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Medical Training Review Panel

Fifteenth Report

Medical Training Review Panel Fifteenth Report

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Australian Government
Department of Health and Ageing

Medical Training Review Panel

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The Hon Tanya Plibersek MP
Minister for Health
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 fifteenth report of the Medical Training Review Panel.

The report covers the three levels of medical training in Australia, providing data on all trainees in undergraduate, postgraduate and vocational training programs in the last year, 2011. It also provides information on graduates and college fellows for the previous year, 2010. Additional information on doctors who trained overseas and the countries in which they undertook their studies, who applied to and those who have been granted visas to work in Australia, are also included to provide a more complete picture of the supply of medical practitioners.

There are now over 16,000 medical students studying in Australian medical schools, with 3,770 commencing in 2011. This is over double the numbers of a decade ago.

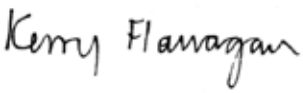
In 2011, there were 2,723 trainees in their intern year and over 2,000 were in their second year of prevocational training. In addition there were 15,478 doctors who were working or training in an accredited vocational training position, post, facility or program and were seeking to specialise in one of the 23 recognised medical specialties. This is over 20,000 people undertaking some form of medical training primarily in the public hospital system.

In summary, the data within the report highlight the continued substantial increase in medical training that has occurred, particularly since 2006. This boost to the health workforce is key to addressing shortages in many parts of Australia, however, presents significant challenges for all involved in medical education and training as the numbers commencing medical studies and vocational training continue to grow.

The Medical Training Review Panel is constituted of representatives of the key stakeholders in medical workforce training and from 2012 will also include representatives from the Indigenous medical workforce, private hospital sector, Catholic Health Association and Health Workforce Australia. Together the membership brings knowledge of the various levels of training and different insights into the way medical education and training is being undertaken currently and how the system can deal with the challenges of not only ever increasing numbers of students and trainees, but producing the workforce trained in the areas needed and equipped with the skills necessary for the future.

The Panel is looking forward to continuing its work over the coming year focussing on key issues affecting medical education and training, as well as working with Health Workforce Australia to better understand Australia's medical workforce needs, the supply and how to tailor medical education and training to ensure that the medical workforce is able to meet the needs of Australians by providing services when and where they are needed.

Yours sincerely



Kerry Flanagan
Chair
Medical Training Review Panel
24 February 2012

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Acronyms

ABS	Australian Bureau of Statistics
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSP	Australasian College of Sports Physicians
AGPT	Australian General Practice Training Program
AIHW	Australian Institute of Health and Welfare
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
ANZCA-FPM	Australian and New Zealand College of Anaesthetists - Faculty of Pain Medicine
AON	Area of Need
ASGC-RA	Australian Standard Geographical Classification – Remoteness Areas
CICM	College of Intensive Care Medicine of Australia and New Zealand
CPMEC	Confederation of Postgraduate Medical Education Councils
DIAC	Department of Immigration and Citizenship
GPET	General Practice Education and Training Ltd
HECS	Higher Education Contribution Scheme
IMG	International medical graduate
MDANZ	Medical Deans Australia and New Zealand Inc
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
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACP-AM	Royal Australasian College of Physicians - Adult Medicine
RACP-AFOEM	Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine

RACP-AFPHM	Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine
RACP-AFRM	Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine
RACP-PCH	Royal Australasian College of Physicians – Paediatrics and Child Health **RACS** Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RRMA	Rural, Remote and Metropolitan Areas (classification system)

Symbols and other usages

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

EXECUTIVE SUMMARY

The Medical Training Review Panel (MTRP) was formed under legislation in 1996 to report to the Commonwealth Minister of Health on the activities of the MTRP and provide data on medical training opportunities in Australia. Over the years the panel has aimed, through its annual report, to provide a comprehensive picture of medical education and training, supplementing this with other data on the medical workforce supply.

The fifteenth annual report of the MTRP, like its predecessor, provides information on university, prevocational and vocational medical training positions, students and trainees, examinations and college fellows. Information is also included on medical practitioners who have trained overseas seeking to and currently working in Australia.

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 Inc (MDANZ), medical colleges, General Practice Education and Training Limited (GPET), state and territory health departments through their postgraduate medical councils 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 on the latest five years for which data are available. Data for all years, where possible back to 1997, the first year of annual reporting by the MTRP, have 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 are available.

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. A number of these schools were established relatively recently. The first graduates emerged from Bond University in 2009. The University of Wollongong commenced teaching in 2007 and its first medical students graduated in 2010. Data is available on all of these medical schools, however, three will not produce their first graduates until 2011. Data on the first graduates from the University of Western Sydney (UWS), which commenced teaching in 2007, and Deakin University and the Sydney campus of Notre Dame University, which commenced teaching in 2008, will be included with that on other 2011 graduates in the next report.

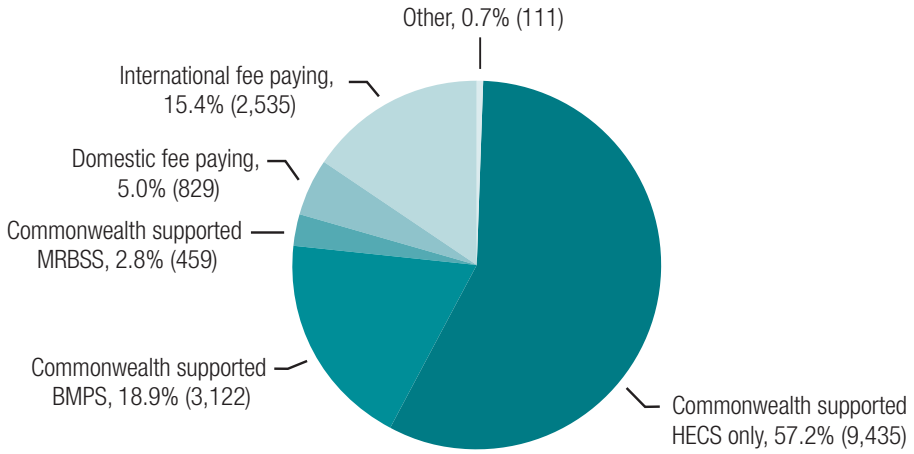
In 2011, there were 16,491 medical students studying in Australian universities, an increase of 1,094 or 7.1% on the previous year, 2010. Two-fifths (41.1% or 6,778) of these students were undertaking a four-year course. This was slightly higher than in 2010.

Three quarters of all places each year are Commonwealth-supported. However, the proportion was slightly higher in 2011, with 78.9% or 13,016 of all students receiving Commonwealth support. The majority of these (9,435 or 72.5%) received Higher Education Commonwealth Support (HECS) (Figure 1). The remainder were in bonded places receiving assistance through the Bonded Medical Places Scheme (BMPS) and the Medical Rural Bonded Scholarship Scheme,

which obligate the student to work respectively in a District of Workforce Shortage for a period of time equal to the length of the medical degree, and in a rural or remote area for six continuous years. In addition medical students can be supported by scholarships through a variety of other sources, namely the state or territory, the university or other institutions and, for international students, their home country.

Overall international students occupied 2,535 or 15.4% of places. These students are studying as private or sponsored students and are not Australian citizens, permanent residents or New Zealand citizens. A small proportion of Australian citizens (829 or 5.0% of medical students) also pay fees. From 2009 new full fee paying places for Australian students ceased to be available.

Figure 1: Medical students by type of student place: Number and proportion of places, 2011



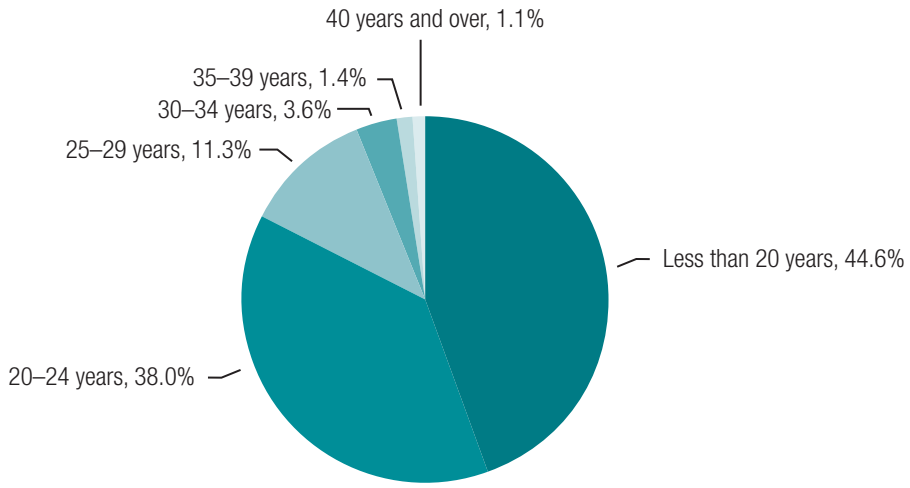
Source: Medical Deans Australia and New Zealand Inc

Two hundred and eighteen medical students in 2011 identified that they were of Aboriginal or Torres Strait Islander origin. Although this is a relatively small proportion of all medical students, the number is a third (35.4%) higher than in 2010, when just 161 identified as of Aboriginal or Torres Strait Islander origin.

Of the total medical students, 3,770 were in the first year of their medical studies and 3,241 or 86.0% of these were domestic students.

Most students are under the age of 25 years when they commence their medical studies. Data for 2010 shows that four-fifths (82.6%) were under 25 years (Figure 2). A further 11.3% were aged between 25 and 29 years and 6.1% were 30 years or older.

Figure 2: Commencing medical students by sex and age, 2010



Source: Medical Schools Outcomes Database

Half (52.0%) the medical students commencing in 2010 began their studies after finishing another degree. The number of medical students studying in Australian medical schools has increased significantly since 2000 (when data were first collected on all medical students) and most markedly since 2006. In 2000 there were just 7,746 medical students and by 2011 the number had more than doubled to 16,491 medical students (an increase of 112.9%). In 2000, 14.6% of all medical students were from overseas and this had increased slightly by 2011, when 16.4% were international medical students.

Over the last decade, the total number of commencing medical students has more than doubled, with the intake increasing by 2,110 or 127.1% from 2000 to 3,770 in 2011. This was primarily due to increases in the numbers of commencing domestic students, which rose by 138.1% compared with an increase of 76.9% for international students.

These increases are mirrored in the number of medical graduates each year. In 2010 there were 2,733 medical graduates, almost double the 1,400 graduates in 1999 (Figure 3). The numbers graduating annually fluctuated slightly up until 2006, but since then there have been marked annual increases of over ten percent, with the number graduating in 2010 being 14.8% higher than the 2,380 in the previous year, 2009.

The picture is somewhat different for graduating domestic and international students. International students constituted just 10.3% (or 144 of 1,400 graduates) in 1999, the first year for which data on these graduates were published. Since then the number has more than trebled, rising by 229.2% to 474 graduating international students in 2010. The number has also increased as a proportion of all medical graduates, reaching a peak of 19.5% in 2009. The proportion of graduating international students then decreased slightly in 2010 to 17.3% of all medical graduates.

The increases in the numbers of domestic students graduating each year have been far greater over the same period. However, domestic medical graduates have only increased by 79.8% overall, rising from 1,256 in 1999 to 2,259 in 2010.

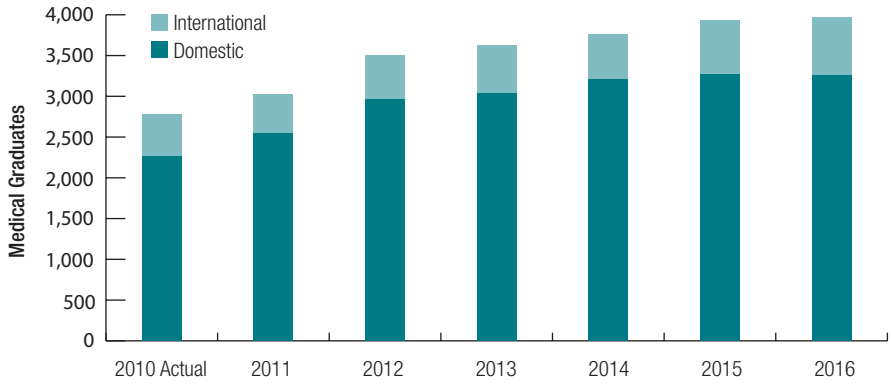
Since 1997, the first year of MTRP reporting, the number of domestic medical graduates has increased by 81.6%.

