-30.0
Paediatrics[a]	57	74	73	47	114	100.0
Pathology	41	48	46	77	68	65.9
Public health medicine	8	4	13	15	13	62.5
Psychiatry	109	85	90	72	147	34.9
Radiation oncology	10	19	9	12	11	10.0
Radiodiagnosis	37	39	74	54	54	45.9
Rehabilitation medicine	15	13	19	24	21	40.0
Surgery	115	155	155	176	171	48.7
Total	**1,553**	**1,656**	**1,693**	**1,677**	**2,257**	**45.3**

(a) Includes overseas trained specialists.

Source: Medical colleges

Table 4.30: New fellows by state/territory, 2004–2008

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a]Aust
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
Increase 2004–2008 (%)	**33.4**	**31.2**	**68.3**	**32.3**	**42.2**	**113.0**	**275.0**	**130.0**	**39.4**

(a) 2005 and 2008 Australian totals differ from the sum of state/territory numbers due to the inclusion of new fellows who completed their training overseas.

Source: Medical colleges

The proportion of female new fellows has remained relatively constant over recent years, with just over two-fifths (41.0%) of new fellows each year being female (Table 4.31). Considerable variation is seen across specialities each year with only 9.1% of all new intensive care fellows being female in 2008 compared to 44.8% of general practice new fellows and 90.9% of those in dermatology. Considerable variation is also seen from year to year within specialities.

Table 4.31: Proportion of female new fellows by medical specialty, 2004–2008

Medical specialty	2004	2005	2006	2007	2008
			Proportion females (%)		
Adult medicine	38.4	36.8	36.8	38.3	41.6
Anaesthesia	28.9	43.0	43.0	31.3	35.0
Pain medicine	..	40.0	40.0	0.0	9.1
Dermatology	66.7	42.9	42.9	34.8	90.9
Emergency medicine	42.5	31.3	30.8	33.3	36.8
General practice					
– RACGP	46.8	46.8	46.8	50.0	44.8
– ACRRM	..	..	..	14.3	31.8
Intensive care	20.0	8.7	8.7	13.9	25.8
Medical administration	53.3	30.8	30.8	27.3	50.0
Obstetrics and Gynaecology	51.7	46.9	46.9	58.7	62.1
Occupational and Environmental medicine	0.0	33.3	33.3	16.7	45.5
Ophthalmology	50.0	31.3	31.3	50.0	35.7
Paediatrics	64.9	45.2	45.2	57.4	56.1
Pathology	45.0	65.2	65.2	53.2	51.5
Psychiatry	45.9	48.1	54.4	43.1	42.2
Public health medicine	62.5	85.7	84.6	80.0	69.2
Radiation oncology	50.0	55.6	55.6	50.0	36.4
Radiodiagnosis	37.8	33.8	33.8	24.1	25.9
Rehabilitation medicine	40.0	63.2	63.2	62.5	25.9
Surgery	6.1	13.5	13.5	16.5	15.2
Total	**44.0**	**40.7**	**41.2**	**40.7**	**41.0**
Female new fellows	683	667	697	682	925

Source: Medical colleges

The proportion of female new fellows ranged significantly across states and territories from 36.6% in South Australia to 52.2% in the ACT (Table 4.32). Over the period 2004–2008, the proportion of female new fellows decreased in all jurisdictions marginally, with the exception of Victoria, which had a small increase. Changes in smaller jurisdictions should be treated with caution due to the relatively very low numbers of new fellows each year.

Table 4.32: Proportion of female new fellows by state/territory, 2004–2008

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
	Proportion females (%)								
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

Source: Medical colleges

Selected Colleges—New Fellows by Subspecialty

Data is available from a number of the larger colleges, broken down by subspecialty. This is presented in Tables 4.33 to 4.36.

Pathology subspecialties

Table 4.33: Pathology subspecialties: New fellows and females by subspecialty, 2008

Subspecialty	New fellows	Females	Proportion females (%)
Anatomical pathology	27	12	44.4
Chemical pathology	3	2	66.7
Forensic pathology	2	1	50.0
Haematology	22	13	59.1
Immunology	5	1	20.0
Microbiology	9	6	66.7
Total	**68**	**35**	**51.5**

Source: RCPA

Physician subspecialties

Table 4.34: Adult medicine subspecialties: New fellows and females by subspecialty, 2008 [a]

Subspecialty	New fellows	Females	Proportion females (%)
Cardiology	43	14	32.6
Clinical genetics	0	0	-
Clinical Pharmacology	2	0	-
Endocrinology	20	14	70.0
Gastroenterology and Hepatology	32	10	31.3
General medicine	6	4	66.7
Geriatric medicine	19	11	57.9
Haematology	21	8	38.1
Immunology and Allergy	6	1	16.7
Infectious diseases	13	5	38.5
Intensive care	5	0	0.0
Medical oncology	30	20	66.7
Nephrology	17	10	58.8
Neurology	18	7	38.9
Nuclear medicine	2	0	-
Palliative medicine	1	1	100.0
Respiratory and Sleep medicine	21	8	38.1
Rheumatology	12	6	50.0
Total	**268**	**119**	**44.4**

(a) Table does not include overseas trained specialists.

Source: RACP

Table 4.35: Paediatric and child health subspecialties: New fellows and females by subspecialty, 2008[(a)]

Subspecialty	New fellows	Females	Proportion females (%)
Cardiology	2	0	-
Clinical genetics	1	1	100.0
Clinical Pharmacology	0	0	-
Community child health	4	4	100.0
Endocrinology	2	1	50.0
Gastroenterology	2	0	0.0
General Medicine	0	0	-
General paediatrics	53	34	64.2
Haematology	1	0	0.0
Immunology and Allergy	3	2	66.7
Infectious Diseases	0	0	-
Intensive care	0	0	-
Medical oncology	2	0	-
Neonatal/Perinatal medicine	10	4	40.0
Nephrology	1	1	100.0
Neurology	0	2	-
Nuclear Medicine	0	0	-
Paediatric emergency medicine	9	6	66.7
Palliative medicine	0	0	-
Respiratory and Sleep Medicine	3	1	33.3
Rheumatology	0	0	-
Total	**96**	**58**	**60.4**

(a) Table does not include overseas trained specialists.

Source: RACP

Surgical subspecialties

Table 4.36: Surgical subspecialties: New fellows and females by subspecialty, 2008

Subspecialty	New fellows	Females	Proportion females (%)
Cardiothoracic surgery	7	0	-
General surgery	58	11	19.0
Neurosurgery	16	4	25.0
Orthopaedic surgery	37	1	2.7
Otolaryngology, head and neck surgery	12	4	33.3
Paediatric surgery	2	0	-
Plastic and reconstructive surgery	18	3	16.7
Urology	16	2	12.5
Vascular surgery	5	1	20.0
Total	**171**	**26**	**15.2**

Source: RACS

College Fellows

For the first time the total number of fellows of each college has been included in the report.

In 2008, there were 38,294 fellows of medical colleges (Table 4.37). Of these, 11,514 or 30.1% were female.

A number of colleges have significantly increased their training and consequently the number of fellows joining in recent years.

Table 4.37: Fellows: Total and numbers and proportions of females and new fellows by medical specialty, 2008

Medical specialty	Fellows	Females	Proportion females (%)	New fellows 2008	Proportion new fellows 2008 of total fellows (%)
Adult medicine[a]	6,436	1,590	24.7	303	4.7
Anaesthesia	3,448	729	21.1	234	6.8
Pain medicine	187	33	17.6	11	5.9
Dermatology	354	139	39.3	11	3.1
Emergency medicine	1,009	274	27.2	95	9.4
General practice					
– RACGP	9,956	4,420	44.4	819	8.2
– ACRRM[b]	1,392	405	29.1	22	1.6
Intensive care	642	96	15.0	62	9.7
Medical administration	436	106	24.5	10	2.3
Obstetrics and Gynaecology	1,330	428	32.2	66	5.0
Occupational and Environmental medicine	265	47	17.7	11	4.2
Ophthalmology	767	128	16.7	14	1.8
Paediatrics[a]	1,923	804	41.8	114	5.9
Pathology	1,416	489	34.5	68	4.8
Psychiatry	2,588	883	34.1	147	5.7
Public health medicine	454	167	36.8	13	2.9
Radiation oncology	249	86	34.5	11	4.4
Radiodiagnosis	1,284	291	22.7	54	4.2
Rehabilitation medicine	317	120	37.9	21	6.6
Surgery	3,841	279	7.3	171	4.5
Total	**38,294**	**11,514**	**30.1**	**2,257**	**5.9**

(a) Includes fellows based in New Zealand.
(b) ACRRM was first accredited in February 2007.

Source: Medical colleges

The distribution of fellows across states and territories mirrors the distribution of the population as a whole, with the exception of the Northern Territory, which has only around half the number of fellows in comparison to its population (0.5% and 1.0% respectively) (Table 4.38).

Table 4.38: Fellows by medical specialty and state/territory, 2008

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine	1,773	1,499	814	456	418	109	30	116	5,215
Anaesthesia	1,107	847	671	[a]346	319	95	..	54	3,439
Pain medicine	65	33	35	23	24	6	0	1	187
Dermatology	141	86	60	28	30	5	0	4	354
Emergency medicine	270	301	214	62	111	26	9	16	1,009
General practice									
– RACGP	[b]2,973	2,487	2,247	[a]959	938	292	..	..	9,896
– ACRRM	[b]417	231	325	190	126	33	28	24	1,374
Intensive care	176	125	113	53	44	10	3	12	536
Medical administration	119	80	94	23	32	6	4	17	375
Obstetrics and Gynaecology	426	349	267	111	109	32	14	22	1,330
Occupational and Environmental medicine	91	64	34	21	34	8	0	13	265
Ophthalmology	292	192	132	59	64	13	3	12	767
Paediatrics	522	371	266	121	163	22	25	22	1,512
Pathology	516	306	245	121	153	34	5	36	1,416
Psychiatry	822	745	447	254	222	46	10	42	2,588
Public health medicine	150	87	75	32	44	13	24	29	454
Radiation oncology	85	71	46	18	15	6	0	8	249
Radiodiagnosis	411	349	220	111	140	28	3	22	1,284
Rehabilitation medicine	161	86	27	22	8	6	2	5	317
Surgery	1,303	1,002	701	340	333	79	19	64	3,841
Total[c]	**11,820**	**9,311**	**7,033**	**3,350**	**3,327**	**869**	**179**	**519**	**36,408**
Proportion of total (%)	32.5	25.6	19.3	9.2	9.1	2.4	0.5	1.4	100.0
Population proportion (%)[d]	32.5	24.8	20.1	7.4	10.2	2.3	1.0	1.6	100.0

(a) Combines SA and NT fellows.
(b) Combines NSW and ACT fellows.
(c) Total number differs to total in Table 4.37 as fellows residing overseas are not included.
(d) Population data from ABS, Australian Demographic Statistics, 2009 (Cat.no. 3101.0), Canberra.

Source: Medical colleges

The distribution of female fellows in Australia follows a similar pattern to the distribution of all fellows (Table 4.39).

Table 4.39: Female fellows by medical specialty and state/territory, 2008

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Adult medicine	438	417	194	92	91	26	9	34	1,301
Anaesthesia	227	174	166	[a]58	66	17	9	12	729
Pain medicine	11	7	5	5	4	1	0	0	33
Dermatology	57	34	20	16	7	3	0	2	139
Emergency medicine	78	91	49	20	23	6	3	4	274
General practice									
– RACGP	[b]1,369	1,099	974	[a]422	407	142	..	..	4,413
– ACRRM	[b]112	66	106	47	33	10	14	9	397
Intensive care	24	15	11	5	4	0	2	4	65
Medical administration	35	21	18	6	4	1	3	4	92
Obstetrics and Gynaecology	110	130	81	40	39	11	8	9	428
Occupational and Environmental medicine	21	13	4	3	4	2	0	0	47
Ophthalmology	53	40	13	8	8	3	1	2	128
Paediatrics	212	160	106	42	80	5	16	10	631
Pathology	190	99	77	43	51	14	0	16	490
Psychiatry	274	238	151	97	85	17	4	17	883
Public health medicine	56	29	30	11	17	4	10	10	167
Radiation oncology	30	24	18	4	5	2	0	3	86
Radiodiagnosis	86	82	43	38	36	4	0	2	291
Rehabilitation medicine	63	35	9	7	3	3	0	0	120
Surgery	88	87	46	25	23	7	0	3	279
Total[c]	**3,534**	**2,861**	**2,121**	**989**	**990**	**278**	**79**	**141**	**10,993**

(a) Combines NSW and ACT fellows.
(b) Combines SA and NT fellows.
(c) Total number differs to total in Table 4.37 as fellows residing overseas are not included.

Source: Medical colleges

Chapter 5

INTERNATIONAL SUPPLY

This chapter brings together the available data on medical practitioners who have trained overseas—their assessment and accreditation by the Australian Medical Council (AMC) and those with approved working visas issued by the Department of Immigration and Citizenship.

Australia's medical workforce is supplemented through the recruitment of overseas trained professionals to work in Australia on a temporary, short-term or longer term basis. They form a large part of the workforce, particularly in rural and, even more so, in remote areas. Many will go on to become permanent residents of Australia.

International medical graduates (IMGs) must first apply to the Australian Government Department of Immigration and Citizenship (DIAC) 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. They are then assessed by the Australian Medical Council (AMC) as to whether they are eligible to seek registration to practise medicine in Australia. They must then apply to the relevant medical board to register to practise in a given state or territory. Further details on these processes and the numbers entering Australia and being assessed are provided below.

Overseas trained doctors must separately apply for an exemption under section 19AB of the *Health Insurance Act 1973* (the Act) in order to access Medicare benefits for the services they provide.

Department of Immigration and Citizenship Entry Processes

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

There are three subclasses of visas under which most medical practitioners enter Australia. Until 1 April 2005 medical practitioners applied for a specific visa, 'Subclass 422'. Since then medical practitioners have been encouraged to apply for the more generic 'Subclass 457 Long Stay Business' visa, which can be granted for a stay of up to four years for business purposes. Other IMGs enter Australia under visa Subclass 442, which is for 'occupational trainees'. Given the changes in the visa categories being used, trends in the numbers of medical practitioners entering Australia under various visas should therefore be considered with caution.

Business—Long Stay (Subclass 457) Visa

The Business—Long Stay (Subclass 457) visa is the most commonly used program for employers to sponsor overseas workers to work in Australia on a temporary basis.

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 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.

Medical Practitioner—Temporary (Subclass 422) Visa

The Medical Practitioner—Temporary (Subclass 422) visa is only open to medical practitioners and permits them to work in Australia for a sponsoring employer for a period of three months to four years. Medical practitioners are now encouraged to choose the Business—Long Stay (Subclass 457) visa in preference to choosing to apply to enter the country under this visa.

Applicants can work in Australia for the employer who sponsored them, as an independent contractor or for multiple unrelated employers. There are special arrangements available if applicants want to work in rural or regional Australia.

Applicants can bring eligible family members with them to Australia, who are able to work and study.

Applicants must 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 will 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;
- their family will need to undertake health examinations;
- police clearances, for themselves and any family members over 16 years, are required if their stay exceeds 12 months; and
- ensure that they and their family hold adequate private medical and hospital health insurance cover for the entire time they are in Australia.

Further information is available at:
http://www.immi.gov.au/visawizard/#vw=%23a_results

Occupational Trainee Visa (Subclass 442)

The Occupational Trainee Visa (Subclass 442) allows people to complete workplace-based training in Australia on a temporary basis. The training must provide people with additional or enhanced skills in the nominated occupations, tertiary studies or fields of expertise.

This visa may be valid for up to two years to undertake an approved training program (subject to the length of the approved training program).

People may be nominated for this visa if the proposed occupational training is 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/students/sponsored/otv/

Current Data

In 2008–2009 there were 4,080 visas granted to medical practitioners across the three main visa subclasses (422, 442 and 457) (Table 5.1).

The overall number of visas issued has fluctuated over the years between 2004–05 and 2008–09, from a low of 4,070 in 2004–05 to a high of 4,930 in 2007–08.

The trend in the types of visas issued over this period has altered dramatically. The bulk of those being granted are now under Subclass 457 (81.2%) and those under Subclass 422 have decreased substantially from the 3,070 visas issued in 2004–2005 to 430 visas in 2008-2009.

Table 5.1: Major classes of visa granted to medical practitioners, 2004–05 to 2008–09[(a)(b)]

Visa subclass	2004–05	2005–06	2006–07	2007–08	2008–09	2008–09 proportion of total (%)	Increase 2004–05 to 2008–09 (%)
422	3,070	1,380	520	450	430	10.5	-86.0
442	930	1,040	850	620	340	8.3	-63.4
457	70	2,120	3,530	3,860	3,310	81.1	4,628.6
Total	**4,070**	**4,440**	**4,890**	**4,930**	**4,080**	**100.0**	**0.2**

(a) Figures are rounded to the nearest 10.
(b) For Subclass 442 and 457, nominated occupations include ASCO 231 Medical Practitioner.

Source: Australian Government Department of Immigration and Citizenship administrative data, 2009

Medical practitioners from all across the world apply to work in Australia. Many of these come from countries, namely the United Kingdom and Canada, which have very similar medical training and have been major sources of medical practitioners to Australia for decades. One-fifth (20.5%) of visas under the three main classes were granted to applicants from the United Kingdom (Table 5.2). More recently, larger numbers of international recruits have come from a number of Asian countries, particularly India and Malaysia.

Table 5.2 Primary visa applications granted to medical practitioners by visa subclass: Top 10 citizenship countries, 2008–09[a][b]

	Visa subclass				
Citizenship country	422	442	457	Total	Proportion of total (%)
United Kingdom	80	40	720	840	20.6
India	60	40	700	790	19.4
Malaysia	10	40	350	400	9.8
Sri Lanka	20	40	190	240	5.9
South Africa	50	< 5	140	190	4.7
Ireland, Republic of	20	< 5	140	160	3.9
Pakistan	20	< 5	130	150	3.7
Iran	20	< 5	130	150	3.7
Philippines	60	10	70	140	3.4
Canada	10	10	100	120	2.9
Other countries	100	160	660	910	22.3
Total	**430**	**340**	**3,310**	**4,080**	**100.0**

(a) Figures are rounded to the nearest 10.
(b) Subclass 442 and 457, nominated occupations include ASCO 231 Medical Practitioner.

Source: Australian Government Department of Immigration and Citizenship administrative data, 2009

Table 5.3 provides data on the total number of medical practitioners in Australia who hold one of the three main subclasses of visa at the end of the 2007–2008 and 2008–2009 financial years. This shows that there were 6,140 medical practitioners holding visas at 30 June 2009, which is not dissimilar to the previous year when 6,167 medical practitioners held visas at 30 June 2008. This is equivalent to 8.0% of all medical practitioners registered in Australia in 2007 (77,193 registered medical practitioners, AIHW 2009)[3].

Table 5.3: Primary visa holders where the occupation is medical practitioner by visa subclass, 2007–08 and 2008–09

Visa subclass	30/06/2008	30/06/2009
422	832	691
442	654	389
457	4,681	5,060
Total	**6,167**	**6,140**

Source: Australian Government Department of Immigration and Citizenship administrative data, 2009

Requirements for Practising Medicine in Australia

Although national examinations for non-specialist IMGs 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 IMGs 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

3 Australian Institute of Health and Welfare 2009. *Medical labour force 2007*. National health labour force series no. 44. Cat. No. HWL 45. Canberra: AIHW.

on 12 December 2006. The final report on the agreed pathways was presented to the Australian Health Ministers' Advisory Committee in October 2008.

This model outlines three main assessment pathways:

- Competent Authority (CA) pathway;
- Standard pathway (including the current AMC examination and a new workplace-based assessment pathway); and
- Specialist pathways for all specialties including general practice
  - Standard specialist assessment
  - Area of Need assessment
  - 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 responsible for processing all initial inquiries regarding assessment of international medical graduates and overseas trained specialists.

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 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), the United States of America (the USMLE examination), Canada (the MCC Licensing Examination) and New Zealand (the NZREX examination). The AMC has also approved medical school accreditation programs in the United Kingdom and the Republic of Ireland as Competent Authorities.

IMGs undergo a pre-employment assessment of suitability for a position if required by the state or territory medical board. Where the medical 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 toward 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.

Data on IMGs who applied and were assessed through the Competent Authority pathway in 2009 are covered in Table 5.4. This shows that a total of 1,599 applicants were assessed through this pathway in 2009. Of these, 1,297 applicants qualified for Advanced Standing. While these are primarily applicants who applied in 2009, the figure also includes a number of 2008 applicants who were required to submit additional documentation to confirm their eligibility. In 2009 a total of 843 AMC certificates were granted, making the applicants eligible to apply for general registration. AMC Certificates were granted to a large number of applicants who qualified for Advanced Standing in 2008 and then completed their 12-month performance assessment in 2009.

Table 5.4: International medical graduates: Applications assessed through Competent Authority Pathway, 2009[a]

Country of training	[b]PLAB	[c]MCC	[d]USMLE	[e]NZREX	[f]GMCUK	[g]MCI	Total	Advanced standing Issued	Certificate issued
Canada	0	24	1	0	0	0	27	27	2
India	109	3	3	4	1	0	141	81	168
Ireland	0	0	0	0	0	233	263	232	82
South Africa	2	3	0	0	0	0	7	5	4
United Kingdom	0	1	0	0	865	0	944	810	448
United States of America	0	0	30	0	0	0	36	25	2
Other[h]	100	16	11	17	2	1	181	117	137
Total	**211**	**47**	**45**	**21**	**867**	**234**	**1,599**	**1,297**	**843**

(a) Data covers the period 1 January 2009 to 14 December 2009.
(b) Professional Linguistic Assessments Board Exam.
(c) Medical Council of Canada Exam.
(d) United States Licensing Exam.
(e) New Zealand Registration Exam.
(f) General Medical Council of the United Kingdom Accreditation.
(g) Medical Council of Ireland Accreditation.
(h) Other includes: Afghanistan, Albania, Armenia, Austria, Bahrain, Bangladesh, Belarus, Hungary, Indonesia, Iran, Iraq, Italy, Jamaica, Jordan, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malaysia, Myanmar, Nepal, Netherlands, Nigeria, Pakistan, Peru, Philippines, Poland, Romania, Russia, Sant Lucia, Saudi Arabia, Serbia, Singapore, Slovak Republic, Somalia, South Korea, Sweden, Syria, Tanzania, Trinidad and Tobago, Turkey, Uganda, Ukraine, Venezuela, Zambia, Zimbabwe.

Source: Australian Medical Council administrative data, December 2009

AMC Standard Pathway

Doctors who are not eligible for either the Competent Authority or Specialist pathways are assessed through the AMC Standard pathway. In addition to the common assessment requirements, this consists of two mandatory examinations or assessments:

– AMC Multiple Choice Questionnaire examination (MCQ); and

– AMC clinical examination.

A PESCI is required for all IMGs applying for general practice positions and for some IMGs in hospital positions. Success in the AMC clinical examination leads to the awarding of the AMC Certificate.

Data on IMGs who applied and were assessed through the AMC Standard pathway in 2009 are covered in Table 5.5. This shows that 2,464 IMGs passed the Multiple Choice Questionnaire examination (50.8% of attempts) in 2009. A total of 650 IMGs passed the clinical examinations (51.5% of attempts). Applicants came from over 100 countries with over two thirds of those who completed both the necessary examinations required under the Standard pathway coming from Asia.

Table 5.5: International medical graduates: Applications assessed through Standard Pathway, 2009[(a)]

Country of training	MCQ exam attempts	MCQ exam passes	Clinical exam attempts	Clinical exam passes
Bangladesh	226	85	98	45
China	183	79	73	51
Columbia	36	18	8	5
Egypt	142	76	38	17
Fiji	39	17	9	3
India	974	511	284	137
Indonesia	36	16	3	0
Iran	269	154	103	52
Iraq	87	46	23	15
Jordan	45	32	4	1
Malaysia	64	31	3	1
Myanmar	177	117	45	29
Nepal	68	37	11	6
Nigeria	132	54	17	9
Pakistan	497	294	97	39
Papua New Guinea	19	5	1	1
Philippines	390	118	67	23
Romania	37	7	9	6
Russia	168	57	27	14
Saudi Arabia	32	10	0	0
South Africa	161	130	38	32
Sri Lanka	368	269	125	74
Ukraine	82	22	15	6
Vietnam	19	7	6	3
Zimbabwe	28	19	9	5
Other	572	253	148	76
Total	**4,851**	**2,464**	**1,261**	**650**

(a) Data covers the period 1 January 2009 to 10 November 2009.

Source: Australian Medical Council administrative data, December 2009

Assessment of Overseas Trained Specialists

Prior to 1990, all overseas trained specialists seeking registration in Australia, who did not hold a recognised (registrable) primary medical qualification, were obliged to pass the Australian Medical Council (AMC) examination and obtain general registration before they could be registered to practise as a specialist. Also, 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 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.

Recently, at the request of the medical boards, a number of colleges have agreed to combine their Area of Need and full comparability assessments, so that the applicant (and the medical boards) can be advised of the additional steps required to achieve substantial comparability at the same time as they are being assessed for the Area of Need position. To date some five colleges (RANZCOG, RACP, RCPA, ACD and RACS) 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 2 years upskilling 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.

IMGs 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 assessment pathway.

The following tables (Tables 5.6 and 5.7) present various data on overseas trained specialists (OTS) being assessed under the Specialist pathway in 2008.

Table 5.6 shows that in 2008 212 overseas trained specialists had their applications approved and a further 440 were deemed as requiring further training and/or examinations. In total there were 1,760 overseas trained specialists whose applications to be recognised as a specialist in Australia were being processed. While these are primarily applicants who applied in 2008, this figure also includes a number of applicants who were required to submit additional documentation or undergo further training to confirm their eligibility.

Tables 5.7 present data on the countries in which approved applicants were trained.

Two-fifths of all OTS (90 or 42.5%), who have had their applications approved, were trained in the United Kingdom and Ireland.

A further two-fifths were trained in just five other countries, with most coming from South Africa and India (285 or 16.8% and 212 or 12.5% of all approved applicants respectively).

Table 5.6 Specialist assessment by medical specialty, 2008

Medical specialty	Initial processing	Application deferred	Further training and/or examinations	Application lapsed	Rejected by College	Approved	Withdrawn	Total
Adult medicine	153		83	3	17	38	7	301
Anaesthesia	118		70	1	19	36	5	249
Pain medicine	1							1
Dermatology	11		8		2	9	2	32
Emergency medicine	11		1		2	10	2	26
General practice	17					11	2	30
Intensive care	13	1	7			6	1	28
Medical administration	1							1
Obstetrics and Gynaecology	97		11		21	18	5	152
Occupational and Environmental medicine	1							1
Ophthalmology	30		8		4	10	2	54
Paediatrics	87		30	6	8	18	5	154
Palliative care	1							1
Pathology	52		44	1	11	6	1	115
Psychiatry	74		76			30	1	181
Public health medicine	7		1					8
Radiation oncology/ Radiodiagnosis	43		37			9		89
Rehabilitation medicine	11		4			2		17
Surgery	195		60	5	38	9	13	320
Total	**923**	**1**	**440**	**16**	**122**	**212**	**46**	**1,760**

Source: Australian Medical Council administrative data, December 2009

Table 5.7 Approved specialist applications by country of training and medical specialty, 2008

Medical specialty	Canada	India	New Zealand	South Africa	United Kingdom and Ireland	United States of America	Unknown	[a]Other	Total
Adult medicine	1	12		4	13	1		7	38
Anaesthesia		10		4	11			11	36
Dermatology				6	1			2	9
Emergency medicine	2				5	3		0	10
General practice			1		10			0	11
Intensive care medicine	1				2			3	6
Obstetrics and Gynaecology		3		3	8	2		2	18
Occupational and Environmental medicine								0	0
Ophthalmology		1		2	6			1	10
Paediatrics		4		3	10			1	18
Pain medicine								0	0
Palliative Care								0	0
Pathology		1		2	2		1	0	6
Psychiatry		9		2	15			4	30
Public health medicine								0	0
Radiology/ Radiodiagnosis		5		1	2			1	9
Rehabilitation medicine					1	1		0	2
Surgery		3			4			2	9
Total	**4**	**48**	**1**	**27**	**90**	**7**	**1**	**34**	**212**

(a) Other includes Argentina, Austria, Bangladesh, Belgium, Czech Republic, Egypt, Fiji, Finland, Germany, Hungary, Iraq, Ireland, Italy, Netherlands, Philippines, Spain, Sri Lanka, Sweden, Switzerland.