Figure 3: Domestic and international medical graduates, 1997–2010

Source: Medical Deans Australia and New Zealand Inc

It is anticipated that the number of medical graduates will continue to increase in the coming years (Figure 4). From 2009 to 2010, the actual number of graduates increased by 14.8% from 2,380 to 2,733. This is one of the highest annual increases since reporting began. It is anticipated that there will be 3,028 graduates in 2011, a 10.8% increase. Further increases in the number of graduates are anticipated up until 2016, with the rate of growth slowing markedly post 2012. This is, in part, due to these years being outside the period in which many current initiatives impact.

Figure 4: Projections of domestic and international medical graduates, 2010–2016



Source: Medical Deans Australia New Zealand Inc

Prevocational Medical Training

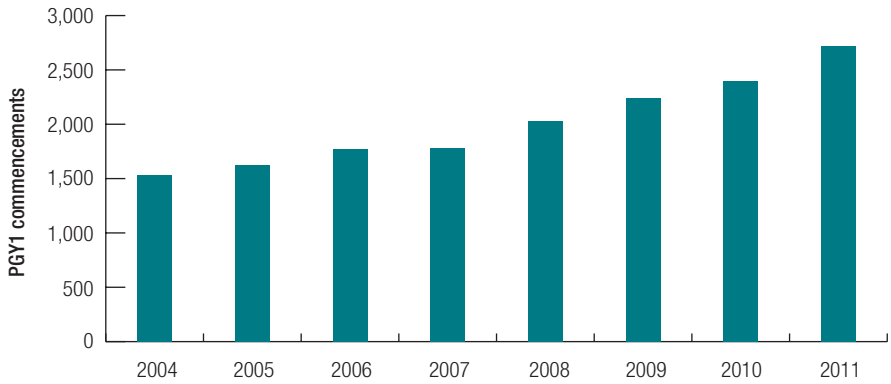
Satisfactory completion of the first postgraduate year (PGY1) is required before junior doctors can receive unconditional general medical registration. After PGY1, and prior to starting vocational training, most doctors spend one or more years working in the public system to gain more clinical experience.

In 2011, there were 2,723 trainees commencing PGY1 (Figure 5). This was an increase of 329 (13.7%) on 2,394 in the previous year.

Two thirds (1,904 or 69.9%) of all PGY1 trainees commenced training in the state or territory in which they undertook their medical degree. Another 324 (11.9%) Australian trainees commenced their PGY1 training in another state or territory. A further 390 or 14.3% PGY1 positions were filled by overseas trained medical graduates.

PGY1 commencements have increased substantially each year, with the exception of 2007, showing an overall increase of 1,192 or 77.9% trainees from 2004 (when data was first collated for the MTRP) to 2011.

Figure 5: Prevocational year 1 commencements, 2004–2011



Source: State and territory government health departments

In 2011, 2,521 doctors were reported by states and territories as commencing in PGY2 supervised medical training positions across Australia. This is likely to be an underestimate of the true numbers of doctors undertaking their second year of prevocational training, as an unknown number may be recruited directly by health services.

Of the 2,521 reported doctors, almost two thirds (1,613 or 64.0%) were in positions within their own state or territory. Another 340 or 13.5% of Australian trained doctors were in positions within another state or territory and 246 or 9.8% of positions were filled by international students who graduated from an Australian medical school

Although the number of PGY2 commencements appears to have increased substantially in recent years, it is difficult to ascertain the true extent of the increase due both to differences in the ways prevocational trainees are actually contracted and methodological issues, primarily related to differences in the data captured through the various state and territory reporting systems.

Not all junior doctors go on to specialise. A number continue to work in hospital settings in non-vocational career roles, typically as career medical officers.

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.

Vocational Medical Training

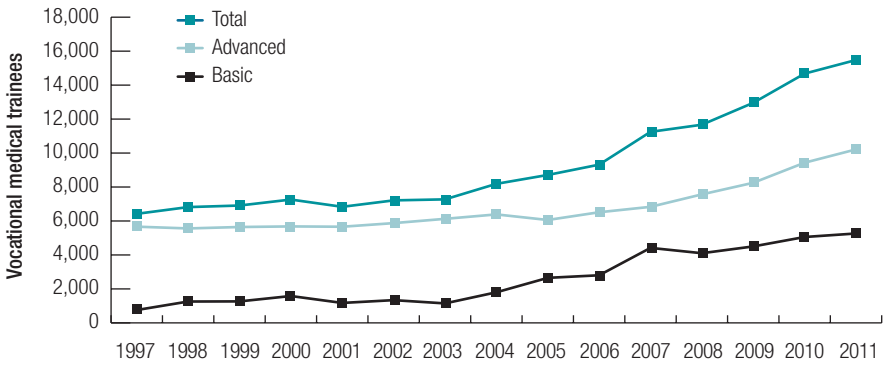
Most junior doctors will seek to specialise. Training is provided through the specialist medical colleges and, in the case of general practice, through General Practice Education and Training Ltd. Vocational training programs are accredited by the Australian Medical Council. Each college has its own training program and requirements.

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

There were 15,478 vocational medical trainees in 2011. This is over double the number (an increase of 141.0% from 6,422 vocational trainees) in 1997, when the MTRP first reported this information (Figure 6).

Before 2004 the number of vocational trainees fluctuated, even decreasing in 2011 before rising again each year. Since then there have been significant increases each year, with the overall number of vocational trainees more than doubling between 2003 and 2001. The highest rate of increase was in 2007 (20.7%) to a low the following year, 2008, of just 3.7%.

Figure 6: Vocational medical trainees, 1997–2011



Source: Medical colleges

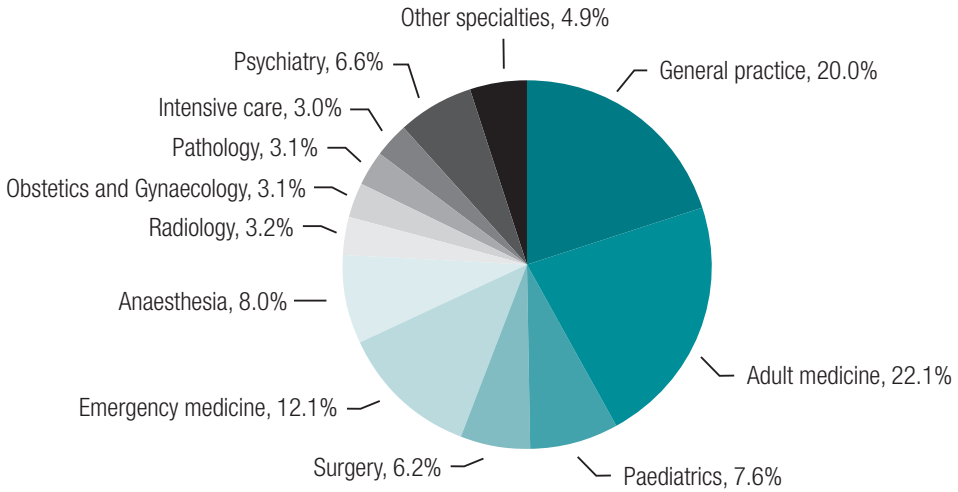
The education and training requirements of each medical specialty depend on the type of clinical medical practice, but commonly include basic and advanced training. Where required, a trainee can only apply for and compete for a position on an advanced specialist training program after successfully completing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

In total there were 5,264 basic trainees, representing one third (34.0%) of all trainees in 2011, compared with the one-tenth (11.8% or 757 trainees) they comprised in 1997. The main reason for this increase is that a number of colleges have since introduced additional basic training as a pre-requisite to advanced training. Of the total number of basic trainees, 1,425 were in their first year.

In 2011, there were 10,194 advanced vocational training positions/trainees. Of these 2,817 were in their first-year, which is double (an increase of 105.8%) the 1,369 in 1997.

Almost one third (32.3%) of all vocational trainee positions was in the physician specialties (adult medicine, occupational and environmental medicine, paediatrics, public health medicine, rehabilitation medicine, addiction medicine and sexual health medicine), with 22.1% in adult medicine (Figure 7). One-fifth (20%) of all vocational trainee positions was in general practice and 12.1% in emergency medicine.

Figure 7: Vocational trainee positions by medical specialty, 2011



Source: Medical colleges

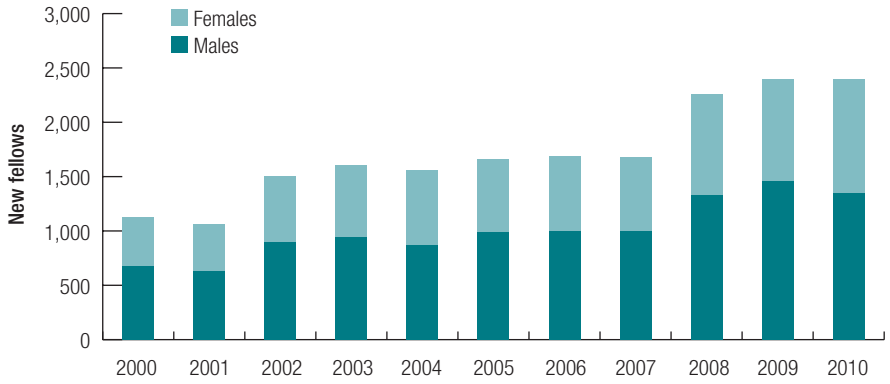
Fellowship

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 medical college.

There were 2,401 new fellows of medical colleges in 2010. Almost one quarter (570 or 23.7%) were overseas trained specialists who were assessed as having qualifications comparable with specialists trained by the medical college in Australia and given fellowship of that college (Figure 8).

The number of new fellows was over double (113.2% increase) the 1,126 new fellows in 2000.

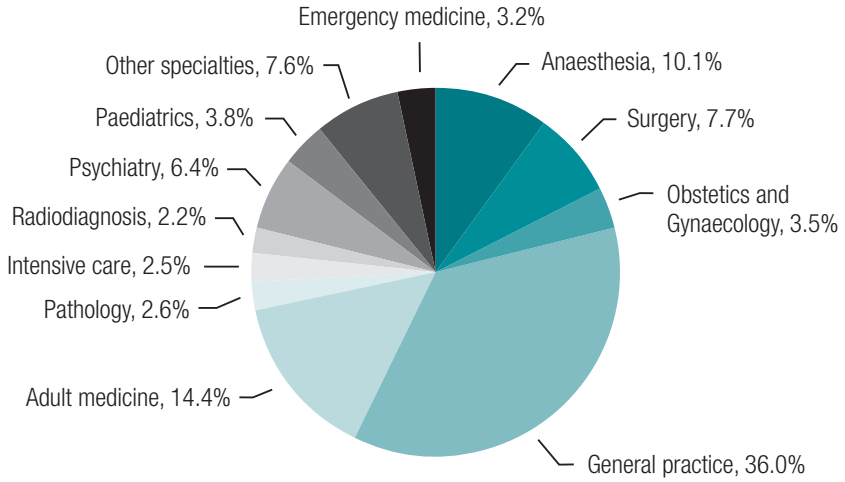
Figure 8: New fellows by sex, 2000–2010



Source: Medical colleges

New fellows were proportionally split across specialties as shown in Figure 9, with just over a third (36.0%) in general practice.

Figure 9: New fellows by medical specialty, 2011



Source: Medical colleges

General practice had the largest increase in terms of sheer numbers over the last decade, with 470 more new fellows in 2010 than in 2000. There were lesser, but big increases in the numbers of new fellows in adult medicine, anaesthesia and psychiatry (187, 148 and 748 more respectively in 2010 than in 2000).

In terms of proportional increases, the number of new fellows in intensive care was over five times higher (445.5% increase) in 2010 than in 2000. A number of other specialties showed significant increases across the five years, however, the numbers were small and fluctuated considerably.

The significance of the increased training activity and consequently the number of new fellows can be put into perspective by looking at it in relation to the total number of college fellows. There were 44,735 fellows of medical colleges reported as actively practising in their specialty. New college fellows therefore constituted 5.4% of the total fellows in 2010.

The relative proportion of new fellows to fellows within a given specialty reflects the growth in the specialty area and, in turn, gives an indication of changes in the number practising. This proportion varied greatly across specialties, with the largest relative proportions of new fellows continuing to be in intensive care (10.3%) and also in pathology (13.8%) for those completing joint programs with the Royal Australasian College of Physicians (RACP).

Female Trainees

In 2011 females comprised just over half (50.5%) the students commencing medical studies (50.9% of domestic and 47.6% of international graduates) and a similar proportion of medical graduates (54.1% of domestic and 54.2% of international graduates).

This proportion has varied little over the last three years in which data is available, with females representing 54.1% and 56.7% of all medical graduates in 2009 and 2008 respectively.

The proportion of females going on to specialise is slightly lower, comprising 50.3% and 47.6% of all vocational trainees in 2011 and 2010 respectively.

In 2011, half (2,672 or 50.8%) of all basic trainees were female. The proportion of females was much higher in certain specialities, namely obstetrics and gynaecology, paediatrics and dermatology in which 77.6%, 70.6% and 63.6% respectively of all trainees were female.

Half (5,116 or 50.1%) of all advanced vocational trainees were female. This proportion was far higher in some specialties, with females comprising three-fifths or more of advanced vocational trainees in public health medicine, paediatrics, general practice, rehabilitation medicine and psychiatry (73.1%, 65.9%, 65.8%, 64.8% and 63.0% respectively). In smaller specialties there were considerable fluctuations in the numbers of female trainees from one year to another.

The proportion of females who became new fellows is somewhat lower than the proportion undertaking vocational training, remaining relatively stable at around two-fifths of total new fellows each year from 2000. The proportion was, however, marginally higher in 2010 at 44.0% or 1,057 female new fellows.

In 2010, 14,528 or 32.5% of all fellows were female.

International Supply of Medical Practitioners

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

In 2010–11 there were 3,220 medical practitioners granted visas in the three main visa subclasses (422, 442 and 457). This is a little more than the 3,190 visas granted in these subclasses in 2009–10.

Just under one third (32.0%) of these visas (in 2010–11) were granted to applicants from the United Kingdom and Republic of Ireland. Although the number of visas granted to Indian applicants has decreased, India remains a key supplier of medical practitioners to this country with 12.0% or 390 of all visas being granted to medical practitioners from India (compared with 420 or 13.1% in 2009–10). A number of other Asian countries (Malaysia, Sri Lankan, Pakistan and Singapore) are also major suppliers of medical practitioners, as are Canada, 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 streams: the Competent Authority Pathway, the Standard Pathway and specialist pathways. The Australian Medical Council (AMC) is responsible for processing applications by international medical graduates and overseas trained specialists.

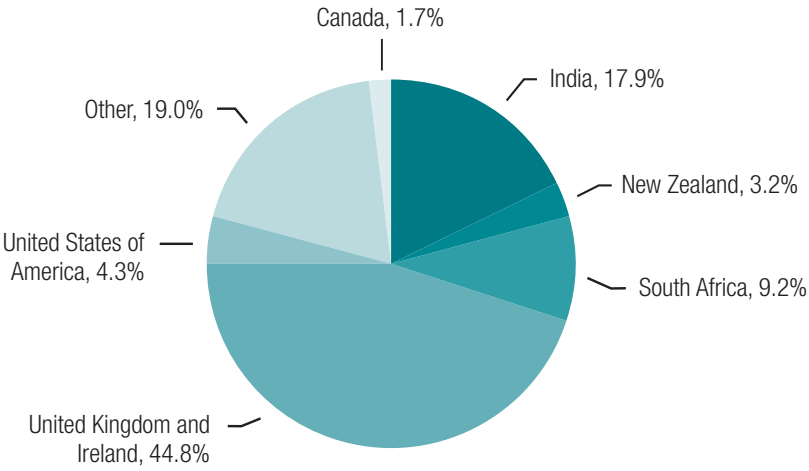
In 2010, the AMC assessed 1,355 applications through the Competent Authority Pathway, with 513 applicants being granted AMC Certificates allowing them to then apply for general registration.

Under the Standard Pathway 1,999 applicants passed the Multiple Choice Questionnaire examination and 1,013 applicants passed the AMC clinical examination.

There was a total of 1,564 specialist applications processed by the AMC in 2010. Medical colleges conduct the assessments of comparability to Australian standards for the specialties and found 469 substantially comparable and a further 288 partially comparable (that is requiring up to two years upskilling to reach comparability).

Of these 469 overseas trained specialists whose specialist qualifications were recognised, almost half (210 or 44.8%) came from the United Kingdom and Ireland, some 126 more than in 2009. Eighty four or 17.9% of applicants were from India. This was slightly less than the 93 in 2009 (Figure 8).

Figure 10: Country of training of overseas trained specialists with approved applications, 2010



Source: Australian Medical Council administrative data, 2010

Medical practitioners who have trained overseas can apply for exemption under Section 19AB of the *Health Insurance Act 1973* (the Act), which limits their practice for a defined period to areas of workforce shortage, as defined by the Australian Government. These 'Districts of Workforce Shortage' are determined on the basis of the area having less access to Medicare than the national average.

At June 2011, there were 7,461 overseas trained doctors with Section 19AB exemptions restricting their practice to Districts of Workforce Shortage in order to access Medicare benefits for the services they provide.

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

There is considerable variation between states and territories in the overall and relative numbers of overseas trained doctors, as well as where they are working. Queensland had relatively high numbers across all Remoteness Areas, whereas Western Australia has relatively more overseas trained doctors in Remote and Very remote areas and Victoria had higher numbers of overseas trained general practitioners in its Major cities.

Chapter 1

INTRODUCTION

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

Medical Training Review Panel Structure and Responsibilities

The MTRP was established as a time-limited committee in June 1997 by the 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. In 2009 a review of the functions of the MTRP was undertaken. This reaffirmed the important role that the MTRP plays, both as a forum bringing together key stakeholders in medical education and training and also as an advisory group informing work in relation to medical education and training in this country.

Member organisations of the MTRP are appointed by Ministerial determination and include Medical Deans Australia and New Zealand Inc, the recognised specialist medical colleges, the Australian Medical Council, the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Australian Medical Association, the Australian Medical Association Council of Doctors-in-Training, the Australian General Practice Network, Rural Doctors' Association of Australia, Australian Salaried Medical Officers' Federation, General Practice Education and Training Ltd, 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 is provided at Appendix A.

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

– The Clinical Training Subcommittee was formed to monitor and report 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 has provided advice in relation to the content of this and previous annual reports and the specifications of the data that these cover.

A third subcommittee, the Rural Subcommittee, was newly established by the MTRP in May 2010 to consider rural medical training issues.

MTRP Review

In 2008–09 a review of the Medical Training Review Panel's (MTRP) purpose, operations and functions was undertaken by the Australian Government Department of Health and Ageing.

This review arose out of a recognition that the environment in which the MTRP was operating significantly differed to that which existed when it was established in 1997. In particular, there had been an increasing demand for medical services, an expanding need for medical education and clinical training capacity, and a greater reliance on international medical graduates. As a result, the MTRP's role had evolved and expanded over time to reflect this changing environment. The review did not extensively analyse the MTRP's activities and achievements as these have been documented in the annual reports to parliament, but rather focused on the effectiveness of the MTRP in meeting its statutory requirements.

In April 2010 a report on the review was released. This acknowledged the role the MTRP played bringing together a cross section of stakeholders in medical education and training to collect and report on a wide range of medical education and training related data, consider and provide advice on specific medical education and training related issues, and identify priority areas and projects for consideration by the Commonwealth.

The key finding of the review was that the MTRP was both valued and strongly supported, and that there was a need for such a body to exist to perform these functions. It recommended that the current work should continue, while also expanding work on data collection

Following the review the membership of the MTRP was expanded to include two additional members – one from the private hospital sector and one from the Aboriginal and Torres Strait Islander health workforce.

Report Structure

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

University Medical Education

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

Prevocational Medical Training

Chapter 3 covers the number of prevocational junior doctors in training in the intern year or postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) positions across Australia. Attempts have been made this year to expand the scope of this information to cover all prevocational training activity, including positions occupied by doctors who have completed their primary medical qualifications overseas.

Vocational Medical Training

Chapter 4 covers information on 2011 trainees by specialty and state and territory, and the results of college examinations in 2010. Data on new and total fellows for each of the medical colleges for 2010 are also included.

International supply

Chapter 5 presents information on those doctors trained overseas, commonly referred to as international medical graduates, applying to work and working as medical practitioners in Australia. It provides a description of the Australian Medical Council process of assessment, and the number of international medical graduates and specialists 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 medical practitioners. Information is also provided on medical practitioners who trained overseas who provided Medicare-funded services and how they are distributed across Australia.

Special Purpose Training Programs

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

Appendices

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

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

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

Appendix E contains the specifications used for collection of the data collated in this report.

Notes on the Data and its Presentation

Data Sources

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

Information on undergraduate medical students was supplied by Medical Deans Australia and New Zealand Inc (MDANZ) from its Student Statistics Collection and from the Medical Schools Outcomes Database (MSOD) Project. Medical Deans is the peak representative body representing medical education and research in Australian universities. The Student Statistics collection is conducted annually at the time of enrolment. The MSOD Project is conducted by Medical Deans and was directly funded by the Australian Government Department of Health and Ageing up to June 2011. Funding is now being provided for the project through Health Workforce Australia. The MSOD data are collected longitudinally for individual students at all medical schools: on entry to medical school (since 2006), during and on exit from the medical course, and at the end of the first prevocational year.

Data on the first (internship) and second years of prevocational training have been supplied by state and territory health departments.

Vocational training data relating to doctors pursuing specialist training were provided by each of the specialist medical colleges. This year data on all the medical specialties first recognised in 2009, namely addiction medicine, palliative medicine, sexual health medicine, and sports and exercise medicine, have been included for the first time.

General Practice Education and Training Limited (GPET), as well as the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), provided data on general practice training. Given these multiple sources, efforts have been made to ensure that there is no double counting of trainees.

Administrative data were sourced from the Australian Medical Council, the Australian Government Department of Immigration and Citizenship and the Australian Government Department of Health and Ageing for Chapter 5 on International supply.

Data Quality Issues

The MTRP report is dependent on the provision and collation of comprehensive information from all contributors. Data templates and specifications defining each data element and the periods covered have now been developed for all areas of the report. These were further refined with the assistance of members of the Data Subcommittee for this year's collection. The specifications used in compilation of this report are attached in Appendix E. Attempts have been made to always source data according to these specifications, but where this is not possible and data differs from the specifications, this is duly noted.

These new processes have greatly enhanced the comparability of data between states and territories and specialties within tables. This has, however, affected comparability of data across years. Where this is known to have significantly confounded the analysis of time series data, cautions have been noted.

There are a number of areas in which there have been attempts to source more and/or better information, in particular to quantify activity in relation to the training and supervision of international medical graduates and specialists and the country from which they came and in which they obtained their primary medical qualifications. Unfortunately most medical college administration systems cannot easily produce this information. As the medical system is stretched to accommodate significant and continued increases in the numbers of students and trainees, collecting information on all activity is increasingly important. It is hoped that medical colleges will introduce new data items over the coming year that will allow this information to be presented in the next report.

Reporting Periods

Given the differing collection methodologies for different data, the year for which data are reported varies. The majority of data presented in the report is for 2011 with most data reported as at 30 June 2011.

The exceptions to these are data on medical graduates, college examinations, new and total college fellows, which are for the previous calendar year, 2010.

Data on international medical graduates and overseas trained specialists are also reported for 2010, however, where data are for the financial year this is noted.

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 are available from previous years, this has been included in Appendix D.

In some cases data from previous years have been updated or amended. Where this has occurred, it is duly noted. Readers are therefore asked to exercise caution when comparing data with that of previous editions of this report.

Caution should also be exercised when comparing data across years. Data can vary between years where its scope has changed due to more detailed specifications and different interpretations of what was required in previous reports. Attempts have been made to note where there are significant differences in the way data have been collected or reported across years, or there have been changes in requirements, such as in relation to the training provided.

Medical College Acronyms and Specialties

Data on vocational training 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: Medical colleges: Acronyms, names and specialties

Acronym	College name	Specialty
ACD	Australasian College of Dermatologists	Dermatology
ACEM	Australasian College for Emergency Medicine	Emergency medicine
ACRRM	Australian College of Rural and Remote Medicine	General practice
ANZCA	Australian and New Zealand College of Anaesthetists	Anaesthesia
	Faculty of Pain Medicine	Pain medicine
CICM	College of Intensive Care Medicine of Australia and New Zealand	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
	Chapter of Addiction Medicine	Addition medicine
	Chapter of Palliative Medicine	Palliative medicine
	Chapter of Sexual Health Medicine	Sexual health medicine
RACS	Royal Australasian College of Surgeons	Surgery
RANZCO	Royal Australian and New Zealand College of Ophthalmologists	Ophthalmology
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Obstetrics and Gynaecology
RANZCP	Royal Australian and New Zealand College of Psychiatrists	Psychiatry
RANZCR	Royal Australian and New Zealand College of Radiologists	Radiodiagnosis
	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

Information on Sport and exercise medicine, which was recognised as a specialty in November 2009, is included for the first time in this year's report.