Source: Australian Medical Council administrative data, December 2009

Area of Need Specialist Assessment

Overseas-trained specialists applying for an Area of Need assessment must 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. 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 relevant medical board following advice from the relevant specialist medical college. This 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 have trained overseas have been required to gain an exemption under section 19AB of the *Health Insurance Act 1973* (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 on Practice

Section 19AB of the Act restricts access to Medicare provider numbers and requires Overseas Trained Doctors (OTDs) and former overseas medical students to work in an Area of Workforce Shortage (AOWS), for a minimum period of ten years in order to access the Medicare benefits arrangements. This is referred to as the 'ten year moratorium'.

An Area of Workforce Shortage (AOWS) is a geographic area in which the general population need for health care is considered not to be met. These areas are identified as those that have less access to Medicare services than the national average. AOWS are determined on the basis of a full-time equivalent measure, which takes into account Medicare billing in the area, irrespective of whether or not local doctors are working in a part-time or a full-time capacity. These are updated on a quarterly basis.

In 2009 there were 5,951 overseas trained doctors were granted exemptions under Section 19AB of the Act (Table 5.8).

Table 5.8: Overseas trained doctors with Section 19AB exemptions, 2009

	2002	2003	2004	2005	2006	2007	2008	[a]2009
Total	1,303	1,722	2,290	2,878	3,634	4,476	5,483	5,951

(a) 2009 figures calculated to 30 June 2009.

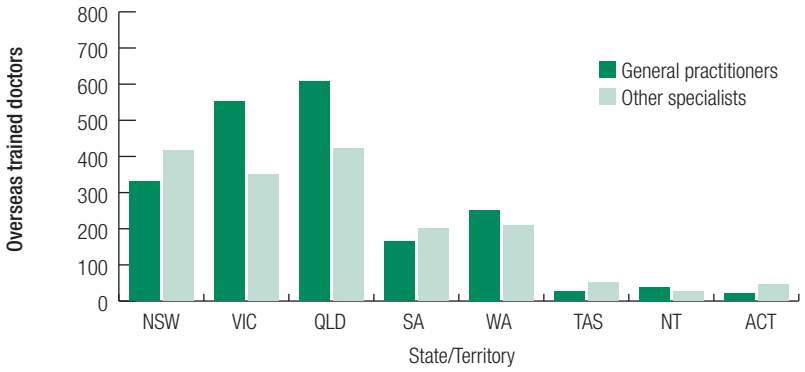
Source: Australian Government Department of Health and Ageing administrative data, 2009

Current Distribution of Overseas Trained Doctors

The following figures show the distribution of OTDs across metropolitan, rural and remote areas of Australia for each state and territory. The locations have been determined on the basis of the Rural, Remote and Metropolitan Areas (RRMAs) classification, whereby metropolitan locations are RRMAs 1 and 2, rural locations are RRMAs 3 to 5 and remote locations are RRMAs 6 and 7.

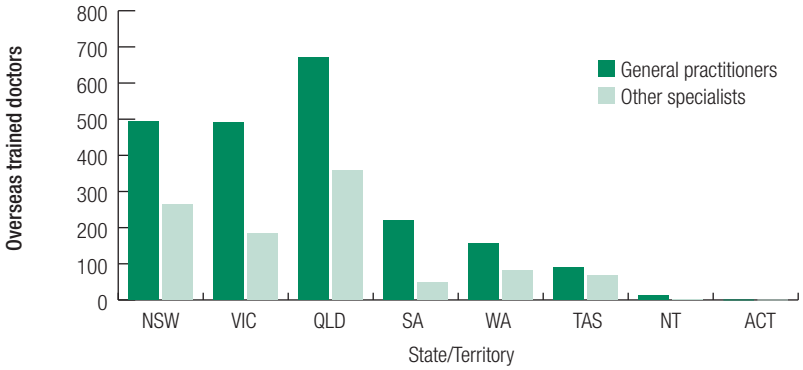
These figures highlight the variation between jurisdictions in the numbers of OTDs which they employ, with some states, notably Queensland and Victoria, employing far higher numbers of OTDs.They also show that the numbers of GPs in particular are fairly similar across locations within jurisdictions, however, they form a far larger proportion of the workforce in rural locations and, even more so, in remote locations.

Figure 5.1: Overseas trained doctors in metropolitan areas (RRMA 1–2) by state/territory, 2009



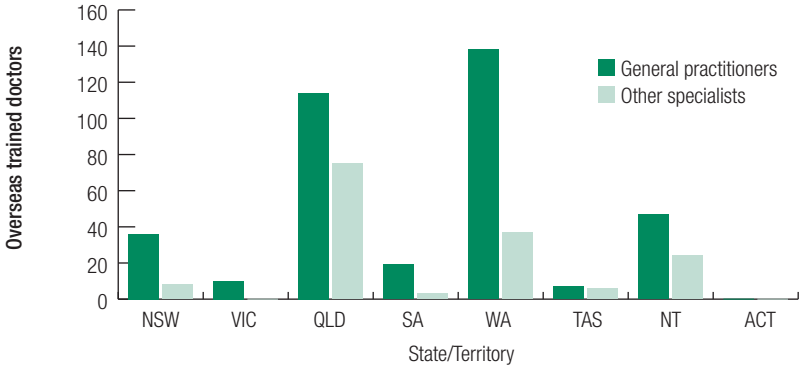
Source: Medicare data, Australian Government administrative data, 2009

Figure 5.2: Overseas trained doctors in rural locations (RRMA 3–5) by state/territory, 2009



Source: Medicare data, Australian Government administrative data, 2009

Figure 5.3: Overseas trained doctors in remote locations (RRMA 6–7) by state/territory, 2009



Source: Medicare data, Australian Government administrative data, 2009

Chapter 6

SPECIAL PURPOSE TRAINING PROGRAMS

This chapter reports on the Special Purpose Training Programs established under section 3GA of the *Health Insurance Act 1973* (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 or general practitioner 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, as well as meeting specific workforce shortage needs.

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; and
– are Australian permanent residents or Australian citizens; and
– do not hold continued recognition by the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine 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 resident; or
– temporary residents who have completed their commitment to 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 practice 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 Program (AGPTP) and the Rural Locum Relief Program (RLRP).

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 2008–09. Data on the number of providers only relate to services rendered on a fee-for-service basis for which claims were processed by Medicare Australia. This data does not include services to public patients in hospitals and through other publicly funded programs. All the programs are location specific with the exception of the Temporary Resident Other Medical Practitioners Program (TROMPP) and the Approved Placements for Sports Physicians Program (APSPP).

Table 6.1: Providers on approved 3GA program placements[a], 2004–05 to 2008–09

Program	[b]2004–05	[b] 2005–06	[c] 2006–07	[d] 2007–08	[e] 2008–09
194 — Approved Medical Deputising Program	108	141	165	206	215
197 — Approved Private Emergency Department Program	..	6	19	14	18
187 — Approved Placements for Sports Physicians Programs[f][g]	8	8	7	8	14
414 — Sports Physician Trainees	..	16	22	21	27
617 — Metropolitan Workforce Support Program	8	8	4	1	0
178 — Prevocational GP Program	21	56	81	134	182
177 — Queensland County Relievers Program	161	260	301	293	340
190 — Rural Locum Relief Program	660	554	551	583	657
179 — Special Approved Placement Program	7	13	14	37	49
198 — TROMP Program[c]	70	84	98	106	105
176 — Remote Vocational Training Program Trainees	10	10	13	16	26

(a) Providers had to have claimed for at least one service on a valid date for the program in question.
(b) Statistics for 2004–05 and 2005–06 had regard to claims processed up to the end of October 2006.
(c) Statistics for 2006–07 had regard to claims processed up to the end of October 2007.
(d) Statistics for 2007–08 had regard to claims processed up to the end of September 2008.
(e) Statistics for 2008–09 had regard to claims processed up to the end of October 2009.
(f) Not a location specific program.
(g) Based on advice from Medicare Australia, providers on Program 187 were only counted if they had an end date on or before 30 June 2010 and they had a service on a valid date for this program. Medicare Australia uses code 187 for 3GA and non-3GA providers.

Source: Australian Government Department of Health and Ageing administrative data

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 works by allowing 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 and Ageing administers the program.

A review of the AMDSP in 2001 recommended the extension of the program to include 'after hours' only clinic based services operated by an approved medical deputising service.

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 under the Act.

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 are subject to the provisions of section 19AA of the Act, to gain access to a Medicare provider number. Once the placement has been approved, Medicare Australia registers the placements using specification code 187. Providers are then able to access attendance items from Group A2 and Group A16 of the Medicare Benefits Schedule, as well as relevant procedural items for the nominated period of the placement.

The Minister for Health and Ageing approved the recognition of Sport and Exercise Medicine as a medical specialty in November 2009. Providers will continue to access attendance items from Group A2 and Group A16.

Sports Physician Trainees

Practitioners in this program are eligible to be registered under section 3GA of the Act as an Australasian College of Sports Physicians (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. Medicare Australia receives advice on placements directly from the ACSP and registers the placements for Medicare purposes.

Metropolitan Workforce Support Program

The Metropolitan Workforce Support Program has been discontinued. The program was established in 2003 to alleviate the undersupply of general practitioners in the outer metropolitan areas of Perth. The program was also required to provide participating doctors with the necessary support to assist their achievement of vocational recognition by 31 December 2006. It is included in this

year's report because one practitioner was recorded as providing a service under this program in the current reporting period.

Prevocational General Practice Placements Program

The Prevocational General Practice Placements Program (PGPPP) encourages junior doctors at all levels to take up general practice as a career.

Placements are available in rural and remote areas classified using the Rural, Remote and Metropolitan Areas (RRMA) classification as RRMAs 3–7, as well as designated urban areas, such as outer metropolitan areas and Areas of Workforce Shortage (AOWS). PGY2 and PGY3 doctors undertake placements for an average of 12 weeks and are able to bill Medicare at the A1 rate.

General practice placements in this program commenced in January 2005. The number of completed supervised general practice placements has increased each year from 111 in 2005–06 to 173 in 2006–07 and to 248 in 2007–08. It is expected that up to 315 placements will be completed in 2008–09.

Queensland Country Relieving Program

The Queensland Country Relieving Program (QCRP) provides locum 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. 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 practice role. The 3GA component of the QCRP enables medical practitioners to provide services that attract Medicare benefits.

The QCRP currently provides relief to approximately 70 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 QCRP 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 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 RWA 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 considered to be an Area of Workforce Shortage (AOWS).

Locations eligible to receive approved placements through the program are:

- small rural and remote areas, and large remote centres (RRMAs 4–7);
- large rural centres (RRMA 3) that are AOWS;
- Areas of Consideration, as determined by the Australian Government Minister for Health and Ageing; and
- all Aboriginal medical services, including 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.

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 provides registrars with a vocational training program supported by distance education and remote supervision.

The RVTS provides an alternative route to vocational recognition for remote practitioners who may otherwise find that leaving their practice to undertake the AGPTP is not viable. RVTS registrars are eligible to sit for fellowship of the RACGP and the ACRRM.

Up until 28 February 2007, the Remote Vocational Training Scheme (RVTS) was a 3GA program under the auspices of the Royal Australian College of General Practitioners (RACGP). Since 1 March 2007, legislative changes and the incorporation of RVTS Ltd have enabled the RVTS to be recognised as a 3GA program in its own right.

Since the inception of the pilot program in 1999, 62 registrars have participated in the RVTS. In January 2007, funds were made available to increase the intake of registrars to 15 per year. From 1 January 2011, the number of places will increase to 22 ongoing training places.

By July 2008, 22 medical practitioners had successfully achieved fellowship of the RACGP and/or ACRRM through the RVTS.

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 Program (TROMPP) 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 the Medicare Benefits Scheme. 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 TROMPP provides access to Medicare benefits at the A2 rate for these eligible medical practitioners.

Chapter 7

MEDICAL TRAINING REVIEW PANEL SUBCOMMITTEES AND NATIONAL PROJECTS

This chapter reports on the activities of the MTRP's subcommittees and on the national projects in the area of medical education and training funded by the Australian Government in 2007-08 and 2008-09.

Medical Training Review Panel Subcommittees

Medical Training Review Panel Clinical Training Subcommittee

The MTRP Clinical Training Subcommittee was established in August 2006. The role of the Subcommittee is to progress work recommended by the 2005 Biennial Review, and to monitor and report regularly on the progress being made to ensure adequate intern and training positions are in place to meet the increase in the number of new medical graduates.

To facilitate the task of the subcommittee, the Australian Government Department of Health and Ageing commissioned the following:

– the Medical Deans Australia and New Zealand (MDANZ) to examine and report on clinical training for medical students; and
– the Confederation of Postgraduate Medical Education Councils (CPMEC) to examine and report on prevocational clinical training.

The subcommittee reported the findings of these two studies to the MTRP in February 2008. Electronic versions of these studies, their findings and recommendations are available at:

– http://www.medicaldeans.org.au/publications.html; and
– http://www.cpmec.org.au/Page/cpmec-publications.

Medical Training Review Panel Data Subcommittee

The MTRP established a subcommittee in August 2006 to review its data collection and reporting requirements. After completing its initial tasks in 2007, which were tabled in the Eleventh MTRP report, it was agreed that the subcommittee should continue as a working group to oversee the collection and integrity of medical training data.

National Projects

Since 1998, the Australian Government Department of Health and Ageing has funded a number of innovative projects of national significance in priority areas identified by the MTRP. These projects are intended to support research that:

– enhances the education and training of hospital medical officers;
– promotes interaction between the various postgraduate medical councils in developing national standards; and

– disseminates information, and the principles of various 'best practice' postgraduate training models consistent with the principles of a national curriculum framework.

Funding of $750,000 was allocated by the Australian Government for ten national projects to be administered across the 2007–2008 and 2008–2009 financial years (Table 7.1). The nine projects, which received funding, are now completed.

Table 7.1: Summary of national projects, 2009

National Project	Organisation	Period
Implementation of Handheld Electronic Devices to Improve Handover on Medical Wards at Shellharbour Hospital	Shellharbour Hospital	Offer of funding withdrawn May 2008
Developing Mentoring and Supporting Programs for Junior Doctors in Rural Settings to Promote High Quality Educational Outcomes	Australian College of Rural and Remote Medicine	Completed June 2008
National Accreditation Framework—Piloting and Adaptation for use in Prevocational General Practice Training Program and Community Settings	Postgraduate Medical Council of Victoria	Completed June 2009
Mapping of University Medical Curricula and Hospital Rotations to the Australian Curriculum Framework for Junior Doctors	Postgraduate Medical Council of Victoria	Completed June 2009
Development and Piloting of Patient Safety Education Modules for Junior Medical Officers	Postgraduate Medical Council of Victoria	Completed June 2009
Intern Modelling Tool	Princess Alexandra Hospital Brisbane	Nearing completion
National Stocktake and Online Catalogue of Courseware Mapping to Australian Curriculum Framework for Junior Doctors	University of Queensland Centre for Health Innovation and Solutions	Completed June 2009
Peer Review Assessments in Junior Doctors—Development and Pilot	Australian National University Medical School	Completed June 2009
How Well Do Junior Doctors Practise Evidence Based Medicine?	University of Sydney School of Rural Health	Completed June 2009
Emergency Medicine Capacity Assessment Study: An Identification of the Capacity and Strategies of Emergency Departments and Staff to Support Increasing Numbers of Medical Graduates and Implement the National Curriculum Framework	St Vincent's Hospital Melbourne	Completed June 2009

The nine funded projects are described in more detail in the following paragraphs. The final reports of all of these are available on the CPMEC website at:

http://www.cpmec.org.au/Page/mtrp-projects-2008

Mentoring and Support Programs for Junior Doctors in Rural Settings

The Australian College of Rural and Remote Medicine (ACRRM) MTRP National Project examined supervision and mentorship requirements in rural and remote Australia. A series of wide ranging consultations that encompassed junior doctors, their supervisors and members of rural education networks were conducted. The results of these consultations will assist with national planning by postgraduate councils for the support of junior doctors whose training is delivered in rural areas. In particular, it provided valuable data to assist rolling out the Australian Curriculum Framework for Junior Doctors. It also enhanced understanding of those components of community placements seen as contributors to excellence by supervisors and junior doctors.

National Accreditation Framework—Piloting and Adaptation for use in Prevocational General Practice Training Program and Community Settings

This project was undertaken by the Postgraduate Medical Council of Victoria. The aim of this project was to map the learning opportunities offered by prevocational general practice rotations to the Australian Curriculum Framework for Junior Doctors to inform the development of national standards and accreditation criteria that can be applied in general practice and community settings. A model set of accreditation instruments were developed and piloted in general practice and community settings in Victoria.

A review of the accreditation standards and the training curricula offered by both the Royal Australian College of General Practice (RACGP) and the ACRRM was also undertaken. This review will ensure consistency between general practice and hospital accreditation standards, and requirements for education and supervision.

Mapping of University Medical Curricula and Hospital Rotations to the Australian Curriculum Framework for Junior Doctors

This project, conducted by the Postgraduate Medical Council of Victoria, aimed to develop an instrument that would map medical student curricula to the Australian Curriculum Framework for Junior Doctors.

The instrument was piloted with a number of Victorian hospitals in metropolitan, suburban and rural settings to determine the learning opportunities for junior doctors during their core intern rotations. The project also identified areas where additional clinical experience or training may be required.

Development and Piloting of Patient Safety Education Modules for Junior Medical Officers

This project was a joint initiative between the Postgraduate Medical Council of Victoria, Southern Health (Victoria), the Postgraduate Medical Institute of Tasmania and the University of Tasmania.

The Australian Curriculum Framework for Junior Doctors includes the concept of ‘Safe Patient Care’ as a key component. However, an education program to address the complexities of this issue has not yet been implemented.

The project developed two patient safety education modules that incorporated topics from the Australian Curriculum Framework for Junior Doctors: 'Systems and Incident Reporting' and 'Adverse Events and Near-misses'. The two modules utilised flexible delivery principles to improve the understanding by junior medical officers of the health care system. These modules will assist in developing an understanding of the complex nature of human errors, and empowering junior medical officers to consider and discuss systemic solutions that will improve patient safety.

Each module was piloted and evaluated at two sites, in Victoria and Tasmania, prior to preparation for national roll-out. The modules will be available electronically. Manuals, PowerPoint presentations and reading materials will be produced.

Intern Modelling Tool

The Princess Alexandra Hospital was awarded funding to research, develop and pilot a modelling tool that will enable the early identification of those interns who have difficulty in the transition from medical student to practising medical doctor.

The intern modelling tool aims to identify and explain the cause(s) of any difficulties experienced by medical students about to enter this transitional phase of their careers. The evidence gathered by this study will be important to target appropriate professional and personal development programs and it is hoped it will accelerate the rate at which competency is achieved.

National Stocktake and Online Catalogue of Courseware Mapping to Australian Curriculum Framework for Junior Doctors

This project, undertaken by the Centre for Health Innovation and Solutions at the University of Queensland, aimed to develop a consistent national standard for the cataloguing of educational assets, to undertake a stocktake of current educational resources that are consistent with the Australian Curriculum Framework for Junior Doctors, and to develop a searchable, sustainable online catalogue of these resources.

Educational approaches for training junior doctors vary across jurisdictions and utilise a range of teaching methodologies and technological platforms. No central register of educational resources had previously been established.

The catalogue will provide a useful asset for medical educators and other stakeholders. It will offer potential users teaching and learning resources, including online courseware, e-learning objects, ready-to-use curricula, train-the-trainer guides and student kits.

Peer Review Assessments in Junior Doctors—Development and Pilot

This project was undertaken by the Australian National University (ANU) Medical School. The aim was to develop and pilot a peer review process for use by junior doctors in the workplace, laying the foundation to establish sustainable self assessment into professional life.

All medical professionals require assessment of their own skills and competencies throughout their practice life. Peer review is a performance appraisal tool that uses reviewers who are the professional equals of an individual or group of people. Peer review has been demonstrated to be a potent modifier of professional behaviour.

The project used the established ANU Medical School peer review model, and engaged junior doctors to develop suitable assessment criteria and pilot an assessment cycle.

How Well Do Junior Doctors Practise Evidence-Based Medicine?

This project was undertaken by the School of Rural Health at the University of Sydney. The aim was to evaluate the many important factors that promote the practice of evidence-based medicine by doctors in their first and second postgraduate years of internship in New South Wales.

The Australian Curriculum Framework for Junior Doctors includes the practice of evidence-based medicine in the curriculum, outlining the knowledge, skills and behaviours required of prevocational doctors. This study also promoted the ongoing work toward implementing the Australian Curriculum Framework for Junior Doctors by providing insights into an understanding of what facilitates and impedes the practice of evidence based medicine.

Emergency Medicine Capacity Assessment Study

This project was undertaken by St Vincent's Hospital, Melbourne. The project used survey and interview methodology to identify the capacity and strategies of emergency departments to support increasing numbers of medical graduates, and to implement the Australian Curriculum Framework for Junior Doctors.

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 A:

MEDICAL TRAINING REVIEW PANEL ROLE AND MEMBERSHIP

Under section 3GC of the *Health Insurance Act 1973*, the Medical Training Review Panel (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, as either a general practitioner or other specialist, 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*.

This legislation was amended by the *Health Legislation Amendment (Medical Practitioners' Qualifications and Other Measures) Act 2001*, which came into effect on 18 October 2001. These amendments ensured that monitoring and reporting on postgraduate training places continued into the future, by making the MTRP a permanent body. The amendments include the requirement for reports to be commissioned by the Minister for Health and Ageing on the effect of the provider number arrangements. These reports were initially tabled in Parliament every two years by the Minister, but in 2005, it was agreed that these only be undertaken every five years. The last report of the Biennial Review of the Medical Provider Number Legislation was tabled in Parliament in December 2005.

Medical Training Review Panel Membership

The member organisations and MTRP members as at 30 June 2009 is provided below.

Chair

Professor Rosemary Calder	Chair and First Assistant Secretary, Mental Health and Workforce Division, Australian Government Department of Health and Ageing (July 2008 to May 2009)

State and Territory Health Departments

Ms Jo Burnand	ACT Health
Dr Belinda Doherty*	ACT Health
Professor Paddy Phillips	Department of Health, South Australia
Dr David Boadle	Department of Health and Human Services, Tasmania
Dr Richard Vaughan	Department of Health, Western Australia
Ms Glenda Gorrie	Department of Human Services, Victoria
Ms Deborah Hyland	NSW Department of Health

Dr Linda MacPherson*	NSW Department of Health
Ms Susanne Le Boutillier	Queensland Health
Dr Peter Satterthwaite	Department of Health and Families, Northern Territory
Dr David Chapman*	Department of Health and Families, Northern Territory

Medical Colleges

Professor Ian Rogers	Australasian College for Emergency Medicine
Dr Warren Weightman	Australasian College of Dermatologists
Dr David Campbell	Australian College of Rural and Remote Medicine
Professor Barry Baker	Australian and New Zealand College of Anaesthetists
Dr Kim Hill	Royal Australasian College of Medical Administrators
Professor Kevin Forsyth	Royal Australasian College of Physicians
Dr David Hillis	Royal Australasian College of Surgeons
Professor Michael Kidd	Royal Australian College of General Practitioners
Dr Deryck Charters	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Dr Mark Renehan	Royal Australian and New Zealand College of Ophthalmologists
Dr Andrew Gosbell	Royal Australian and New Zealand College of Psychiatrists
Professor Shih-Chang Wang	Royal Australian and New Zealand College of Radiologists
Professor Tony Landgren	Royal College of Pathologists of Australasia

Other Organisations

Dr Dennis Pashen	Australian General Practice Network
Dr Choong-Siew Yong	Australian Medical Association
Professor Robin Mortimer	Australian Medical Council
Dr Andrew Perry	Australian Medical Association Council of Doctors-in-Training
Dr Sarah Mansfield	Australian Medical Association Council of Doctors-in-Training
Dr Rob Mitchell	Australian Medical Association Council of Doctors-in-Training
Dr Michael Bonning*	Australian Medical Association Council of Doctors-in-Training
Dr Katherine Jeffrey*	Australian Medical Association Council of Doctors-in-Training
Dr Dror Maor*	Australian Medical Association Council of Doctors-in-Training
Dr Nick Buckmaster	Australian Salaried Medical Officers' Federation
Ms Tiffany Fulde	Australian Medical Students' Association

Professor Lou Landau	Confederation of Postgraduate Medical Education Councils
Professor Simon Willcock	General Practice Education and Training Ltd
Professor Allan Carmichael	Medical Deans Australia and New Zealand
Dr Peter Keppel	Rural Doctors' Association of Australia

* Alternative member representatives

Medical Training Review Panel Subcommittee Memberships

The 2009 membership of the MTRP Clinical Training Subcommittee was:

Dr Andrew Singer (Chair)	Australian College for Emergency Medicine
Dr David Boadle	Department of Health and Human Services, Tasmania
Dr Nick Buckmaster	Australian Salaried Medical Officers' Federation
Dr David Campbell	Australian College of Rural and Remote Medicine
Professor Allan Carmichael	Medical Deans Australia and New Zealand
Dr Shane George	Australian Medical Association Council of Doctors-in-Training
Ms Glenda Gorrie	Department of Human Services, Victoria
Ms Susanne Le Boutillier	Queensland Health
Professor Lou Landau	Confederation of Postgraduate Medical Education Councils
Ms Lesley Thomson	ACT Health

The 2009 membership of the MTRP Data Subcommittee was:

Dr Nick Buckmaster (Chair)	Australian Salaried Medical Officers' Federation
Professor Nicholas Glasgow	Medical Deans Australia and New Zealand
Ms Glenda Gorrie	Department of Human Services, Victoria
Dr Andrew Gosbell	Royal Australian and New Zealand College of Psychiatrists
Dr Linda MacPherson	NSW Department of Health
Dr Alexandra Markwell	Australian Medical Association Council of Doctors-in-Training
Dr Dennis Pashen	Australian General Practice Network
Ms Suzy Saw	Australian Government Department of Health and Ageing

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 medical college/faculty training and entry time, 2008

College/Faculty	Training requirements
Australian and New Zealand College of Anaesthetists (ANZCA)	5 years full-time (2 years basic, 3 years advanced) Can enter after completing PGY1, but may not accredit any training time until completion of PGY2
Australian and New Zealand College of Anaesthetists—Faculty of Pain Medicine (ANZCA-FPM)	1–3 years part-time, depending on prior specialist training and experience (minimum 50% commitment of full-time) Can enter during specialty training
Australasian College of Dermatologists (ACD)	5 years full-time—trainees who pass both written and clinical fellowship examinations and satisfy all other training requirements in their fourth year are not required to undertake a fifth year of training Can enter after completing PGY2
Australasian College for Emergency Medicine (ACEM)	2 years basic training full-time (which can comprise PGY1 and PGY2) 1 year provisional training full-time equivalent 4 years advanced training full-time equivalent
Royal Australian College of General Practitioners (RACGP)	3 years full-time Optional 4th year for Advanced Skills training and for academic post Can enter after completing PGY1, with most entering after PGY2

College/Faculty	Training requirements
Joint Faculty of Intensive Care Medicine Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians (JFICM)	3 years basic training full-time 3 years advanced training full-time Can enter after completing PGY1
Royal Australasian College of Medical Administrators (RACMA)	3 years full-time Can enter after 3 years clinical experience
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	6 years full-time Years 1–4 in the Integrated Training Program Years 5–6 in the Elective Program Can enter after completing PGY1
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	5 years full-time Can enter after completing PGY2
Royal College of Pathologists of Australasia (RCPA)	5 years full-time Can enter after completing PGY1
Royal Australasian College of Physicians Adult Medicine Division (RACP-AMD)	3 years basic training full-time 3 or more years advanced training full-time Can enter after completing PGY1
Royal Australasian College of Physicians Paediatrics and Child Health (RACPPCH)	3 years basic training full-time 3 or more years advanced training full-time Can enter after completing PGY1
Royal Australasian College of Physicians Australasian Faculty of Occupational and Environmental Medicine (RACPAFOEM)	4 years full-time Can enter after completing 3 years general clinical experience
Royal Australasian College of Physicians Australasian Faculty of Public Health Medicine (RACP-AFPHM)	3 years full-time 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)	4 years full-time Can enter after completing PGY2
Royal Australasian College of Physicians Chapter of Palliative Medicine	3 years full-time Can enter with fellowship of a faculty or college approved by the Chapter or completion of FRACP basic training, including written and clinical examinations
Royal Australasian College of Physicians Chapter of Addiction Medicine	3 years full-time Can enter with fellowship of a faculty or college approved by the Chapter or completion of FRACP basic training, including written and clinical examinations