Chapter 2

UNIVERSITY MEDICAL EDUCATION AND TRAINING

This chapter presents the latest data on medical students in Australian universities and analyses trends over the last five years. Additional data, where available back to 1997, are presented in Appendix D. This information 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 in Australia.

A number of these schools were established in the last five years. The first graduates emerged from Bond University in 2009. The University of Wollongong and University of Western Sydney (UWS) commenced teaching in 2007 and their first medical students graduated in 2010 and 2011 respectively. Medical students first commenced at Deakin University and the Sydney campus of Notre Dame University in 2008 and the first students graduated in 2011.

In the past most medical doctors gained their graduate qualification by completing a six-year Bachelor of Medicine and Bachelor of Surgery (MBBS). However, over the years an increasing number of five-year and four-year (graduate entry) programs have been introduced.

All these medical school programs result in a bachelor degree qualification, with the exception of the new Doctor of Medicine (MD) program, which leads to a masters level qualification.

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

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 the student's clinical skills to a level that is appropriate for commencing prevocational training as an intern.

Current Data

In 2011, there were 16,491 medical students studying in Australian universities (Table 2.1). Of these, 5,149 (31.2%) were undertaking a six-year course, 4,564 (27.7%) were undertaking a five-year course and 6,778 (41.1%) were undertaking a four-year course.

Table 2.1: Medical students in Australian universities, 2011

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	190	188	158	165	153	117	971
James Cook	195	220	163	150	99	90	917
Melbourne UG[a]	0	0	4	245	230	219	698
UNSW	275	271	281	279	264	233	1,603
UWA UG	171	166	171	151	138	163	960
Subtotal	**831**	**845**	**777**	**990**	**884**	**822**	**5,149**
5-year course							
Bond[b]	87	83	87	73	82		412
Melbourne PG[a][b]	0	0	95	84	105		284
Monash UG	305	310	301	341	242		1,499
Newcastle/UNE	198	216	202	192	90		898
Tasmania	121	123	122	123	96		585
UWA PG[b]	65	61	62	61	56		305
UWS	122	139	130	104	86		581
Subtotal	**898**	**932**	**999**	**978**	**757**		**4,564**
4-year course							
ANU	94	94	100	79			367
Deakin	132	145	133	111			521
Flinders	167	125	142	129			563
Griffith	154	155	151	133			593
Melbourne MD[a]	331	0	0	0			331
Monash PG	89	80	83	46			298
Notre Dame Sydney	113	106	112	104			435
Notre Dame Fremantle	102	98	109	99			408
Queensland[c]	447	467	452	408			1,774
Sydney	327	282	292	263			1,164
Wollongong	85	83	79	77			324
Subtotal	**2,041**	**1,635**	**1,653**	**1,449**			**6,778**
Total	**3,770**	**3,412**	**3,429**	**3,417**	**1,641**	**822**	**16,491**

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

(a) Undergraduate last intake in 2008. Current graduate program last intake in 2009. New graduate entry in masters program in 2011.
(b) These courses are slightly less than 5 years in duration - Bond 4.8 years, Melbourne PG 4.5 years and UWA PG 4.7 years.
(c) From 2009, Queensland data includes the Ochsner (USA) cohort (16 in 2009 and 36 in each of 2010 and 2011). This cohort is a 2+2 program with clinical training occurring in the USA. First graduates will be in 2012.

Source: Medical Deans Australia and New Zealand Inc

In 2011, 13,956 or 84.6% of all students were domestic students (Table 2.2). Of these, 4,214 (30.2%) were undertaking a six-year course, 3,910 (28.0%) were undertaking a five-year course and 5,832 (41.8%) were undertaking a four-year course.

Table 2.2: Domestic medical students in Australian universities, 2011

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	175	171	137	136	122	95	836
James Cook	182	186	142	146	95	88	839
Melbourne UG[a]	-	-	4	167	157	145	473
UNSW	206	210	219	218	213	195	1,261
UWA UG	146	146	145	115	117	136	805
Subtotal	**709**	**713**	**647**	**782**	**704**	**659**	**4,214**
5-year course							
Bond[b]	85	83	86	73	81		408
Melbourne PG[a][b]	-	-	81	73	88		242
Monash UG	249	258	244	276	175		1,202
Newcastle/UNE	179	187	172	156	70		764
Tasmania	100	99	99	106	68		472
UWA PG[b]	65	61	62	61	56		305
UWS	104	115	117	95	86		517
Subtotal	**782**	**803**	**861**	**840**	**624**		**3,910**
4-year course							
ANU	92	92	91	75			350
Deakin	131	139	132	111			513
Flinders	142	113	123	110			488
Griffith	154	155	151	133			593
Melbourne MD[a]	305	0	0	0			305
Monash PG	67	74	76	41			258
Notre Dame Sydney	113	106	112	104			435
Notre Dame Fremantle	102	98	109	99			408
Queensland	305	315	310	298			1,228
Sydney	261	230	247	228			966
Wollongong	78	75	68	67			288
Subtotal	**1,750**	**1,397**	**1,419**	**1,266**			**5,832**
Total	**3,241**	**2,913**	**2,927**	**2,888**	**1,328**	**659**	**13,956**

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

(a) Undergraduate last intake in 2008. Current graduate program last intake in 2009. New graduate entry in masters program 2011.

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

Source: Medical Deans Australia and New Zealand Inc

Types of Student Places

A student undertaking medical studies in Australia may occupy either 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, or a full fee-paying place, funded entirely through the tuition fees paid by the student. In 2009 new full fee-paying places for domestic undergraduate medical students ceased to be available.

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), which commenced in 2004 and 2001 respectively.

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

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

Three quarters of all places each year are supported by the Commonwealth. In 2011 this was slightly higher with 78.9% or 13,016 places being Commonwealth-supported places (Table 2.3).

The majority of students receiving Commonwealth support (9,435 or 72.5%) received HECS only. One-fifth (20.4%) of students are fee-paying, with three quarters (75.4% of these coming from overseas.

Table 2.3 provides detailed information on the number and types of places available at each university in 2011.

Table 2.3: Medical students by type of student place and university, 2011

	Commonwealth supported places	Fee Paying		Other[a]	Total
		Domestic	International		
Adelaide	830	6	135	0	971
ANU	350	0	17	0	367
Bond	0	408	4	0	412
Deakin	513	0	8	0	521
Flinders	436	7	75	45	563
Griffith	589	1	0	3	593
James Cook	839	0	78	0	917
Melbourne MD	255	50	26	0	331
Melbourne PG	237	5	42	0	284
Melbourne UG	448	25	225	0	698
Monash PG	258	0	40	0	298
Monash UG	1,125	16	297	61	1,499
Newcastle/UNE	758	6	134	0	898
Notre Dame Sydney	299	136	0	0	435
Notre Dame Fremantle	370	38	0	0	408
Queensland	1,194	34	546	0	1,774
Sydney	920	44	198	2	1,164
Tasmania	472	0	113	0	585
UNSW	1,214	47	342	0	1,603
UWA PG	305	0	0	0	305
UWA UG	805	0	155	0	960
Western Sydney	511	6	64	0	581
Wollongong	288	0	36	0	324
Total	**13,016**	**829**	**2,535**	**111**	**16,491**

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

(a) Other includes medical students on state health department bonded medical scholarships.

Source: Medical Deans Australia and New Zealand Inc

In 2011, seven years after the commencement of the scheme, there were 3,122 students in Bonded Medical Places Scheme places. This was 436 more students than in 2010, an increase of 1.5% but one and a half times (an increase of 57.6%) the number supported through this scheme in 2007 (Table 2.4).

In contrast, the number of students in the Medical Rural Bonded Scholarship Scheme remained relatively constant at between 480 and 490 from 2007 to 2010, decreasing slightly to 459 students in 2011. The number as a proportion of all student places, however, decreased significantly from 4.1% in 2007 to 2.8% in 2011.

Full fee-paying positions were first made available to Australian students in 2005 and ceased to be available for commencing undergraduate students at public universities from 2009. The proportion of domestic fee-paying students rose from 5.7% in 2007 to a peak of 7.0% of all students in 2008 and then down to 5.0% in 2011. Whereas the proportion of international fee-paying students decreased each year, ranging from 18.0% in 2007 to 15.4% of all medical students in 2011.

Table 2.4: Medical students by type of student place: Number and proportion of places, 2007–2011

	2007	2008	2009	2010	2011
			Medical students		
Commonwealth supported	**9,017**	**9,878**	**10,938**	[d]**11,873**	**13,016**
HECS only	7,317	7,642	[a]8,177.5	8,707	9,435
BMPS	1,212	1,747	2,279	2,686	3,122
MRBSS	488	489	[a]481.5	480	459
Fee-paying	**2,831**	**3,241**	**3,373**	**3,356**	**3,364**
Domestic	678	932	949	905	829
International[b]	2,153	2,309	2,424	2,451	2,535
Other[c]	**101**	**218**	**210**	**231**	**111**
Total	**11,949**	**13,337**	**14,521**	**15,460**	**16,491**
			Proportion of places (%)		
Commonwealth supported	**75.4**	**74.1**	**75.3**	**76.8**	**78.9**
HECS only	61.2	57.3	56.3	56.3	57.2
BMPS	10.1	13.1	15.7	17.4	18.9
MRBSS	4.1	3.7	3.3	3.1	2.8
Fee-paying	**23.7**	**24.3**	**23.2**	**21.7**	**20.4**
Domestic	5.7	7.0	6.5	5.9	5.0
International[b]	18.0	17.3	16.7	15.9	15.4
Other[c]	**0.8**	**1.6**	**1.4**	**1.5**	**0.7**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) ANU offers their research component part time in exceptional circumstances.
(b) International students are those studying as private or sponsored students who are not Australian citizens, permanent residents or New Zealand citizens.
(c) Other includes medical students on state health department bonded medical scholarships.

Source: Medical Deans Australia and New Zealand Inc

Scholarships

Students can receive scholarships through a variety of sources. Data was collected through the Medical Schools Outcomes Database (MSOD) Project from 3,115 medical students (82.6% of the total 3,770) commencing their studies in 2010. Of these, 435 (14%) stated that they received a scholarship to support them in their medical studies (Table 2.5).

Table 2.5: Commencing medical students source of scholarships, 2010

	Students	Proportion (%)
Commonwealth scholarships	145	33.3
State scholarships	49	11.3
Scholarships provided by Australian universities	146	33.6
Scholarships provided by home country to international students	64	14.7
Scholarships provided by other institutions	21	4.8
Unknown	10	2.3
Total	**435**	**100.0**

Source: Medical Schools Outcomes Database

Student Characteristics

Data from the MSOD provides insights into who is undertaking medical studies. Data is recorded for the 3,115 who completed the MSOD entry questionnaire in 2010.

Four-fifths (82.6%) of students commencing their medical studies in 2010 were under the age of 25 years (Table 2.6).

Table 2.6: Commencing medical students by sex and age, 2010

Age group	Male	Female	Proportion female (%)	Total	Proportion of total (%)
Less than 20 years	628	760	54.8	1,388	44.6
20–24 years	604	581	49.0	1,185	38.0
25–29 years	184	167	47.6	351	11.3
30–34 years	69	44	38.9	113	3.6
35–39 years	25	18	41.9	43	1.4
40 years and over	15	20	57.1	35	1.1
Total	**1,525**	**1,590**	**51.0**	**3,115**	**100.0**

Source: Medical Schools Outcomes Database

Half (52.1%) of the medical students commencing in 2010 began their studies after finishing another degree, with 82.2%% of these having completed a tertiary degree in science, medical science and health and/or allied health (Table 2.7). Three quarters (73.6%) had bachelor degrees, 17.7% had completed honours or a graduate diploma or certificate and 9.4% of these students had a masters or doctorate (Table 2.8). The majority (93.3%) of these students entered a graduate program.