College/Faculty	Training requirements
Royal Australasian College of Physicians	3 years full-time
Chapter of Sexual Health Medicine	Can enter with fellowship of a faculty or college approved by the Chapter or completion of FRACP basic training, including written and clinical examinations
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	5 years full-time, which comprises 3 years basic training and 2 years advanced training
	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	5 years full-time
Radiodiagnosis (RANZCRR)	Can enter after completing 2 years of basic training
Royal Australian and New Zealand College of Radiologists	5 years full-time
Faculty of Radiation Oncology (RANZCR-FRO)	Can enter after completing 2 years of basic training
Australian College of Rural and Remote Medicine (ACRRM)	4 years full-time
	Can enter after completing PGY1
Royal Australasian College of Surgeons (RACS)	5–6 years full-time
	Can apply from PGY2 to commence in PGY3
	Surgical Education and Training (SET) occurs in nine specialty areas:
	General surgery—5 years full-time
	Cardiothoracic surgery—6 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—6 years full-time
	Plastic and reconstructive surgery—5 years full-time
	Urology—6 years full-time
	Vascular surgery—5 years full-time

Source: Medical colleges and GPET

Table B2: Summary of medical college/faculty part-time training requirements, 2008

College/Faculty	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
Australasian College of Dermatologists	Minimum 50% of full-time commitment Must result in FTE time
Australasian College for Emergency Medicine	Minimum 50% of full-time commitment Must result in FTE time
Royal Australian College of General Practitioners General Practice Education and Training	Minimum three sessions per week Approval provided by regional training providers and College censors
Joint Faculty of Intensive Care Medicine Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians	Minimum 20% of full-time commitment Must result in FTE time
Royal Australasian College of Medical Administrators	Must result in FTE time Complete within 6 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	Approved on a case-by-case basis
Royal College of Pathologists of Australasia	Minimum 8 hours per week/20% of full-time commitment Minimum 2 years of the complete training program must be full-time
Royal Australasian College of Physicians Adult Medicine Division	A minimum of 2 years of the complete training program be full-time Any part-time training must be to a minimum of 20% FTE Basic training must be completed within 7 years Advanced training must be completed within 7 years
Royal Australasian College of Physicians Paediatrics and Child Health	A minimum 2 years of the complete training program must be full time. Recommended that two thirds of the 3 year basic training program be full time and continuous Any part-time training must be to a minimum of 20% FTE Basic training must be completed within 7 years Advanced training must be completed within 7 years
Royal Australasian College of Physicians Australasian Faculty of Occupational & Environmental Medicine	Minimum 50% of full-time commitment Must result in FTE time

College/Faculty	Requirements for part-time training
Royal Australasian College of Physicians Australasian Faculty of Public Health Medicine	Minimum 20% of full-time commitment Must result in FTE time
Royal Australasian College of Physicians Australasian Faculty of Rehabilitation Medicine	Minimum 50% of full-time commitment Must result in FTE time Complete within 8 years
Royal Australasian College of Physicians Chapter of Palliative Medicine	Minimum 20% of full-time commitment Complete within 7 years with a minimum average of 0.5 FTE
Royal Australasian College of Physicians Chapter of Addiction Medicine	Minimum 50% of full-time commitment
Royal Australasian College of Physicians Chapter of Sexual Health Medicine	Minimum 20% of full-time commitment
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 FTE time
Royal Australian and New Zealand College of Radiologists Faculty of Radiation Oncology	Minimum 50% of full-time commitment Must result in FTE time
Australian College of Rural and Remote Medicine	Allowed, providing a minimum of three sessions per week maintained Minimum 50% of full-time commitment
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 medical college/faculty interrupted training requirements, 2008

College/Faculty	Requirements for interrupted training
Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine	Considered on an individual basis
Australasian College of Dermatologists	Considered on an individual basis
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	Allowed up to a maximum of 2 years
Joint Faculty of Intensive Care Medicine Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians	Allowed Advanced training must include at least 2 years interrupted only by normal holiday or short term (eg. study, conference) leave 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 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 If training is interrupted for 4 years or more, 2 core training years must be completed as part of subsequent training
Royal Australasian College of Medical Administrators	Allowed
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Allowed up to 2 years without loss of credit for previous training Training must be completed within 11 years
Royal Australian and New Zealand College of Ophthalmologists	Considered on an individual basis
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	Allowed up to 2 years
Royal Australasian College of Physicians Paediatrics and Child Health	Allowed up to 2 years
Royal Australasian College of Physicians Australasian Faculty of Occupational & Environmental Medicine	Considered on an individual basis, but usually no more than 2 years

College/Faculty	Requirements for interrupted training
Royal Australasian College of Physicians Australasian Faculty of Public Health Medicine	Allowed up to 1 year deferral at a time, with a maximum of 2 years deferment Training must be completed within 7 years Extensions relating to maternity leave may be granted
Royal Australasian College of Physicians Australasian Faculty of Rehabilitation Medicine	Allowed up to 2 years Training must be completed within 6 years (8 years for part-time trainees)
Royal Australasian College of Physicians Chapter of Palliative Medicine	Allowed up to 2 years
Royal Australasian College of Physicians Chapter of Addiction Medicine	Allowed up to 2 years
Royal Australasian College of Physicians Chapter of Sexual Health Medicine	Allowed up to 2 years
Royal Australian and New Zealand College of Psychiatrists	Allowed Basic Training must be completed within 8 years or may need to repeat or complete the training experiences lapsed Advanced Training must be completed within 6 years or may result in review of overall training and assessment
Royal Australian and New Zealand College of Radiologists Radiodiagnosis	Allowed
Royal Australian and New Zealand College of Radiologists Faculty of Radiation Oncology	Allowed
Australian College of Rural and Remote Medicine	Allowed—generally for up to 12 months Longer periods by negotiation with the college
Royal Australasian College of Surgeons	With the exception of leave for medical or family reasons, trainees cannot apply for leave in the first 6 months of their training program 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 Trainees applying for interruption due to medical reasons may do so at any time if supported by medical evidence

Source: Medical colleges and GPET

Training Program Information

A 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;
- overseas trained specialist (OTS) 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 two years basic training and three years advanced training. In the course of ANZCA approved training, trainees are required to successfully complete:

- five years of supervised clinical training at approved training sites;
- both the primary and final examinations;
- a program of 12 modules; and
- an Effective Management of Anaesthetic Crises (EMAC) or Early Management of Severe Trauma (EMST) course or equivalent.

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 *Guidelines for the Selection of Trainees* outlines the principles that should be used in selecting trainees for appointment to hospitals approved for training for the diploma of 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 the 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 re-selected into advanced training by the ANZCA.

Trainee Assessment

In-Training Assessment (ITA) is carried out at least every 6 months, and requires the trainee and the supervisor of training to 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 voluntary documentation, such as a logbook.

The primary examination covers physiology, including clinical measurement, and pharmacology, including statistics. Trainees may sit one or both subjects at any sitting. There is no limit on the number of attempts, but progress beyond the second year of training requires a pass in both subjects. 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 (IMGS) assessment process is conducted by ANZCA to assess and make a determination regarding the comparability of the IMGS to a fellow of ANZCA.

The ANZCA IMGS assessment process commences with application via the Australian Medical Council (AMC) 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). 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
– a workplace-based assessment.

Additionally, some applicants are required to undertake the IMGS performance assessment or final examination.

With specialist anaesthesia training, with regard to duration, structure, content, curriculum, sub-specialty experience, supervision and assessment, the onus will be on the applicant to provide evidence of this training. The assessment 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. Trainees wishing to be appointed as provisional fellows must seek prospective approval from the college assessor.

Further Information

www.anzca.edu.au

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS —FACULTY OF PAIN MEDICINE

Training Program

The fellowship of the Faculty of Pain Medicine—ANZCA (ANZCA-FPM) is an 'add-on' specialist diploma. Those wishing to enter the field usually will either have, or be training toward, a specialist qualification in one of the participating specialties—anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine.

The ANZCA-FPM training requirements vary from one to three years, depending on the primary specialist qualification, previous exposure to pain medicine and experience. Training may commence during, and may be concurrent with, training programs for the diploma of fellowship of the participating bodies, including ANZCA, RACS, RACP, RANZCP and AFRM-RACP.

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 of prior experience and training by the assessor.

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.

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 the reading list. 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 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. It also includes the quarterly In-Training Assessment (ITA), which requires the trainee and the supervisor of training to carry out a regular process of evaluation, with recording of the goals set 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 and a clinical long case. 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, a faculty or chapter of a participating college other than AFRM, or who hold a specialist qualification relevant to pain medicine that is acceptable to one of the five parent bodies and who have successfully completed the training period prescribed by the assessor, passed the examination and completed all other training requirements.

Overseas Trained Specialists

Assessment of overseas trained specialists and Area of Need specialists is undertaken according to ANZCA policy. However there is no entirely equivalent training in multidisciplinary pain medicine, as no other country has a governing body in pain medicine representing the five specialties in the ANZCA-FPM. Overseas trained specialists who come to Australia for training in pain medicine need to fulfil all training and assessment requirements of their parent specialty. Election to fellowship might be available depending on their prior experience. The faculty would accept into its training program overseas trained specialists who met equivalent experience criteria of their primary specialty.

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

AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Training Program

The college supervises a four or five-year vocational training program, which consists of supervised clinics in all aspects of dermatology including dermatological medicine and procedural dermatology.

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, four and five) trainees acquire skills in the treatment of more complex dermatological conditions and are given increased responsibility for patient management.

Trainees are required to prepare and have published 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. They must also present at least two papers, one of which must be presented at the Registrars' Forum or other session of the Australasian College of Dermatologists (ACD) Annual Scientific Meeting. The second may 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 board of censors.

Trainee Selection

Entry into the training program requires completion of PGY2.

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 examination and the pharmacology examination within the first 18 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, must complete an additional year of supervised training. This training may be undertaken in an accredited training position, a supervised private practice setting or a combination of both.

In addition to the examinations described above, trainees undertake regular formative in-training assessments and summative in-training assessments throughout the full duration of their training. They must also be assessed as competent to independently perform all essential procedures and treatment modalities as described in the *Training Program Handbook.*

Overseas Trained Specialists

Overseas trained specialist (OTS) 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 Australian Medical Council (AMC). The college assesses applications on behalf of the AMC. The ACD OTS 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 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:

- a compulsory six-month term 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.

Advanced

The advanced training program is of four years duration with a requirement that 30 months is 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 in the *Training and Examination Handbook.*

Trainees 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 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 (ITA) 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 others.

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. A research component is to be completed during either provisional or advanced training.

Assessment continues via the completion of In-Training Assessments, as described under provisional training, and the fellowship examination.

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 six sections. Candidates must pass at least four sections with specified total scores depending on the number of sections passed.

Overseas Trained Specialists

For those OTSs seeking fellowship of the ACEM (FACEM), the college conducts an assessment of the OTS's qualification in line with that recommended by the Australian Medical Council (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 is sent to the council. The Board of Education also reviews the recommendation.

Outcomes can include election to fellowship without further requirements, a period of supervised practice in a multi-FACEM emergency department, completion of the research regulation, completion of the fellowship examination or a combination of these.

Assessment of OTSs for an Area of Need (AON) position also follows that laid out by the AMC. Assessment for fellowship requirements will now be conducted along with the AON assessment.

The recommendation of the applicant as suitable for the AON post does not imply the applicant has demonstrated satisfactory comparability with a FACEM.

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 six, 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 three 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 and then to Council, where the decision is made.

Further Information

www.acem.org.au

GENERAL PRACTICE EDUCATION AND TRAINING LIMITED

General Practice Education and Training (GPET) Limited manages the administration of the Australian General Practice Training Program (AGPT) on behalf of the Australian Government. GPET is an independent company established in 2001 by the Minister for Health and Ageing to fund and oversee vocational general practice training throughout Australia. 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 Fellowship of the Australian College of Rural and Remote Medicine (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 six-month placement in an outer metropolitan area and a further mandatory six-month rural placement as part of their training. Registrars on the Rural Pathway undertake the majority of their training in Rural Remote and Metropolitan Area classification (RRMA) 4 to 7 locations.

Training Program

The AGPT Program is a three or four-year full-time equivalent 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 GPET website.

Trainee Selection

Refer to the *Applicant Guide* provided on GPET's 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 RACGP sets the standards for general practice training for GP registrars training towards Fellowship of the RACGP. The College has recently received Australian Medical Council accreditation for its general practice education standards and processes for the maximum possible period, to December 2013. The RACGP is the only general practice college that currently holds this accreditation. 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.[4]

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.

All GP registrars training towards the FRACGP end point sit the RACGP's examination. It consists of three components—two written and one clinical. Further details are provided on the college's website.

4 http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/vocationaltraining/RACGPGeneralPracticeVocationalTrainingStandards/2005_Standards_Programs_and_Providers.pdf

International Medical Graduates (IMG)/Overseas Trained Doctors

The RACGP conducts assessment of IMGs' 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 Council of Australian Government (COAG) training pathway.

Further details are provided on the college's website at http://www.racgp.org.au/overseastraineddoctors

Accreditation

The RACGP accreditation criteria are documented in the *RACGP Standards for General Practice Education and Training Trainers and Training Posts 2005* found at http://www.racgp.org.au/vocationaltraining/standards.

The Regional Training Provider typically commences the process of accreditation of a post and trainer. A trainer is always accredited at the same time as the post. 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.

JOINT FACULTY OF INTENSIVE CARE MEDICINE

The Joint Faculty of Intensive Care Medicine (JFICM) was established by the Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australasian College of Physicians (RACP) in February 2002. It is responsible for all aspects of vocational training in intensive care on behalf of its two parent colleges. The training program is designed to allow intensive care training to be undertaken concurrently with both the RACP and the ANZCA training programs.

Training Program

There are basic and advanced components of the JFICM 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 JFICM web site.

The majority of 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.

Trainee Selection

Trainees must be registrable 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 JFICM regulations relating to training. Selection to positions within an intensive care unit (ICU) is conducted by the employing authority not the JFICM. The RACP trainees entering the joint intensive care medicine program need to have completed basic physician training and the FRACP written and clinical examinations prior to joining. Further details are outlined in the *Joint Faculty's Trainee Selection Policy*.

Trainee Assessment

In basic training there is annual assessment by the supervisor. The subjects for the fellowship examination are the theory and practice of intensive care, including 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.

Overseas Trained Specialists

The assessment process is outlined in the JFICM *OTS 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.

Accreditation

Assessment criteria are outlined in the JFICM *Accreditation 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 FJFICMs 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 time in months that a trainee could spend there.

Further Information

www.jficm.anzca.edu.au

ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

Training Program

The advanced training program 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 3, full-time equivalent years, with supervised administrative experience.

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. The application is examined and verified. Where necessary, additional information may be sought. The completed application is reviewed by the censor-in-chief, who then makes a recommendation to the college council that the applicant be accepted or not. Sometimes an applicant may be interviewed. The applicant is then advised of the outcome. Fees are paid. 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 four assessment components:

- participation in college workshops;
- presentation of a case study;
- preceptor/supervisor reports; and
- management practice folio.

There is also an oral examination in which each candidate answers four questions with two examiners to assess their management knowledge, skills and attitudes. Supplementary examination is allowed 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 censor-in-chief reviews all the required documentation. If found to be a suitable candidate, the applicant is interviewed by a college panel chaired by the censor-in-chief. 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 Handbook*.

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 Integrated Training Program (Years 1–4) and Elective training (Years 5–6).

Integrated Training Program

The first 4 years of general obstetric and gynaecological training is known as the Integrated Training Program (ITP)[5].

Elective Training

Elective Training[6] may involve further general obstetrics and gynaecology, and further research or subspecialty training—only one year of which may be officially credited toward further training in a subspecialty program.

The studies and training, including workshops, undertaken during the ITP and the Elective Training program, 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 ITP 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. Training must be completed within 11 years.

Trainee Selection

Trainees entering the training program at Year One should:

- hold an approved Australian or New Zealand primary medical degree, or successfully complete the requirements necessary to obtain the Australian Medical Council (AMC) certificate;
- possess unconditional general medical registration in the state or territory of training;
- 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 health system.

5 The Integrated Training Program could be broadly regarded as 'basic training'.

6 Elective Training could be broadly regarded as 'advanced training'.

The selection process is both paper-based and interview-based. An initial application is followed by a state-based selection interview process.

There is no formal selection process for Elective trainees. Trainees progress from ITP training to the Elective years.

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 competency at both 'basic' and 'advanced' levels—trainees are required to be observed undertaking specified obstetric and gynaecological surgical procedures and certified as being competent to perform these independently;
- 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.

Overseas Trained Specialists

The initial assessment of an overseas trained applicant's primary medical qualifications, and their eligibility to practise in Australia, is undertaken by the AMC. The AMC then 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.
- 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 and the college's Communication Skills Workshop. They must work closely with an approved training supervisor, submit three-monthly and six-monthly assessment reports and, finally, be certified as having satisfied 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 ITP level training hospitals are accredited by the college. These sites are currently undergoing reaccreditation by the RANZCOG to ensure that the core requirements for clinical and educational experience, as defined in the RANZCOG curriculum are being met for all trainees in participating hospitals.

Training sites for Elective training are not currently formally accredited or reaccredited by the college. However, Elective trainees, like all RANZCOG trainees, must still submit applications for prospective approval of training.

Further Information

www.ranzcog.edu.au

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OPHTHALMOLOGISTS

Training Program

Basic Training

Basic training 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, Year 5, 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 the seven key roles of the specialist ophthalmologists, based on the CanMEDs 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 (OBCK) requirements, as well as gain satisfactory grades in their work-based assessment reports by June of the second year; that is, 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 and, in the case of evidence-based ophthalmic practice, through an online journal club. Assessment in genetics and microbiology is conducted online. Trainees also sit the OBCK examination. Throughout their basic training, trainees also complete work-based assessments for each rotation.

Advanced Training

Formal assessment comprises of on-the-job assessments, the advanced pathology examination in Year 3, and the RANZCO advanced clinical examination (RACE), in Year 4.

A trainee requires three years of satisfactory training progress, supported by term supervisors' reports for all terms, and records of surgical experience, and must demonstrate mature self-understanding of his or her specialist and professional development, to be considered fit to sit the RACE.

Overseas Trained Specialists

The overseas trained specialist (OTS) applies to the Australian Medical Council (AMC), which then refers the OTS application to RANZCO for specialist assessment. RANZCO conducts OTS assessments in five stages:

- Stage 1: college staff assembles full documentation;
- Stage 2: OTS Committee reviews documentation;
- Stage 3: if required, OTS's knowledge is further assessed by performance in RACE;
- Stage 4: if required, clinical skills are then assessed by performance in supervised assessment; and
- Stage 5: final interview by OTS committee, including medico legal status.

At Stage 2 in the process, a decision on comparability is made:

- The OTS applicants are deemed substantially comparable pending interview if the applicant has the Certificate of Completion of Training (CCT)/Certificate of Completion of Specialist Training (CCST) and are UK trained. RANZCO recommends specialist recognition to AMC and the applicant is eligible to apply for RANZCO fellowship.

– The OTS is deemed partially comparable if the OTS committee has identified gaps in the OTS's knowledge or experience. The applicant is required to undertake further assessment, Stages 3 and 4, and if performing satisfactorily he/she proceeds to final interview, Stage 5. If successful in interview, the applicant is eligible to apply for fellowship.
– The OTS 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 upskill in all ten clinical areas. The committee notifies the AMC who, in turn, informs the OTS applicant.

Decisions about comparability are made in accordance with attainment of the ten clinical areas, which underpin the practices of a general ophthalmologist in Australia.

Accreditation

The college inspects all training locations in the six training networks in Australia. Site inspections of existing training posts take place in 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 in the system. 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 Australia (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 Royal Australasian College of Physicians. These include haematology, 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.

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 2008 Trainee Handbook* contains discipline specific information on assessment and examinations and is available from the college's website.

Overseas Trained Doctors

The college receives applications from the Australian Medical College (AMC). The board of censors makes an independent assessment following interview by, and on 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/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 an 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 ideally once in every five-year accreditation period, provided there is a trainee in position, or as the need arises. Visits may be carried out in collaboration with representatives of the Royal Australasian College of Physicians 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 adult medicine and paediatrics and child health through its Division of Adult Medicine and Division of Paediatrics and Child Health. The college also incorporates the faculties of Occupational and Environmental Medicine, Public Health Medicine and Rehabilitation Medicine, the Joint Faculty of

Intensive Care Medicine (JFICM) with ANZCA, and the Chapters of Palliative Medicine, Addiction Medicine and Sexual Health Medicine. Each of these has separate training programs that are described in separate sections in this appendix.

Basic Training—Adult Medicine and Paediatrics and Child Health

The new Physician Readiness for Expert Practice (PREP) program includes three years basic training 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—Adult Medicine

The subspecialty areas for advanced training in adult medicine are cardiology, clinical genetics, clinical pharmacology, endocrinology, gastroenterology and hepatology, general medicine, geriatric medicine, clinical haematology, clinical immunology and allergy, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory and sleep medicine, and rheumatology.

There are also six specialty areas for advanced training in adult medicine 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);
- nuclear medicine with the Royal Australian and New Zealand College of Radiologists (RANZCR); and
- intensive care medicine with the JFICM.

Advanced Training—Paediatrics and Child Health

The subspecialty areas of training in paediatrics and child health are cardiology, clinical pharmacology, clinical genetics, clinical haematology, community child health, endocrinology, gastroenterology and hepatology, general paediatrics, infectious diseases, medical oncology and haematology, neonatal and perinatal medicine, nephrology, neurology, nuclear medicine, paediatric emergency medicine, palliative medicine, respiratory and sleep medicine, and rheumatology.

There are also six specialty areas for advanced training in paediatrics and child health conducted jointly with other specialist colleges:

- child and adolescent psychiatry with the Royal Australian and New Zealand College of Psychiatry;
- haematology, immunology and allergy, endocrinology and chemical pathology and infectious diseases and microbiology with the Royal College of Pathologists of Australasia;
- nuclear medicine with the Royal Australian and New Zealand College of Radiologists;
- paediatric emergency medicine with the Australasian College of Emergency Medicine;
- paediatric rehabilitation medicine with the Australasian Faculty of Rehabilitation Medicine; and
- intensive care medicine with the Joint Faculty of Intensive Care Medicine.

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/Paediatrician Training within the hospital.

Selection into advanced training in a subspecialty 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. The college facilitates an online centralised application process for a number of advanced training specialties.

Trainee Assessment

Basic trainees undertake a range of compulsory workplace based formative assessments during training, including significant incident analyses and mini-clinical evaluation exercises. Completion of learning needs analyses, progress reports and regular meetings with educational supervisors are also required. Centrally administered written and clinical examinations must be successfully completed before progression to advanced training.

Advanced trainees are required to submit regular progress reports and complete any additional training and assessment requirements of the subspecialty training program.

On satisfactory completion of all training requirements, trainees are admitted to Fellowship of the Royal Australasian College of Physicians (FRACP). Fellowship is undifferentiated; that is, it is not awarded in a subspecialty. Those trainees enrolled in joint training programs with other specialist colleges must complete the training requirements of both colleges before fellowships are awarded.

Overseas Trained Specialists

Applications from overseas trained physicians or paediatricians for specialist recognition in Australia are assessed by the college via the AMC. Assessment of the applicant's qualifications and experience, including at least three detailed referee reports, against the relevant college curriculum determines whether they are eligible to proceed. Almost all 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) Sub-Committee (Adult Medicine or Paediatrics and Child Health), 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.
- 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

If deemed 'substantially' or 'partially comparable', the applicant is required to complete a minimum of 12 months of prospectively approved professional supervised peer review before being eligible to apply for fellowship. If deemed 'partially comparable', they may also be required to satisfactorily complete the written and/or clinical examination before peer review, and/or a practice visit at the end of peer review and /or other further requirements.

Accreditation

The college accredits hospitals and training facilities that provide a suitable environment for physician education. Site visits are undertaken periodically to verify that criteria relating to the environment for teaching and learning are satisfied. Basic training and advanced training specialties all have customised accreditation process 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 MEDICINE[7]

Training Program

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM)'s training program is focussed 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 status reports, and work a minimum of ten hours per week in occupational and environmental medicine.

Part-time training is allowed providing a minimum 50% of full-time commitment is maintained and it must result in full-time equivalent time.

Trainees can become inactive at any time but must continue to submit 6-monthly reports and cannot take any assessment components during the time of inactivity. Interrupted training is allowed up to two years and the training must be completed within six years for full-time or eight years for part-time.

Trainee Selection

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. Applicants must be fully medically registered in Australia or New Zealand, have completed at least three years of postgraduate general clinical experience, completed a postgraduate qualification in occupational and environmental medicine and be working a minimum of ten hours per week in the field.

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 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 status reports, written and practical fellowship examinations, a research project and a presentation of the abstract from the research project. From 2009, a communication portfolio will also be required.

Overseas Trained Specialists

Applications from overseas trained occupational and environmental medicine physicians for specialist recognition in Australia are assessed by the AFOEM via the Australian Medical Council (AMC). Standard AMC application documentation is scrutinised by the faculty and an interview is undertaken to determine the level of comparability in training and experience to that of an Australian-trained occupational and environmental medicine physician. Applicants whose qualifications and experience are deemed to be partially or substantially comparable to that of Australian-trained occupational and environmental medicine physicians may be required to complete the faculty exit examination and/or undertake a period of peer reviewed practice. Applicants who successfully complete the assessment process will be eligible to apply for fellowship of the AFOEM.

Accreditation

The AFOEM does not offer accredited training positions, but approves each post on a case-by-case basis. Applicants must find employment in occupational medicine and apply to the regional censor for the post to be endorsed. Any post 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 post, this must be approved as suitable by the censor. A worksite template is used so criteria are consistent.

Further Information

www.afom.racp.edu.au

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.

During the course of the three-year full-time equivalent program, 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 appropriate public health activities.

A comprehensive list of competencies, which are expected to have been acquired by a graduate of the training program, forms the basis for developing individual learning plans for each year of training.

Trainee Selection

From 2009, the prerequisites for admission to advanced training are:

- medical registration;
- at least three years of medical experience since graduating, including at least two years of clinical experience, one of which may be the intern year; and
- enrolment in, or completion of, a Masters Degree in Public Health, which includes the faculty's core discipline areas.

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

Supervisor reports form the basis of on-going assessment in the AFPHM training program. These must be approved by the Regional Committee and signed off by the Teaching and Learning Subcommittee before the trainee can progress to their next year of training.

In the final program assessment (FPA), the panel of examiners assesses the degree to which a trainee has succeeded in acquiring the public health medicine competencies in the course of their training by:

- reviewing the trainee's bound volume; and
- assessing the trainee's answers to questions relating to the work documented in their bound volume, and questions covering public health medicine more generally.

Overseas Trained Specialists

Applications from overseas trained public health physicians for specialist recognition in Australia are assessed by the AFPHM via the Australian Medical Council (AMC). Standard AMC application documentation is scrutinised by the faculty and an interview is undertaken to determine the level of comparability in training and experience to that of an Australian-trained public health physician. Applicants whose qualifications and experience are deemed to be partially or substantially comparable to that of Australian-trained physicians will be required to undertake a period of peer reviewed practice and may be required to complete the faculty's final program assessment. Applicants who successfully complete the assessment process will be eligible to apply for fellowship of the AFPHM.

Accreditation

The Faculty does not accredit training positions; instead it approves individual training programs.

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. 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 Manual for Trainees and the AMC Accreditation Submission,* both of which are available on the faculty's website.

Trainee Selection

To register, a trainee must have completed at least two years of general clinical experience or general practice. 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; and
- completion of training modules in clinical research, clinical neuropsychology, administration and management of rehabilitation services and behavioural sciences.

Overseas Trained Specialists

Applications from overseas trained rehabilitation physicians for specialist recognition in Australia are assessed by the AFRM via the Australian Medical Council (AMC). Standard AMC application documentation is scrutinised by the faculty and an interview is undertaken to determine the level of comparability in training and experience to that of an Australian-trained rehabilitation physician.

Applicants whose training and experience is deemed to be partially or substantially comparable to that of an Australian trained rehabilitation physician may be required to undertake further assessment requirements including one or more components of the fellowship examination and/or a period of peer review. Applicants who successfully complete the assessment process will be eligible to apply for fellowship of the AFRM.

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 in the *AFRM Manual for Trainees* and on the website.

In order to achieve formal accreditation and two-yearly re-accreditation facilities are required to complete and submit a training facility accreditation questionnaire. A desktop audit is then conducted. Site visits are conducted on a seven-year cycle.