Table 2.7: Commencing medical students discipline of highest tertiary qualification completed, 2010

Discipline of prior degree	Undergraduate entry	Graduate entry	Total
Science[a]	28	612	640
Medical Science[b]	24	354	378
Health/Allied Health[c]	19	296	315
Humanities	7	96	103
Commerce/Business/Law	14	65	79
Physical sciences[d]	4	32	36
Other/Unknown	12	59	71
Total	**108**	**1,514**	**1,622**

(a) B.Sci; B Applied Sci (no or unclear major); Vet Sci; Liberal Arts; B Sci in Human Movement; biotechnology; human kinetics; exercise science; psychology.
(b) B.Sci; B Applied Sci (no or unclear major); Vet Sci; Liberal Arts; B Sci in Human Movement; biotechnology; human kinetics; exercise science; psychology.
(c) Radiography; nursing; optometry; podiatry; speech pathology; orthodontics; nutrition; public health and tropical medicine; occupational therapy; kinesiology; naturopathy; pharmacy; physiotherapy; dentistry; dental surgery; oral health; prosthetics and orthotics.
(d) B Eng; B Computer Science; architecture; urban planning, electronics; surveying; IT; mathematics.

Source: Medical Schools Outcomes Database

Table 2.8: Commencing medical students level of highest prior tertiary qualification by medical degree entry program[a], 2010

Level of prior degree	Undergraduate entry	Proportion undergraduate (%)	Graduate entry	Proportion postgraduate (%)	Total
PhD	3	2.8	47	3.1	50
Masters	18	16.7	84	5.5	102
Graduate Diploma/Certificate	17	15.7	67	4.4	84
Honours	9	8.3	202	13.3	211
Bachelor	61	56.5	1,114	73.6	1,175
Total	**108**	**100.0**	**1,514**	**100.0**	**1,622**

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

Source: Medical Schools Outcomes Database

In 2010 a total of 459 of the 3,115 medical students completing the MSOD entry questionnaire reported that they held temporary or other entry permits to Australia (Table 2.9). The highest numbers of international students came from Singapore (24.0%), Malaysia (20.9%) and Canada (19.8%).

Table 2.9: International commencing medical students holding temporary or 'other' entry permits by place of birth, 2010

Country of birth	Students	Proportion (%)
Singapore	110	24.0
Malaysia	96	20.9
Canada	91	19.8
USA	35	7.6
Korea, Republic of (South)	21	4.6
Hong Kong (SAR of China)	18	3.9
India	12	2.6
China (excludes SARs and Taiwan Province)	11	2.4
All other (where n≤10)	65	14.2
Total	**459**	**100.0**

Source: Medical Schools Outcomes Database

Aboriginal and/or Torres Strait Islander Students

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

The number and proportion of medical students reporting that they are of Aboriginal and/or Torres Strait Islander origin when completing the MSOD entry questionnaire have risen slightly over the years from 34 or 1.3% of commencing students in 2007 to 47 or 1.5% in 2010 (Table 2.10).

Table 2.10: Commencing medical students by Aboriginal and/or Torres Strait Islander status, 2010

	2007	2008	2009	2010
Aboriginal and/or Torres Strait Islander students	34	37	38	47
Non Indigenous students	2,649	3,180	3,113	3,064
Unknown	14	18	10	4
Total	**2,697**	**3,235**	**3,161**	**3,115**
Proportion Indigenous (%)	1.3	1.2	1.2	1.5

Source: Medical Schools Outcomes Database

Data from Medical Deans, shows that there have been significant increases each year in the overall numbers of Aboriginal and/or Torres Strait Islanders studying medicine. In 2011 there were a total of 218 medical students studying in Australian universities who reported being of Aboriginal and/or Torres Strait Islander origin (Table 2.11), an increase of 120.2% over the six years from 2006. These data suggest better retention of students in recent years. No actual data are available on the actual attrition rate, which is known to be dramatically higher than for non-Indigenous students, or on the numbers of Aboriginal and/or Torres Strait Islander students who go on to complete their medical degrees.

Table 2.11: Aboriginal and/or Torres Strait Islander medical students studying in Australian universities, 2006–2011

	2006	2007	2008	2009	2010	2011
Aboriginal and/or Torres Strait Islander students	99	125	129	137	161	218
Annual increase (%)		26.3	3.2	6.2	17.5	35.4

Source: Medical Deans Australia and New Zealand Inc

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 are collected by medical schools. In 2011, 765 or 23.6% of commencing domestic students reported that they had lived in a rural or remote area prior to commencing their medical studies (Table 2.12).

The proportion of domestic students with a rural background was roughly one quarter in each state and the Australian Capital Territory.

Table 2.12: Commencing domestic medical students with a rural background[(a)] by state/territory, 2011

	Males	Females	Total	Proportion domestic students (%)
			New South Wales	
Newcastle/UNE	32	31	63	35.2
Notre Dame Sydney	5	14	19	16.8
Sydney	20	17	37	14.2
UNSW[(c)]	20	33	53	25.7
UWS	3	0	3	..
Wollongong	25	21	46	59.0
Total NSW	**105**	**116**	**221**	**23.5**
			Victoria	
Deakin	17	24	41	31.3
Melbourne MD	13	17	30	21.1
Monash PG	12	10	22	32.8
Monash UG	25	43	68	27.3
Total Vic	**67**	**94**	**161**	**21.4**
			Queensland	
Bond[(b)]	na	na	na	na
Griffith	11	9	20	13.0
Queensland	24	11	35	11.5
James Cook	43	76	119	65.4
Total Qld	**78**	**96**	**174**	**24.0**
			Western Australia	
Notre Dame Fremantle	11	15	26	25.5
UWA PG	7	11	18	27.7
UWA UG	15	21	36	24.7
Total WA	**33**	**47**	**80**	**25.6**
			South Australia	
Adelaide	9	6	15	8.6
Flinders	28	37	65	45.8
Total SA	**37**	**43**	**80**	**25.2**
			Tasmania	
Tasmania	**10**	**18**	**28**	**28.0**
			Australian Capital Territory	
ANU	11	10	21	22.8
Total	**341**	**424**	**765**	**23.6**

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

(a) Based on Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) classification in which Remoteness Areas 2 to 5 from the commencement of primary school are categorised as rural and remote areas.
(b) Rurality is not collected by this school.
(c) Data reported from Rural, Remote and Metropolitan Areas (RRMA) 3–7 (not consistent with other schools).

Source: Medical Deans Australia and New Zealand Inc

Trends

The number of commencing medical students has increased each year, rising by 25.8% overall from 2,996 in 2007 to 3,770 in 2011 (Table 2.13).

Over this same period, domestic commencing student numbers increased by 681 students or 26.6%, while international commencing student numbers increased relatively less by 93 students or 21.3%.

The proportion of female domestic students commencing medical studies has remained relatively stable over the last five years at just above half of all commencing medical students. Whereas the proportion of female international students was slightly less than half each year.

Table 2.13: Commencing medical students: Domestic and international and proportion of females[(a)], 2007–2011

	2007	2008	2009	2010	2011
Domestic	2,560	2,934	2,955	2,940	3,241
Proportion female (%)	54.4	54.0	54.8	52.9	50.9
International[(b)]	436	499	487	529	529
Proportion female (%)	49.8	50.9	47.0	42.5	47.6
Total	**2,996**	**3,433**	**3,442**	**3,469**	**3,770**

(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 Inc

Projections suggest that 3,645 medical students will commence their studies in Australian universities in 2012 (Table 2.14). Of these, 3,045 (83.5 %) are expected to be domestic students and 600 (16.5 %) international students. This is slightly less (by 125 medical students or 3.3%) than the actual number who commenced studies in 2011.

Table 2.14: Commencing domestic medical student projections[a], 2012

University	Domestic	International
Adelaide	145	25
ANU	95	10
Bond	85	0
Deakin	132	8
Flinders	135	25
Griffith	155	2
James Cook	185	15
Melbourne	305	30
Monash	325	71
Newcastle/UNE	170	24
Notre Dame Sydney	114	0
Notre Dame Fremantle	102	0
Queensland	325	190
Sydney	230	75
Tasmania	100	20
UNSW	208	68
UWA[b]	60	8
Western Sydney	100	17
Wollongong	74	12
Total	**3,045**	**600**

(a) These numbers are projections only and are subject to change.
(b) UWA will have no intake into its undergraduate program in 2012. Figures show postgraduate intake only.

Source: Medical Deans Australia and New Zealand Inc

Between 2007 and 2011, there was an increase of 4,542 or 38.0% in the overall number of medical students studying in Australian universities (Table 2.15). Over this same period, the number of domestic students increased proportionally more than the number of international students, rising by 42.5% to 13,956 students in comparison with a 17.7% increase in international students to 2,535 international students in 2011.

Table 2.15: Medical students: Domestic, international and proportions of females[a], 2007–2011

	2007	2008	2009	2010	2011
Domestic	9,796	11,028	12,097	12,946	13,956
Proportion female (%)	55.8	55.3	54.6	54.2	53.0
Annual increase (%)		12.6	9.7	7.0	7.8
International[b]	2,153	2,309	2,424	2,451	2,535
Proportion female (%)	52.3	52.5	51.4	50.1	49.1
Annual increase (%)		7.2	5.0	1.1	3.4
Total	**11,949**	**13,337**	**14,521**	**15,397**	**16,491**
Annual increase		1,388	1,184	876	1,094
Annual increase (%)		11.6	8.9	6.0	7.1

(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 Inc

Medical Graduates

Current Data

In 2010, 2,733 students in total graduated from Australian medical schools. Just over eighty percent (82.6%) or 2,259 were domestic students.

Trends

Each year the number of domestic medical graduates has increased. The increase was 18.0% from 2009 to 2010 and there was an overall increase of 69.2% in domestic graduates across the last five years from 2006 to 2010 (Table 2.16).

From 2006 to 2010 the increase in the number of domestic medical graduates was greatest in Western Australia and Queensland, which increased by 148.3% and 125.3% respectively. In New South Wales the number of domestic medical students also increased markedly by 48.1%. The other states showed relatively small increases over the five year period.

Table 2.16: Domestic medical school graduates in Australian universities by state/territory, 2006–2010

	2006	2007	2008	2009	2010	Increase 2006–2010	Increase 2006–2010 (%)
New South Wales							
Newcastle/UNE	61	67	77	85	104	43	70.5
Sydney	147	202	208	208	221	74	50.3
UNSW	166	186	177	163	166	0	0
Wollongong	..	..	..	..	63	..	..
Total NSW	**374**	**455**	**462**	**456**	**554**	**180**	**48.1**
Victoria							
Monash	123	137	159	165	181	58	47.2
Melbourne	211	186	199	198	212	1	0.5
Total Vic	**334**	**323**	**358**	**363**	**393**	**59**	**17.7**
Queensland							
Bond[a]	..	..	..	55	74	..	..
Griffith[a]	..	..	70	116	151	..	..
Queensland	215	284	238	279	332	117	54.4
James Cook	74	65	66	82	94	20	27.0
Total Qld	**289**	**349**	**374**	**532**	**651**	**362**	**125.3**
Western Australia							
Notre Dame WA[a]	..	..	75	80	86	..	..
UWA	118	126	142	182	207	89	75.4
Total WA	**118**	**126**	**217**	**262**	**293**	**175**	**148.3**
South Australia							
Adelaide	92	85	98	83	94	2	2.2
Flinders	66	77	75	74	102	36	54.5
Total SA	**158**	**162**	**173**	**157**	**196**	**38**	**24.1**
Tasmania							
Tasmania	62	58	64	73	89	27	43.5
Australian Capital Territory							
ANU[a]	..	71	90	72	83	..	..
Total	**1,335**	**1,544**	**1,738**	**1,915**	**2,259**	**924**	**69.2**
Annual increase		209	194	177	344		
Annual increase (%)		15.7	12.6	10.2	18.0		

(a) First students graduated from ANU in 2007, Notre Dame (Fremantle) and Griffith in 2008, Bond in 2009 and Wollongong in 2010.

(b) First students will graduate from Deakin, Monash PG, Notre Dame Sydney campus and University of Western Sydney (UWS) in 2011. First students will graduate from Melbourne Doctor of Medicine program in 2014.

Source: Medical Deans Australia and New Zealand Inc

The number of international students graduating from Australian medical schools also increased each year, rising just 1.9% between 2009 and 2010, but 59.1% overall from 2006 to 2010 (Table 2.17).