Further Information

www.afrm.racp.edu.au

RACP—AUSTRALASIAN CHAPTER OF PALLIATIVE MEDICINE

Training Program

The Australasian Chapter of Palliative Medicine 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 four mandatory six-month training terms (two years) in palliative medicine, completion of four compulsory learning modules 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. There is no entrance examination or final examination. On satisfactory completion of all training requirements, trainees are admitted to fellowship of the chapter. 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 OTS section under RACP.

Further Information

www.racp.edu.au

RACP—AUSTRALASIAN CHAPTER OF ADDICTION MEDICINE

Training Program

The Australasian Chapter of Addiction Medicine 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 OTS section under RACP.

Further Information

www.racp.edu.au

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 OTS section under RACP.

Further Information

www.racp.edu.au

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 full-time equivalent (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, other than the trainee clinical examination.

To be eligible to commence an advanced training subspecialty program, trainees must have satisfactorily completed all basic training and assessment requirements, including the trainee clinical examination. 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. The committee responsible for specialist international medical graduates (IMGs) assesses the documentation provided and may require the applicant to attend a clarification interview.

The Committee for Specialist IMG Education bases all determinations on standard categories within the RANZCP *Equivalence Guidelines* and any relevant reciprocity agreement. 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 heath 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 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.

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 been undergoing curriculum re-development. In radiation oncology, the new curriculum commenced in 2009. For radiology, it should be noted that the information below pertains to the current training program for radiology and not the new curriculum. The new radiology curriculum will commence in December 2009 for trainees in New Zealand and January 2010 for trainees in Australia. Further information on the new radiology curriculum and the content developed to date is available on the College website at the following link:

http://www.ranzcr.edu.au/educationandtraining/curr.cfm

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 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 full-time equivalent (FTE). 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 an 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 chief censor in radiology and the education board rely on certification by the director of training and the branch education officer that appropriate experience in all imaging modalities and body systems has been obtained with training expected to be broadly based until the Part II Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR) examination is passed.

The examination process in assessment comprises:

– Part I 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 II 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, MSF and Director of Training 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 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 college. Supervision guidelines have been established after consultation with supervisors of AON appointees and heads of department.

Specialist Recognition

The RANZCR currently has four different pathways to specialist recognition:

- Examination Pathway: The individual is assessed on their eligibility to sit the FRANZCR Part II examination, based on their training and work experience, with or without additional training or a prescribed period of supervised training in a RANZCR accredited training facility. They are granted specialist recognition after passing the Part II examinations and then eligible for fellowship.
- Peer Review Pathway: The individual applies for the Australian Medical Council (AMC) specialist recognition and is assessed as per the college process for category 1. Unconditional specialist recognition is recommended by the college after satisfactory peer review in workplace; up to two years.
- Assessment of Overseas Trained Subspecialists: In their subspecialty, the individual is required to meet eligibility prerequisites, including 80% of clinical practice time devoted to the subspecialty, have been a consultant in the subspecialty for minimum of three years, and have a minimum number of presentations and publications in the subspecialty. They are granted specialist recognition after passing subspecialty component of Part II examinations and are then eligible for full fellowship.
- International Recognition: The individual applies for admission to fellowship of the college 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 chief 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—self directed learning.

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.

The ACRRM program is a four-year course. Part-time training is allowed as long as it is at a minimum of three sessions per week. People are also able to take leave from training generally up to 12 months, but extensions can be negotiated with the college on a case-by-case basis.

Trainee Selection

Candidates 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 candidates 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

This is an area that is still under development for ACRRM and the process of how this will happen has not been finalised yet.

Accreditation

There are different categories of training post accreditation for different parts of ACRRM's program. There are 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.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Training Program

The Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) program requires five to six 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. As the operative skills of a trainee increase over the period of the training program, there is a commensurate decrease in supervision.

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 judgement, 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.

General Surgery

General surgery, despite its name, is the surgical specialty that focuses on surgical treatment of abdominal organs, and often include endocrine surgery, breast surgery and hernia surgery. Training includes delegated operating responsibility commensurate with developing skills and experience.

Cardiothoracic Surgery

Cardiothoracic surgery requires two years of training in 'surgery in general' prior to cardiothoracic training to provide the trainee with broad experience in general surgical procedures. Trainees are then directed to particular positions to ensure that adequate experience in all designated areas of cardiothoracic surgery, that is, surgical treatment of diseases of the heart and lungs, is achieved.

Neurosurgery

Throughout their training, trainees are concerned with management of all aspects of the central and peripheral nervous system. Trainees are also expected to have some experience in the management of trauma. During neurosurgical training, responsibilities for clinical and operative work are steadily increased. Later in the program, trainees are expected to gain experience in independent operating.

Orthopaedic Surgery

Training in orthopaedic surgery is designed to provide progressive experience in operating responsibility, as well as ensuring adequate training in clinical assessment, investigations and non-surgical management of orthopaedic problems, that is, problems of the musculo-skeletal system, whether they are congenital conditions or caused by trauma or degeneration.

Otolaryngology, Head and Neck Surgery

At the conclusion of the program, it is expected that trainees will be familiar with all aspects of medicine and surgery involving the main subdivisions of the specialty, namely otology, rhinology, laryngology and head and neck surgery. Experience is expected to include a balance of inpatient and outpatient, adult and paediatric cases. Trainees are expected to become competent otorhinolaryngologists. Trainees should remain no longer than one year in any one approved training post.

Paediatric Surgery

Training in paediatric surgery encompasses anomalies and disease processes involving most body systems in infants and children of all ages with surgical disorders. Paediatric surgeons

diagnose, treat, and manage children's surgical needs, including: surgical repair of birth defects, serious injures in children, childhood solid tumours, conditions requiring endoscopy and minimally invasive procedures, and all other surgical procedures in children including ambulatory surgery.

Plastic and Reconstructive Surgery

This surgical specialty encompasses both cosmetic and reconstructive surgery of the face and all areas of the body. Reconstructive surgery is used to improve or correct areas of the body damaged by congenital defects, developmental abnormalities, trauma or injury, infection, tumours or disease. Clinical training is the fundamental component of the training program; these experiences are supported by course lectures and tutorials in each phase of the program.

Urology

Urologists are surgeons who treat 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.

Vascular Surgery

During training in vascular surgery, trainees become familiar with all aspects of the specialty, including the assessment of patients and operative surgery. Completion of the vascular surgery modules is a compulsory component of the training program. Experience in the techniques used in vascular laboratories is also required. This specialty focuses on the diseases that affect all parts of the vascular system, except the heart and brain; with emphasis on management by medical therapy, minimally invasive procedures and surgical reconstruction.

Trainee Selection

Trainees are selected, from the beginning of their training, 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 five general eligibility criteria which apply across all nine specialties. The trainee must:

- have permanent residency or citizenship status of Australia or New Zealand;
- be a graduate of a medical school recognised by the Australian or New Zealand Medical Councils;
- have unconditional registration to practise in Australia or general scope registration to practise in New Zealand;
- have satisfactorily completed PGY1 and be in PGY2 or later; and
- be willing to consent to a full criminal history check, including submission of relevant documentation on request, to enable this to be undertaken.

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 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 in SET1 are appointed by the employing hospital at the level that the hospital deems appropriate. The trainees perform clinical rotations in units designated by the specialty in which they are selected as providing career aligned requirements. During this period, there is an increased focus on workplace competency assessment and in-training assessment.

Throughout SET2–6, there are some variations in the assessment requirements between specialties. However, all trainees are required to achieve satisfactory performance in every six-month 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 and Ageing/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 (JSCOTS) *Assessment of Overseas Trained Specialists: Template for Colleges*.

The college aims to assess an OTS 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 OTS 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 assessment tools include a document-based assessment of curriculum vitae, referee reports and log books, a semi-structured interview to ascertain non-clinical competencies, and a period of assessment of clinical practice by oversight or supervision.

The doctor may also be required to present for the fellowship examination. Importantly, there is no implication of equivalence of training or conforming within Australian and New Zealand surgical specialties, which gives the college scope to accept experienced surgeons whose training program may have been different.

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 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

Prevocational Training

Postgraduate Year 1 (PGY1)

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.

Satisfactory completion is a requirement for full medical registration with the relevant medical board.

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 the variation in college training programs an applicant may apply for a training post or the training program within an accredited training hospital department or other facility.

Successful Applicant

An applicant who has been offered and accepted a place in a training program.

Trainee

A medical practitioner who has been accepted by a specialist medical college or by General Practice Education and Training (GPET) into a position supervised by a member of the college or training organisation for the purposes of completing the set vocational training program.

Basic Training

A period of defined training required by some specialist medical colleges to be undertaken in order to meet eligibility criteria for entering 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.These are currently defined according to the *Rural, Remote and Metropolitan Areas Classification (RRMA).* A detailed explanation of this classification system can be found at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/work-st-bmp-info-toc~work-st-bmp-info-rrma

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 number of trainees presenting for an examination 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 Medical Graduates

International Medical Graduate (IMG)

A person whose primary medical qualification was not obtained from a medical school located in Australia. Also referred to as an overseas trained doctor (OTD).

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 Australian Medical Council, 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.

Area of Workforce Shortage

An Area of Workforce Shortage (AOWS) 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.

APPENDIX D

EXTENDED DATA TREND TABLES

.. = not applicable
na = not available

Table D1: First year medical students: Domestic, international and proportion of females, 2000–2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Increase 2000–2009 (%)
Domestic	1,361	1,471	1,470	1,511	1,699	1,871	2,071	2,560	2,934	2,955	117.1
Proportion females (%)	52.9	54.4	55.3	55.8	57.3	55.2	55.1	54.4	54.0	54.8	..
International	299	309	367	378	421	460	426	436.0	499	487	62.9
Proportion females (%)	na	53.1	50.4	48.7	51.1	57.2	53.1	49.8	50.9	47.0	..
Total	**1,660**	**1,780**	**1,837**	**1,889**	**2,120**	**2,331**	**2,497**	**2,996**	**3,433**	**3,442**	**107.3**

Source: Medical Deans Australia and New Zealand

Table D2: Medical students in Australian universities, 2000–2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Increase 2000–2009 (%)
Domestic	6,617	6,803	6,962	7,108	7,484	8,026	8,768	9,796	11,028	12,097	82.8
Proportion females (%)	49.5	50.9	52.6	54.0	48.3	55.2	55.7	55.8	55.3	54.6	..
International	1,129	1,192	1,386	1,573	1,749	1,909	2,081	2,153	2,309	2,424	114.7
Proportion females (%)	na	46.6	49.4	49.3	34.3	53.4	53.9	52.3	52.5	51.4	..
Total	**7,746**	**7,995**	**8,348**	**8,681**	**9,233**	**9,935**	**10,849**	**11,949**	**13,337**	**14,521**	**87.5**

Source: Medical Deans Australia and New Zealand

Table D3: Medical students: Domestic and international by state/territory, 2005–2009

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
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**

Source: Medical Deans Australia and New Zealand

Table D4: Domestic medical school graduates by Australian university, 1997–2008

University	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
ANU	..	..	..	..	..	..	..	..	..	..	71	90
UNSW	156	134	145	157	158	165	159	163	188	166	186	177
Newcastle	56	62	65	60	65	65	59	65	59	61	67	77
Sydney	197	205	201	137	119	185	188	190	176	147	202	208
Queensland	219	211	224	191	220	220	215	225	218	215	284	238
James Cook	..	..	..	..	..	..	..	..	58	74	65	66
Griffith	..	..	..	..	..	..	..	..	..	..	..	70
Flinders	72	56	56	54	54	58	56	67	62	66	77	75
Adelaide	96	93	103	98	90	84	81	94	85	92	85	98
Tasmania	52	42	45	56	54	53	45	55	46	62	58	64
Melbourne	161	168	184	190	193	174	206	179	178	211	186	199
Monash	131	131	132	125	129	150	145	144	143	123	137	159
UWA	104	117	101	127	121	110	112	105	107	118	126	142
Notre Dame WA	..	..	..	..	..	..	..	..	..	..	..	75
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**

Source: Medical Deans Australia and New Zealand

Table D5: Medical graduates: Domestic, international and proportion of females, 1999–2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Domestic	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738
Proportion females (%)									56.2	57.2
International	144	152	113	161	203	216	267	288	316	401
Proportion females (%)									52.5	54.6
Total	**1,400**	**1,347**	**1,316**	**1,425**	**1,469**	**1,503**	**1,587**	**1,623**	**1,860**	**2,139**

Source: Medical Deans Australia and New Zealand

Table D6: Medical graduates: Domestic and international by state/territory, 2004–2008

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
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**
2004–2008	**Total**	**2,558**	**2,240**	**1,607**	**1,111**	**698**	**342**	**..**	**166**	**8,722**

Source: Medical Deans Australia and New Zealand

Table D7: Commencing postgraduate year 1 trainees by state/territory, 2004–2009

	2004	2005	2006	2007	2008	2009
New South Wales/ Australian Capital Territory	554	566	628	[a]533	688	..
New South Wales	..	..	..	..	..	668
Australian Capital Territory	..	..	..	..	..	62
Victoria	371	397	406	447	454	506
Queensland	246	280	323	357	411	444
South Australia	155	171	183	213	227	[b]246
Western Australia	136	132	137	155	175	228
Tasmania	49	52	71	[c]56	51	62
Northern Territory	20	24	23	15	24	27
Total	**1531**	**1,622**	**1,771**	**1,776**	**2,030**	**2,243**

(a) January allocation only, whereas previous years also include mid year allocation.
(b) SA has 233 accredited positions, plus 17 interns carried over from 2008 and 8 of these share 4 full time positions.
(c) Actual allocation figures not available. Figures based on number of offers made.

Source: State and territory government health departments

Table D8: Commencing postgraduate year 2 by state/territory, 2004–2009

	2004	2005	2006	2007	2008	2009
New South Wales/Australian Capital Territory	394	416	414	449	..	..
New South Wales	..	..	..	..	na	640
Australian Capital Territory	..	..	..	..	36	40
Victoria[a]	436	412	432	477	467	487
Queensland	na	337	na	284	[b]441	[c]458
South Australia	124	134	172	220	161	[d]300
Western Australia	190	145	172	96	224	276
Tasmania	54	68	88	[e]28	49	107
Northern Territory	18	24	24	32	44	44
Total	**1,216**	**1,536**	**1,302**	**1,586**	**1,422**	**2,352**

(a) These numbers are an underestimate as not all PGY2 posts are included in the postgraduate medical council computer match.
(b) Figure based on number of offers made.
(c) Commencement data is based upon the total number of declined job offers registered in the eRecruitment system.
(d) Approximate number only. PMCSA is in its 1st year of managing TMO recruitment and accurate numbers will be available for the next report.
(e) Actual allocation not available. Figures based on number of offers made.

Source: State and territory government health departments

Table D9: Advanced vocational training positions/trainees by medical specialty, 1997–2009

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Adult medicine	444	478	426	443	440	510	596	663	672	690	948	1,043	1,157
Anaesthesia	426	578	459	454	452	478	531	465	477	477	416	463	485
Anaesthesia—Pain medicine	..	..	..	..	..	..	..	..	..	36	49	45	53
Dermatology[a]	42	43	50	56	55	58	60	61	60	64	31	33	39
Emergency medicine	602	678	655	688	498	489	489	471	458	486	462	480	811
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	[b]2,309
Intensive care	108	126	100	102	142	220	186	146	187	180	285	326	375
Medical administration	107	99	99	102	95	88	90	96	81	84	86	80	92
Obstetrics and Gynaecology	350	317	333	309	312	288	258	292	299	325	338	109	131
Occupational and Environmental medicine	24	na	49	46	46	44	49	62	72	74	59	61	55
Ophthalmology[c]	90	90	91	91	100	95	102	105	53	50	47	[d]70	[e]77
Paediatrics	179	143	135	141	147	180	233	258	234	284	286	395	453
Pathology	224	224	221	236	224	251	251	273	282	194	176	211	224
Pathology and RACP, jointly	..	..	..	..	..	..	..	..	..	107	95	124	137
Psychiatry[f]	661	615	652	667	653	720	711	725	87	178	177	278	322
Public health medicine	75	75	75	56	52	62	62	65	71	80	75	75	61
Radiodiagnosis	186	186	189	187	195	205	236	241	263	288	299	314	101
Radiation oncology	50	50	51	52	58	61	69	68	77	57	96	104	328
Rehabilitation medicine	68	46	61	67	77	92	97	118	118	125	131	121	138
Surgery	478	498	541	546	590	604	660	652	663	732	774	[g]791	901
Total	**5,717**	**5,687**	**5,665**	**5,698**	**5,661**	**5,874**	**6,126**	**6,387**	**6,059**	**6,514**	**6,833**	**[h]7,324**	**8,249**

(a) Dermatology was able to identify and report advanced trainees separately from 2007.
(b) If registrars transfer between providers (states) part-way through the year they are counted against each state tally but only once in the total.
(c) Ophthalmology was able to identify and report advanced trainees separately from 2005.
(d) Includes 6 trainees in overseas training positions.
(e) Includes 8 trainees in final year OS training posts.
(f) Psychiatry was able to identify and report advanced trainees separately from 2005.
(g) Figure published in 12th Report for 2008 was revised in 2009. 257 Basic Surgical Trainees (BST) are no longer included.
(h) Figure includes 39 trainees undertaking dual training in adult medicine and paediatrics.

Source: Medical colleges and GPET

Table D10: Advanced vocational training positions/trainees by state/territory, 1997–2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
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[a]	2,486	2,040	1,351	599	689	147	120	129	[b]7,581
2009[c]	2,727	2,190	1,486	623	722	156	130	122	8,249
Increase 1997–2009 (%)	**49.3**	**51.3**	**56.9**	**25.4**	**33.7**	**35.7**	**85.7**	**-25.6**	**45.6**

(a) Australian total and state total differ because 20 positions were not broken into state/ territories.
(b) The 2008 total includes 257 trainees enrolled in Basic Surgical Training. This number differs from Table D7 and D13 for this reason.
(c) Australian total and state total differ because 100 positions were in training overseas.

Source: Medical colleges and GPET

Table D11: First-year advanced training positions/trainees likely to be available in the next year by medical specialty, 1997–2009

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Adult medicine	148	118	192	204	166	184	228	257	274	247	na	na	384
Anaesthesia	145	165	148	141	158	134	219	153	159	159	155	145	159
Anaesthesia—Pain medicine	..	..	..	..	..	..	..	..	..	..	20	24	19
Dermatology	13	8	6	9	14	15	12	3	17	17	18	18	16
Emergency medicine[a]	120	121	150	150	98	115	91	108	122	110	102	na	305
General practice	400	400	410	450	450	450	600	624	626	648	648	648	684
Intensive care	..	..	..	..	..	..	..	..	..	..	na	na	156
Medical administration	20	20	20	20	20	21	27	27	27	30	19	15	32
Obstetrics and Gynaecology	55	55	50	50	50	47	47	48	56	69	65	56	65
Occupational and Environmental medicine	12	na	10	na	na	na	8	na	na	na	na	na	6
Ophthalmology	21	24	18	18	18	26	28	25	22	26	27	27	20
Paediatrics	59	43	68	68	50	48	63	97	89	119	na	na	162
Pathology[b]	50	43	49	48	71	54	44	46	58	87	90	85	66
Psychiatry	118	122	118	117	126	127	106	115	142	131	39	102	99
Public health medicine	24	24	24	na	na	16	15	18	12	10	10	14	8
Radiation Oncology	..	4	na	11	12	6	10	14	15	14	25	15	24
Radiodiagnosis	43	50	62	41	41	34	37	21	9	51	48	32	47
Rehabilitation medicine	13	14	19	20	25	27	29	29	30	30	32	20	38
Surgery	128	139	139	162	184	185	188	197	240	208	421	218	299

(a) Due to retrospective data collection, the number of estimated first year advanced vocational trainees in 2009 is unavailable.
(b) The 2008 and 2009 numbers include trainees from joint pathology and RACP.

Source: Medical colleges and GPET

Table D12: First-year advanced vocational training positions/trainees likely to be available in the next year by state/territory, 1997–2009

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1997	378	321	187	108	130	24	15	42
1998	403	324	242	133	133	28	21	46
1999	469	384	233	120	148	31	17	35
2000	478	392	250	111	129	41	17	41
2001	474	397	252	124	139	31	19	47
2002	485	394	247	110	142	27	23	45
2003	507	416	265	157	129	34	29	12
2004	511	445	259	120	144	38	39	17
2005	561	448	286	119	153	37	32	21
2006	669	492	351	157	176	49	33	29
2007	364	290	235	94	102	24	25	9
2008	471	364	271	110	135	31	22	15
2009	830	717	473	201	229	64	32	44

Source: Medical colleges and GPET

Table D13: Proportion of female advanced vocational trainees by medical specialty, 1997–2009

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
							Proportion females (%)						
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
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
Anaesthesia—Pain medicine	..	..	..	..	..	..	..	..	..	..	26.5	31.1	35.8
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
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
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
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
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
Obstetrics and Gynaecology	48.9	61.2	56.8	49.5	60.0	62.5	60.5	59.6	63.2	65.5	65.7	68.8	67.9
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
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
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
Pathology[(a)]	46.0	43.3	42.7	42.8	48.7	50.2	51.8	55.7	55.3	77.5	53.9	45.3	64.5
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
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	11.2
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	57.4
Radiation oncology	..	..	51.0	48.1	56.9	60.1	55.1	58.8	54.5	70.2	44.8	52.9	34.8
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	25.9
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
Total (%)	**40.6**	**42.1**	**43.9**	**43.1**	**44.8**	**45.1**	**46.4**	**45.9**	**45.5**	**46.3**	**46.6**	**46.7**	**48.1**
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**

(a) Data includes trainees undertaking pathology and RACP jointly.

Source: Medical colleges and GPET

Table D14: Proportion of female advanced vocational trainees by state/territory, 1997–2009

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Proportion females (%)				
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	50.1	49.4	46.2	47.2	45.2	48.7	60.0	42.6	48.1

Source: Medical colleges and GPET

Table D15: Advanced vocational training positions/trainees: Number, female trainees and part-time trainees, 1997–2009

	Training positions/ trainees	Advanced training positions/ trainees	Female advanced trainees	Female advanced trainees (%)	Part-time advanced (%)	% Part-time advanced (%)
1997	6,422	5,665	2,322	41.0	296	5.2
1998	6,818	5,561	2,393	43.0	337	6.1
1999	6,910	5,645	2,488	44.1	388	6.9
2000	7,262	5,680	2,456	43.2	368	6.5
2001	6,835	5,661	2,538	44.8	325	5.7
2002	7,213	5,874	2,650	45.1	357	6.1
2003	7,273	6,126	2,845	46.4	534	8.7
2004	8,188	6,387	2,930	45.9	704	11.0
2005	8,710	6,059	2,765	45.6	932	15.4
2006	9,317	6,514	3,018	46.3	676	10.4
2007[a]	11,249	6,833	3,181	46.6	739	10.8
2008[b]	11,668	7,324	3,421	46.7	556	7.6
2009	12,958	8,249	3,967	48.1	1052	12.8
Increase 1997–2009 (%)	**48.8**	**36.1**	**43.5**	**5.4**	**12.9**	**-17.1**

(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 D16: New fellows by medical specialty, 2000–2008

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	Increase 2000–2008	Increase 2000–2008 (%)
Adult medicine	159	129	170	168	190	181	247	209	303	144	90.6
Anaesthesia	95	123	165	133	128	198	135	150	234	139	146.3
Pain medicine	..	..	..	..	..	5	5	7	11	..	..
Dermatology	8	14	21	9	12	13	14	23	11	3	37.5
Emergency medicine	40	61	34	82	80	58	78	69	95	55	137.5
General practice											
– RACGP	365	324	670	746	661	671	628	592	819	454	124.4
– ACRRM	..	..	..	..	..	..	..	21	22	..	..
Intensive care	11	22	20	15	20	29	23	36	62	51	463.6
Medical administration	9	7	6	10	15	4	13	11	10	1	11.1
Obstetrics and Gynaecology	54	49	46	57	29	28	49	46	66	12	22.2
Occupational and Environmental medicine	3	1	4	4	6	6	6	6	11	8	266.7
Ophthalmology	25	21	20	30	20	26	16	30	14	-11	-44.0
Paediatrics	40	41	51	55	57	74	73	47	114	74	185.0
Pathology	42	35	37	43	41	48	46	77	68	26	61.9
Public health medicine	11	11	13	6	8	4	13	15	13	2	18.2
Rehabilitation medicine	13	10	13	12	15	13	19	24	21	8	61.5
Psychiatry	80	70	82	70	109	85	90	72	147	67	83.8
Radiation oncology	14	12	10	9	10	19	9	12	11	-3	-21.4
Radiodiagnosis	46	26	36	40	37	39	74	54	54	8	17.4
Surgery	111	103	108	117	115	155	155	176	171	60	54.1
Total	**1,126**	**1,059**	**1,506**	**1,606**	**1,553**	**1,656**	**1,693**	**1,677**	**2,257**	**1,131**	**100.4**

Source: Medical colleges

Table D17: New fellows by state/territory, 2000–2008

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2000	361	301	197	90	108	29	11	29	1,126
2001	360	258	168	94	112	27	10	19	[a]1,071
2002	499	392	254	115	155	38	15	25	[a]1,506
2003	518	384	324	140	167	43	8	9	[a]1,610
2004	476	414	262	161	173	23	4	10	[a]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	[a]2,257
Increase 2000–2008 (%)	**75.9**	**80.4**	**123.9**	**136.7**	**127.8**	**69.0**	**36.4**	**-20.7**	**100.4**

(a) Australian total includes new fellows who completed their training overseas and so differs from total of states and territories.

Source: Medical colleges

Table D18: Proportion of female new fellows by medical specialty, 2000–2008

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008
					Proportion females (%)				
Adult medicine	42.1	34.1	41.8	42.3	38.4	36.8	36.8	38.3	41.6
Anaesthesia	18.9	32.5	30.9	27.8	28.9	43.0	43.0	31.3	35.0
Pain medicine	..	..	..	..	..	40.0	40.0	0.0	9.1
Dermatology	37.5	42.9	33.3	33.3	66.7	42.9	42.9	34.8	90.9
Emergency medicine	25.7	29.5	25.0	39.0	42.5	31.3	30.8	33.3	36.8
General practice									
– RACGP	59.2	56.8	47.9	47.7	46.8	46.8	46.8	50.0	44.8
– ACRRM	..	..	..	..	..	..	..	14.3	31.8
Intensive care	18.2	18.2	10.0	20.0	20.0	8.7	8.7	13.9	25.8
Medical administration	22.2	28.6	66.7	50.0	53.3	30.8	30.8	27.3	50.0
Obstetrics and Gynaecology	44.4	59.2	56.5	56.1	51.7	46.9	46.9	58.7	62.1
Occupational and Environmental medicine	0.0	0.0	16.7	25.0	0.0	33.3	33.3	16.7	45.5
Ophthalmology	24.0	19.0	20.0	13.3	50.0	31.3	31.3	50.0	35.7
Paediatrics	77.5	53.7	64.7	55.1	64.9	45.2	45.2	57.4	56.1
Pathology	45.2	42.9	45.9	37.2	45.0	65.2	65.2	53.2	51.5
Psychiatry	32.5	45.7	42.7	42.9	45.9	48.1	54.4	43.1	42.2
Public health medicine	63.6	45.5	30.8	66.7	62.5	85.7	84.6	80.0	69.2
Radiation oncology	35.7	41.7	50.0	66.7	50.0	55.6	55.6	50.0	36.4
Radiodiagnosis	19.6	38.5	22.2	25.0	37.8	33.8	33.8	24.1	25.9
Rehabilitation medicine	15.4	60.0	61.5	75.0	40.0	63.2	63.2	62.5	52.4
Surgery	7.2	12.6	13.0	13.7	6.1	13.5	13.5	16.5	15.2
Total	**40.3**	**41.8**	**41.1**	**41.3**	**44.0**	**40.7**	**41.2**	**40.7**	**41.0**

Source: Medical colleges.

Table D19: Proportion of female new fellows by state/territory, 2000–2008

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Proportion females (%)				
2000	42.1	36.2	42.6	40.0	41.7	27.6	27.3	51.7	40.3
2001	37.7	40.3	42.9	43.6	49.1	44.4	40.0	52.6	41.8
2002	42.1	43.8	34.3	41.7	40.6	44.7	60.0	48.0	41.1
2003	44.0	42.2	40.1	33.6	42.5	39.5	62.5	22.2	41.3
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

Source: Medical colleges.

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