Table 2.17: International medical school graduates in Australian universities by state/territory, 2006–2010

	2006	2007	2008	2009	2010	Increase 2006–2010
New South Wales						
Newcastle/UNE	16	15	18	21	21	5
Sydney	33	47	55	54	35	2
UNSW	32	23	39	36	55	23
Wollongong	..	..	..	..	4	..
Total NSW	**81**	**85**	**112**	**111**	**115**	**34**
Victoria						
Monash	52	39	52	74	94	42
Melbourne	74	85	88	97	90	16
Total Vic	**126**	**124**	**140**	**171**	**184**	**58**
Queensland						
Bond[(a)]	..	..	..	4	1	..
Griffith[(a)]	..	..	0	2	0	..
Queensland	9	20	51	67	77	68
James Cook	1	1	0	2	3	2
Total Qld	**10**	**21**	**51**	**75**	**81**	**71**
Western Australia						
Notre Dame WA[(a)]	..	..	0	0	0	..
UWA	7	4	10	15	25	18
Total WA	**7**	**4**	**10**	**15**	**25**	**18**
South Australia						
Adelaide	36	41	48	38	40	4
Flinders	26	27	22	28	14	-12
Total SA	**62**	**68**	**70**	**66**	**54**	**-8**
Tasmania						
Tasmania	12	13	14	21	11	-1
Australian Capital Territory						
ANU[(a)]	..	1	4	6	4	..
Total[(b)]	**298**	**316**	**401**	**465**	**474**	**176**

(a) First students graduated from ANU in 2007, Notre Dame (Fremantle) and Griffith in 2008, Bond in 2009 and Wollongong in 2010.

(b) First students will graduate from Deakin, Monash PG, Notre Dame Sydney campus and University of Western Sydney (UWS) in 2011. First students will graduate from Melbourne Doctor of Medicine program in 2014.

Source: Medical Deans Australia and New Zealand Inc

The number of female medical graduates was first collected in 2007. Table 2.18 shows that in each year data has been reported just over half of all medical graduates, both domestic and international, were female (54.1% for domestic and 54.2% for international in 2010).

Table 2.18: Medical graduates: Domestic, international and proportions of females, 2006–2010

	2006	2007	2008	2009	2010	Increase 2006–2010 (%)
Domestic	1,335	1,544	1,738	1,915	2,259	69.2
Proportion domestic (%)	81.8	83.0	81.3	80.5	82.7	
Proportion female (%)	na	56.2	57.2	54.1	54.1	..
International	298	316	401	465	474	59.1
Proportion international (%)	18.2	17.0	18.7	19.5	17.3	
Proportion females (%)	na	52.5	54.6	51.6	54.2	..
Total	**1,633**	**1,860**	**2,139**	**2,380**	**2,733**	**67.4**
Annual Increase (%)		13.9	15.0	11.3	14.8	..

Source: Medical Deans Australia and New Zealand Inc

Projected Numbers of Graduates

Table 2.23 shows the projected number of medical graduates up until 2016. These data are based on current and planned enrolments as of 2011. Attrition has not been factored into these figures. It should be noted, however, that this would not greatly affect the overall numbers, as attrition rates from medical courses are relatively low when compared to other courses, with a mean national attrition rate of just 1.4% calculated for 2008.

The number of domestic medical graduates is projected to rise from 2,549 in 2011 to 3,204 graduates in 2014. Projections show that the numbers of graduates will then remain relatively stable, reaching 3,254 domestic medical graduates in 2016 (Table 2.19). This is an overall increase of 27.7% over the five years from 2011 to 2016.

The projected numbers of international students that are to graduate from Australian universities fluctuate considerably over the coming years (Table 2.20). However, overall they are expected to increase markedly, rising by half (49.5%) again from 479 in 2011 to 716 international medical graduates in 2016.

Table 2.19: Domestic medical graduates expected to graduate from Australian universities: Projected numbers[a] by state/territory, 2011–2016

	2011	2012	2013	2014	2015	2016
			New South Wales			
Newcastle/UNE	70	156	172	187	179	170
Notre Dame Sydney	103	112	106	113	112	112
Sydney	228	247	230	261	270	270
UNSW	194	210	214	227	214	204
UWS	86	95	117	115	104	100
Wollongong	67	68	75	78	74	74
Total NSW	**748**	**888**	**914**	**981**	**953**	**930**
			Victoria			
Deakin	111	132	139	131	130	130
Melbourne MD	..	..	..	305	315	315
Melbourne PG	88	73	81	..	..	..
Melbourne UG	145	157	171	..	..	..
Monash PG	41	76	74	67	70	70
Monash UG	175	276	244	258	249	249
Total Vic	**560**	**714**	**709**	**761**	**764**	**764**
			Queensland			
Bond	81	73	86	83	85	85
Griffith	133	151	155	154	160	170
Queensland	298	310	315	305	300	300
James Cook	88	95	146	142	186	182
Total Qld	**600**	**629**	**702**	**684**	**731**	**737**
			Western Australia			
Notre Dame Fremantle	99	109	98	102	104	104
UWA PG	56	61	62	61	65	60
UWA UG	136	117	115	145	146	146
Total WA	**291**	**287**	**275**	**308**	**315**	**310**
			South Australia			
Adelaide	95	122	136	137	171	175
Flinders	110	123	113	142	140	148
Total SA	**205**	**245**	**249**	**279**	**311**	**323**
			Tasmania			
Tasmania	68	106	99	99	100	100
			Australian Capital Territory			
ANU	77	91	92	92	90	90
Total	**2,549**	**2,960**	**3,040**	**3,204**	**3,264**	**3,254**

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

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

Source: Medical Deans Australia and New Zealand Inc

Table 2.20: International medical graduates expected to graduate from Australian universities: Projected numbers[(a)] by state/territory, 2011–2016

	2011	2012	2013	2014	2015	2016
New South Wales						
Newcastle/UNE	20	36	30	29	19	24
Notre Dame Sydney	0	0	0	0	0	0
Sydney	35	45	52	66	70	70
UNSW	38	51	60	65	63	69
UWS	0	9	13	24	18	26
Wollongong	10	11	8	7	12	12
Total NSW	**103**	**152**	**163**	**191**	**182**	**201**
Victoria						
Deakin	0	1	6	1	16	16
Melbourne MD	..	..	..	26	30	30
Melbourne PG	17	11	14	..	..	..
Melbourne UG	74	73	78	..	..	..
Monash PG	5	7	6	22	20	20
Monash UG	67	65	57	52	56	56
Total Vic	**163**	**157**	**161**	**101**	**122**	**122**
Queensland						
Bond	1	0	1	0	2	0
Griffith	0	0	0	0	2	4
Queensland	110	142	152	142	235	275
James Cook	2	4	4	21	34	13
Total Qld	**113**	**146**	**157**	**163**	**273**	**292**
Western Australia						
Notre Dame Fremantle	0	0	0	0	0	0
UWA PG	..	..	..	..	..	5
UWA UG	27	21	36	26	20	25
Total WA	**27**	**21**	**36**	**26**	**20**	**30**
South Australia						
Adelaide	22	31	29	21	17	15
Flinders	19	19	12	25	25	25
Total SA	**41**	**50**	**41**	**46**	**42**	**40**
Tasmania						
Tasmania	28	17	23	29	26	25
Australian Capital Territory						
ANU[(b)]	4	9	2	2	6	6
Total	479	552	583	558	671	716

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

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

Source: Medical Deans Australia and New Zealand Inc

In total, some 3,970 medical students are expected to graduate in 2016 (Table 2.21), one third (31.1%) more than is predicted for 2011. This is 45.3% higher than the actual number who graduated in 2010 (2,733) and 143.1% higher than the 1,633 medical students who graduated in 2006.

Table 2.21: Medical students to graduate from Australian universities: Projected numbers of domestic and international students, 2011–2016

	2011	2012	2013	2014	2015	2016
Domestic	2,549	2,960	3,040	3,204	3,264	3,254
International	479	552	583	558	671	716
Total	**3,028**	**3,512**	**3,623**	**3,762**	**3,935**	**3,970**
Increase from previous year (%)		16.0	3.2	3.8	4.6	0.9

Source: Medical Deans Australia and New Zealand Inc

It should be noted that, while the overall number of medical students graduating is projected to increase significantly each year, the rate of growth overall is projected to ease considerably from 2013.

Chapter 3

PREVOCATIONAL MEDICAL TRAINING

This chapter reports on the number of junior doctors undertaking postgraduate prevocational training across Australia. Data have been provided by state and territory health departments and covers training activities up to June 2011.

Background

Medical graduates generally enter the medical workforce as interns, also known as postgraduate year 1 (PGY1) doctors, employed through public health services. Satisfactory completion of the intern year is required before these junior doctors are granted general medical registration. Prior to July 2010 registration was through the relevant state or territory medical board. After introduction of the National Registration and Accreditation Scheme on 1 July 2010, junior doctors, and all medical practitioners, are registered through a single national board, the Medical Board of Australia.

Interns have a series of rotations to enable them to experience a range of clinical situations and service environments. These rotations must be accredited in accordance with guidelines developed by the state and territory Postgraduate Medical Councils or Institutes of Medical Education and Training. Placements must ensure adequate case-mix, service, teaching, supervision and assessment.

Prior to commencing a vocational training program, most junior doctors work for at least one, two or more years after their intern year, in the public hospital system and community health services, to gain more clinical experience with greater levels of responsibility 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 in urban public hospitals and may include rotations to regional and rural hospitals and community settings, including general practice. Such rotations are intended to give junior doctors experience of a broader range of clinical settings, as well as meet service delivery needs.

While a number of specialist medical colleges may accept entrants to vocational training programs directly following completion of PGY1, most prefer applicants to have completed a second or even third year of prevocational training (PGY2 and PGY3). Doctors in this period of prevocational on-the-job training are usually referred to as ‘Resident Medical Officers’ (RMO). The term ‘Hospital Medical Officer’ (HMO) is used in Victoria and the term ‘Trainee Medical Officer’ (TMO) in South Australia.

Not all PGY2 and PGY3 doctors will enter vocational specialist training. Some are waiting for a place in their selected vocational training specialty, but others will leave the medical workforce, pursue a research career, choose to work as locums or continue to work in hospital settings in 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 interpreting and analysing some of 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 and the numbers of trainees, particularly in PGY2, are an underestimate. 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.

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

Postgraduate Year 1

Current Data

In 2011, there were 2,723 trainees commencing PGY1. Of these, a bit more than half (54.2%) were female (Table 3.1).

Just over two thirds (69.9% or 1,904) of all PGY1 trainees commenced training in the state or territory in which they completed their medical degree. A further 324 trainees (11.9%) were trained in Australia, but commenced their PGY1 training in another state or territory.

International students who graduated from an Australian medical school occupied 390 or 14.3% PGY1 positions.

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 and proportion of females by doctor category and state/territory, 2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					All commencing PGY1s				
Australian trained local (own state)	493	362	557	147	224	61	5	55	1,904
– Commonwealth supported	464	362	557	na	224	56	5	52	1,720
– Full-fee paying	29	0	0	na	0	5	0	3	37
Australian trained local (interstate)	110	113	32	7	20	3	[a]27	12	324
– Commonwealth supported	89	113		na	na	3	[a]27	9	241
– Full-fee paying	21	0		na	na	0		3	24
New Zealand medical graduates	3	4	1	3	1	0	1	0	13
International students who graduated from an Australian medical school	74	140	51	90	22	0	2	11	390
– Own state	67	129	48	46	21	0	1	3	315
– Interstate	7	11	3	44	1	0	1	8	75
Australian Medical Council graduates	76	[b]6	3	0	0	7			92
Total	**[c]756**	**625**	**644**	**247**	**267**	**71**	**35**	**78**	**2,723**
Proportion of total trainees (%)	27.8	23.0	23.7	9.1	9.8	2.6	1.3	2.9	100.0

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Females				
Australian trained local (own state)	255	195	289	86	128	33	2	31	1,019
– Commonwealth supported	243	195		na	128	33	2	31	632
– Full-fee paying	12			na		0		0	12
Australian trained local (interstate)	55	64	20	2	16	1	21	7	186
– Commonwealth supported	46	64		na	16	1	21	5	153
– Full-fee paying	9			na		0		2	11
New Zealand medical graduates	0	2	1	0	1	0		0	4
International students who graduated from an Australian medical school	39	90	19	36	12	0	2	0	198
– Own state	36	85	17	19	11	0	1	0	169
– Interstate	3	5	2	17	1	0	1	0	29
Australian Medical Council graduates	59	2	3	0		5			69
Total	**408**	**353**	**332**	**124**	**157**	**39**	**25**	**38**	**1,476**
					Proportion females (%)				
Australian trained local (own state)	51.7	53.9	51.9	58.5	57.1	54.1	40.0	56.4	53.5
– Commonwealth supported	52.4	53.9		na	57.1	58.9	40.0	59.6	36.7
– Full-fee paying	41.4	0		na		0		0	32.4
Australian trained local (interstate)	50.0	56.6	62.5	28.6	80.0	33.3	77.8	58.3	57.4
– Commonwealth supported	51.7	56.6		na		33.3	77.8	55.6	63.5
– Full-fee paying	42.9	0		na				66.7	45.8
New Zealand medical graduates	0	50.0	100.0	0	100.0	0	0	0	30.8
International students who graduated from an Australian medical school	52.7	64.3	37.3	40.0	54.5	0	100.0	0	50.8
– Own state	53.7	65.9	35.4	41.3	52.4		100.0	0	53.7
– Interstate	42.9	45.5	66.7	38.6	100.0		100.0	0	38.7
Australian Medical Council graduates	77.6	33.3	100.0	0		71.4			75.0
Total	**54.0**	**56.5**	**51.6**	**50.2**	**58.8**	**54.9**	**71.4**	**48.7**	**54.2**

(a) Includes 14 doctors who completed some training through the Northern Territory Medical Program at Flinders or James Cook Universities.
(b) Includes 4 international medical graduates who were AMC candidates.
(c) Total number of intern positions available was 770.

Source: State and territory government health departments

Trends

The number of PGY1 commencements continues to increase with one and a half times more trainees (947 or 53.3%) commencing their training in 2011 compared with 2007 (Table 3.2).

The increases in prevocational training over the period of 2007 to 2011 appear to be considerably greater in some jurisdictions, namely in the Northern Territory, Queensland and Western Australia, where the number of trainees commencing their first year of the prevocational training increased by 133.3%, 80.4% and 72.3% respectively.

Table 3.2: Commencing postgraduate year 1 trainees by state/territory, 2007–2011

	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
New South Wales/Australian Capital Territory	533	688	..	..	..	56.5
New South Wales	..	..	668	657	756	..
Australian Capital Territory	..	..	62	62	78	..
Victoria	447	454	506	557	625	39.8
Queensland	357	411	444	(c)558	(c)644	80.4
South Australia	213	227	(b)246	230	247	16.0
Western Australia	155	175	228	240	267	72.3
Tasmania	(a)56	51	62	58	71	26.8
Northern Territory	15	24	27	32	35	133.3
Australia	**1,776**	**2,030**	**2,243**	**2,394**	**2,723**	**53.3**
Increase on previous year (%)		14.3	10.5	6.7	13.7	

(a) Actual allocation figures are not available. Figures based on number of offers made.
(b) Includes 233 accredited positions, plus 17 interns carried over from 2008 and 8 of these share 4 full-time positions.
(c) Approximate numbers only based on acceptances registered in eRecruitment system.

Source: State and territory government health departments

Postgraduate Year 2

Current Data

There were 2,521 doctors in PGY2 training positions in 2011. Half of these (51.2%) were females. Data on the doctors commencing PGY2 training is provided in Table 3.3.

Almost two thirds (64.0%) of doctors had commenced their second year of prevocational medical training in the same state or territory in which they were trained previously, compared with 13.5% from interstate.

International students who completed their medical degree in Australia occupied 246 or 9.6% of all PGY2 positions and a further 152 or 6% of positions were occupied by Australian Medical Council graduates.

Table 3.3: Commencing doctors in postgraduate year 2 training positions: Total, females and proportion of females by doctor category and state/territory, 2011

	NSW	[c]Vic	Qld	[c]SA	WA	[f]Tas	NT	ACT	Aust
All commencing PGY2 doctors									
Australian trained local (own state)	[a]460	331	418	98	238	41	1	26	1,613
Australian trained local (interstate)	[a]69	109	80	29	17	8	15	13	340
New Zealand medical graduates	5	12	8	9	0	0	1	0	35
International students who graduated from an Australian medical school	[b]na	120	50	53	7	14	0	2	246
Australian Medical Council graduates	50	8	19	na	3	40	15	17	152
Other/unspecified	33	[d]5		na	65	0	[g]32		135
Total	**617**	**[e]585**	**575**	**189**	**330**	**103**	**64**	**58**	**2,521**
Females									
Australian trained local (own state)	[a]260	181	217	7	121	20	1	15	822
Australian trained local (interstate)	[a]40	65	45	6	7	5	9	4	181
New Zealand medical graduates	2	6	1	0	0	0	1	0	10
International students who graduated from an Australian medical school	[b]na	62	27	32	3	6	0	2	132
Australian Medical Council graduate	30	5	9	na	3	15	11	7	80
Other/unspecified	20	3		na	30	0	14		67
Total	352	322	299	45	164	46	36	28	1,292
Proportion females (%)									
Australian trained local (own state)	[a]56.5	54.7	51.9	7.1	50.8	48.8	100.0	57.7	51.0
Australian trained local (interstate)	[a]58.0	59.6	56.3	20.7	41.2	62.5	60.0	30.8	53.2
New Zealand medical graduates	40.0	50.0	12.5	0	0	0	100.0	0	28.6
International students who graduated from an Australian medical school	[b]na	51.7	54.0	60.4	42.9	42.9	0	100.0	53.7
Australian Medical Council graduates	60.0	62.5	47.4	na	100.0	37.5	73.3	41.2	52.6
Other/unspecified	60.6	60.0		na	46.2	0	43.8		49.6
Total	**57.1**	**55.0**	**52.0**	**23.8**	**49.7**	**44.7**	**56.3**	**48.3**	**51.2**

(a) Includes temporary resident Australian trained medical graduates.
(b) Residency status information not available to separate into categories. Numbers included in Australian trained local own state and interstate commencements.
(c) Not all PGY2 positions in Victoria and South Australia are allocated via Computer Match as some PGY2 positions are directly recruited by hospitals or filled by IMGs already working in the health service and completing 12 months supervised practice.
(d) Includes 4 doctors assessed under the Competent Authority Pathway.
(e) The figures represent the number of PGY2 posts accepted through the Computer Match. A further 47 PGY2 posts were directly recruited by health services.
(f) Actual allocation is not available. Figures based on number of offers made.
(g) Includes 20 doctors who passed AMC 1 and 2 doctors who passed Competent pathway (UK).

Source: State and territory government health departments

Comparison cannot really be made across states and territories due to various inclusions and limitations on the data that can be extracted from the various systems. However, Victoria appears to differ in relation to the proportion of its PGY2 positions filled by doctors from other states and territories (18.6%) and overseas (23.9% in total).

Trends

The reported number of PGY2 commencements has increased 59.0% since 2007 (Table 3.4), rising from 1,586 trainees in 2007 to 2,521 in 2011. Comparisons across years and between states and territories should be undertaken with caution due to data quality issues.

Commencements appear to have increased markedly in all states and territories, except South Australia, which has had significant fluctuations in the number of PGY2 commencements reported each year, in the main due to the introduction of a new recruitment process in 2009.

The biggest increases in commencements over the period of 2007 to 2011 were in Western Australia (243.8%), Queensland (102.5%) and Northern Territory (100%). There are a number of problems with the quality of the data provided by Tasmania in previous years, however, it too appears to have increased PGY2 trainee numbers markedly over the last five years.

Table 3.4: Postgraduate year 2 commencements by state/territory, 2007–2011

	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
New South Wales/ Australian Capital Territory	449	..	..	..	..	50.3
New South Wales	..	na	[a]640	[g]686	617	..
Australian Capital Territory	..	36	40	62	58	..
Victoria	477	467	[b]487	[h]543	[i]585	22.6
Queensland	284	[c]441	[d]458	[i]474	[i]575	102.5
South Australia	220	161	[e]300	183	[k]189	-14.1
Western Australia	96	224	276	241	330	243.8
Tasmania	[f]28	[f]49	107	[f]79	103	[l]267.9
Northern Territory	32	44	44	45	64	100.0
Australia	**1,586**	**1,422**	**2,352**	**2,313**	**2,521**	**59.0**
Increase on previous year (%)		-10.3	65.4	-1.7	9.0	

(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. The South Australian Institute of Medical Education and Training (SAIMET) was in its first year of managing Trainee Medical Officer (TMO) recruitment and accurate numbers were not available.
(f Actual allocation is not available. Figures based on number of offers made.
(g) Includes 85 IMGs working in PGY2 positions registered under the Competent Authority or Standard Pathways.
(h) Although there were 543 HMO2 positions included in the Computer Matching Process (the Match), only 503 were matched. There were 13 unmatched candidates who accepted vacant positions. Total number of doctors who started their PGY2 training via the Match was 516. The remaining 27 positions could be filled outside the Match (e.g. by IMGs).
(i) Commencement data is approximate and is based upon the total number of acceptances registered in the eRecruitment system.
(j) A total of 632 HMO2 positions was included in the Computer Matching Process and only 581 positions were matched. From these 15 matched candidates declined their offer and 19 unmatched candidates accepted a position. Total number of doctors who started their PGY2 training via the Match was 585. A further 47 PGY2 posts were directly recruited by health services.
(k) Includes only the number of PGY2 commencing who completed internship in SA.
(l) This figure should be interpreted with caution as it is based on incomplete data.

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 2011, the results of college examinations held in 2010, the number of new college fellows in 2010 and the number of first year placements likely to be available in 2012 for each of the specialty areas. All data were current as at July 2011.

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

Data for the latest five years are presented where applicable. Tables containing data reported for these and earlier years, back to 1997 on trainees and 2000 on fellows, are located in Appendix D.

Vocational Medical Training in Australia

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

Training is provided through the specialist medical colleges and, in the case of general practice, through General Practice Education and Training Ltd (GPET). The training programs 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 an accredited training program. The number of trainee positions offered is also dependent on the health services' capacity to accept trainees.

The states and territories have different arrangements for managing vocational training. They work with the medical colleges to address particular challenges such as improving trainee supervision in public hospitals, developing statewide training programs and addressing need for more generalists or sub/super specialists. They also offer the training posts to be accredited.

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

Supervision of junior 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 was traditionally undertaken in teaching hospitals for most specialties, however, it is now undertaken across all public hospitals. As the capacity of these hospitals decreases with the continued high numbers of medical students, as well as students in other health professionals, there is added pressure to broaden the range of settings in which specialty training is undertaken. Placements in general practice settings are now routine and there are moves to expand training settings outside of public hospitals in a number of other specialties. These moves are not only due to capacity issues, but also in recognition of the need to better reflect where healthcare is delivered.

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

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

General Practice Training

The Australian General Practice Training (AGPT) Program is a postgraduate vocational training program for doctors wishing to pursue a career in general practice. The AGPT Program provides training towards fellowship of the Royal Australian College of General Practitioners (RACGP) and/or fellowship of the Australian College of Rural and Remote Medicine (ACRRM). Training is delivered through 20 regional training providers.

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

Registrars can choose between the rural pathway and the general pathway of the AGPT Program. The general practice training programs generally take three years to complete, if undertaken through the RACGP, and four years, if undertaken through the ACRRM, but may take longer under some circumstances. One extra year is required for doctors taking the Fellowship in Advanced Rural General Practice through the RACGP. 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, previously defined as Areas 3 to 7 in the Rural, Remote and Metropolitan Areas (RRMA) classification. However, from 1 January 2010 rural areas were defined using Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) as Remoteness Areas 2 to 5. Metropolitan-based general pathway trainees are also required to undertake at least one placement in a rural and/or an outer metropolitan area.

The Remote Vocational Training Scheme (RVTS) provides an alternative route to vocational recognition for medical practitioners working in remote areas who find that leaving their practice to undertake the 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.

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

Changes to College Training Programs

The Royal Australasian College of Surgeons (RACS) introduced a revised training program, the Surgical Education and Training (SET) program in 2008. This replaced the Basic and Advanced Surgical Training programs and does not distinguish between basic and advanced training components. The 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 program requires five to six years of specialist surgical training in one of nine specialty training areas.

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

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. The new curriculum commenced in radiology in 2010.

Accredited Training

Tables 4.1 and 4.2 present data on basic and advanced accredited training available in 2010. Medical colleges differ in their approaches to accrediting training. The majority of medical colleges accredit positions or posts. For some of these all positions or posts will be filled, while for others the number of accredited positions/posts equates with the possible number of trainees that could occupy the identified places available at the beginning of the year. Just three colleges (ACEM, CICM and RANZCP) now only accredit facilities, including hospitals and other sites, to undertake training, or accredit programs that can be run in a number of sites.

Data on the number of positions or posts and facilities or programs that have been accredited to undertake training are reported in Table 4.1 for those colleges where basic training is a requirement. All medical colleges provide some form of accredited advanced training. These data are presented in Table 4.2.

Table 4.1: Basic training: Positions/posts and facilities/programs by medical specialty[a], 2011

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Adult medicine	RACP	1,951	..
Anaesthesia	ANZCA	..	[b]105
Dermatology	ACD	44	29
Emergency medicine	ACEM	785	..
General practice	RACGP	[c]1,192	..
	ACRRM	422	..
Intensive care	CICM		109
Obstetrics and Gynaecology	RANZCOG	..	85
Ophthalmology	RANZCO	53	..
Paediatrics	RACP	530	..
Psychiatry	RANZCP	..	19

(a) Data is at 30 June 2011.
(b) This number does not include accredited units at satellite hospitals.
(c) As the college was introducing a new accreditation process in 2011, the number of accreditation activities undertaken in 2010 was less than usual.

Source: Medical colleges

Table 4.2: Advanced training: Positions/Posts and facilities/programs by medical specialty[a], 2011

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Addiction medicine	RACP	13	..
Adult medicine	RACP	..	[b]110
Anaesthesia	ANZCA	..	[c]107
Anaesthesia – Pain medicine	ANZCA	..	21
Dermatology	ACD	54	38
Emergency medicine	ACEM	..	113
General practice	RACGP	[d]442	..
	ACRRM	45	..
Intensive care	CICM	..	97
Medical administration	RACMA	[e]80	..
Obstetrics and Gynaecology[f]	RANZCOG	143	..
Occupational and Environmental medicine	RACP	80	..
Ophthalmology[g]	RANZCO	55	..
Paediatrics	RACP	..	[h]14
Palliative medicine	RACP	..	61
Pathology[i]	RCPA	314	287
Pathology and RACP (jointly)[i]	RCPA/RACP	173	..
Psychiatry	RANZCP	..	61
Public health medicine	RACP	72	..
Radiation oncology	RANZCR	137	38
Radiodiagnosis	RANZCR	366	128
Rehabilitation medicine	RACP	173	98
Sexual health medicine	RACP	30	..
Sport and exercise medicine	ACSP	27	27
Surgery[j]	RACS	[k]966	[l]9

(a) Data is at 30 June 2011.
(b) In addition, there are 51 secondment sites.
(c) This number does not include accredited units at satellite hospitals.
(d) This is the number of accreditation activities undertaken.
(e) RACMA has a number of candidates who are not required to undertake supervised training as they are on the Accelerated Pathway to Fellowship.
(f) RANZCOG advanced training positions not officially accredited other than prospective approval of the post.
(g) RANZCO advanced training comprises years 3, 4 and 5. The figure of 55 is trainees in years 3 and 4. These trainees must be in accredited posts. Trainees in year 5 (final year) do not have to be in accredited posts – instead they must have an individual program of training approved which is specific to their training needs or interests. This is often a fellowship position in Australia or overseas.
(h) In addition, there are 67 secondment sites.
(i) Only includes trainees fully registered with both colleges.
(j) RACS does not differentiate between basic and advanced surgical trainees, as the surgical program is an integrated program (SET).
(k) Total number of surgical training posts is 1,167, including 966 Australian, 180 New Zealand and 21 overseas.
(l) Each surgical specialty has a designated SET program therefore there are 9 programs for the 9 specialties.

Source: Medical colleges

Vocational Training Data

In 2011, there were 15,478 vocational training positions/trainees (Table 4.3). The largest number was in adult medicine (3,420), followed by general practice (3,095) and emergency medicine (1,875). Anaesthesia, paediatrics and psychiatry also had more than a thousand trainees (1,183, 1,170 and 1,029 respectively).

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

It should be noted that numbers reported for some specialties differ sometimes across tables. This is primarily due to variation in what is included in the numbers in respect to New Zealand and other overseas trainees. Differences in inclusions are duly noted in the table footnotes where applicable.

Table 4.3: Vocational training positions/trainees by medical specialty, 2011

Medical specialty	Basic trainees	Advanced trainees	Total college trainees
Addiction medicine	..	13	13
Adult medicine	1,951	1,469	3,420
Anaesthesia	617	566	1,183
Anaesthesia – Pain medicine	..	58	58
Dermatology	44	54	98
Emergency medicine			
– ACEM	785	1,057	1,842
– RACP	..	33	33
General practice			
– GPET[a]	..	2,948	2,948
– ACRRM[b]	141	6	147
Intensive care	152	312	464
Medical administration	..	86	86
Obstetrics and Gynaecology	330	143	473
Occupational and Environmental medicine	..	80	80
Ophthalmology	53	[c]86	139
Paediatrics	530	640	1,170
Palliative medicine	..	71	71
Pathology[d]	..	314	314
Pathology and RACP (jointly)[d]	..	173	173
Psychiatry	661	[e]368	1,029
Public health medicine	..	72	72
Radiation oncology		137	137
Radiodiagnosis		366	366
Rehabilitation medicine	..	162	162
Sexual health medicine	..	7	7
Sport and exercise medicine	0	27	27
Surgery[f]	..	966	966
Total	**5,264**	**10,214**	**15,478**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade, with a new training records system and data warehouse. This will affect comparability of data with previous years.
(b) ACRRM Independent Pathway registrars only.
(c) 6 trainees are completing their final year of training overseas.
(d) Only includes trainees fully registered with both colleges.
(e) Includes 170 fellows undertaking subspecialty training.
(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

Basic Training

Periods of defined basic training prior to an individual commencing the advanced training program are required by 11 specialties. Tables 4.4 and 4.5 provide data on trainees for these specialties. It should be noted that surgery has an integrated program, the Surgical Education and Training (SET) program, that does not distinguish between basic and advanced trainees and that data on these are reported in the sections dealing with advanced training.

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

In total there were 5,264 basic trainees, representing 34.5% of all trainees in 2011 (Table 4.4). This is a marked increase from the 757 trainees undertaking basic vocational training in 1997, when the data were 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 specialty with the largest number of basic trainees was adult medicine (1,951) (Table 4.4).

Of the total number of basic trainees, 1,425 were in their first year. Two-fifths (40.9% or 583) of these basic trainees were in their first year of adult medicine. Just over another fifth (22.5% or 321) were commencing their first of two years' basic training in anaesthesia.

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.

Table 4.4: Basic trainees and first-year basic trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					All basic trainees				
Adult medicine[a]	473	595	402	172	214	41	15	39	1,951
Anaesthesia	193	137	153	44	51	18	3	18	617
Dermatology	18	13	9	3	0	1	0	0	44
Emergency medicine	223	197	206	55	55	28	6	15	785
General practice – ACRRM[b]	24	8	71	6	18	7	7	0	141
Intensive care	52	22	43	19	6	3	2	5	152
Obstetrics and Gynaecology	93	100	81	20	22	7	1	6	330
Ophthalmology	23	14	6	4	6	0	0	0	53
Paediatrics[a]	157	136	92	56	62	12	5	10	530
Psychiatry	252	166	126	40	47	13	3	14	661
Sport and exercise medicine	0	0	0	0	0	0	0	0	0
Total	**1,508**	**1,388**	**1,189**	**419**	**481**	**130**	**42**	**107**	**5,264**
					First-year basic trainees				
Adult medicine[a]	130	197	109	50	64	16	9	8	583
Anaesthesia	100	72	78	24	23	11	3	10	321
Dermatology	8	6	4	2	0	0	0	0	20
Emergency medicine[c]	..	..	..	..	..	..	..	..	..
Intensive care	2	1	3	1	0	0	0	0	7
Obstetrics and Gynaecology	31	24	18	4	7	2	0	1	87
Ophthalmology	12	7	2	2	3	0	0	0	26
Paediatrics[a]	29	46	25	23	12	5	0	2	142
Psychiatry	75	57	59	18	21	5	3	1	239
Sport and exercise medicine	0	0	0	0	0	0	0	0	0
Total	**387**	**410**	**298**	**124**	**130**	**39**	**15**	**22**	**1,425**

(a) Does not include trainees based overseas.
(b) ACRRM Independent Pathway registrars only.
(c) All current ACEM trainees in Provisional (Basic) training are in the same year (at least PGY3).

Source: Medical colleges

In 2011, half (2,672 or 50.8%) of all basic trainees were female (Table 4.5). The specialty with the largest number of females was adult medicine, with 973 female basic trainees. However, the proportion of females was much higher in a number of specialities, namely obstetrics and gynaecology, paediatrics and dermatology in which 77.6%, 70.6% and 63.6% respectively of all trainees were female.

Table 4.5: Female basic trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
					Female basic trainees				
Adult medicine	241	327	179	82	97	15	9	23	973
Anaesthesia	91	73	63	21	19	5	3	8	283
Dermatology	14	8	6	0	0	0	0	0	28
Emergency medicine	94	82	80	12	22	11	3	5	309
General practice									
– ACRRM[a]	3	1	13	2	2	2	0	0	23
Intensive care	11	7	15	1	0	1	1	1	37
Medical administration	..	..	..	..	..	..	..	..	..
Obstetrics and Gynaecology	75	81	57	18	15	5	1	4	256
Ophthalmology	10	6	3	3	1	0	0	0	23
Paediatrics	116	98	55	39	48	9	3	6	374
Psychiatry	132	101	58	24	34	5	2	10	366
Sport and exercise medicine	0	0	0	0	0	0	0	0	0
Total	**787**	**784**	**529**	**202**	**238**	**53**	**22**	**57**	**2,672**
					Proportion of all basic trainees (%)				
Adult medicine	51.0	55.0	44.5	47.7	45.3	36.6	60.0	59.0	49.9
Anaesthesia	47.2	53.3	41.2	47.7	37.3	27.8	100.0	44.4	45.9
Dermatology	77.8	61.5	66.7	0	0	0	0	0	63.6
Emergency medicine	42.2	41.6	38.8	21.8	40.0	39.3	50.0	33.3	39.4
General practice									
– ACRRM[a]	12.5	12.5	18.3	33.3	11.1	28.6	0	0	16.3
Intensive care	21.2	31.8	34.9	5.3	0	33.3	50.0	20.0	24.3
Obstetrics and Gynaecology	80.6	81.0	70.4	90	68.2	71.4	100.0	66.7	77.6
Ophthalmology	43.5	42.9	50.0	75.0	16.7	0	0	0	43.4
Paediatrics	73.9	72.1	59.8	69.6	77.4	75.0	60.0	60.0	70.6
Psychiatry	52.4	60.8	46.0	60.0	72.3	38.5	66.7	71.4	55.4
Sport and exercise medicine	0	0	0	0	0	0	0	0	0
Total	**52.2**	**56.5**	**44.5**	**48.2**	**49.5**	**40.8**	**52.4**	**53.3**	**50.8**

(a) ACRRM Independent Pathway registrars only.

Source: Medical colleges

Trends in Basic Vocational Training

From 2007 to 2011 there were incremental increases each year in the number of first-year basic trainees. This resulted in the total number of basic trainees being 61.1% higher in 2011 than five years earlier (Table 4.6).

It should be noted, however, that figures for earlier years are not necessarily comparable due to training program changes, notably the introduction of a requirement for basic training prior to proceeding to advanced training in some specialties in the five-year period.

Table 4.6: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2007–2011

	Total college trainees	Basic training positions/ trainees	Female basic trainees	Proportion female (%)	First-year basic trainees	Proportion first-year (%)
2007	10,100	3,267	1,834	56.1	852	26.1
2008	11,668	4,087	1,878	46.0	854	20.9
2009	12,958	4,502	2,133	47.4	965	21.4
2010	14,679	5,040	2,498	49.6	1,244	24.7
2011	15,478	5,264	2,672	50.8	1,425	27.1
Increase 2007–2011 (%)	53.2	61.1	45.7	-9.6	67.3	3.8

Source: Medical colleges

Adult medicine doubled the number of basic trainees between 2007 and 2011 (Table 4.7). However, there were larger proportional increases in paediatrics and emergency medicine, which increased by 178.9% and 145.3% respectively.

Table 4.7: Basic training positions/trainees by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
Adult medicine	967	1,609	1,666	1,893	1,951	101.8
Anaesthesia	360	410	509	504	617	71.4
Dermatology	38	41	39	42	44	15.8
Emergency medicine	320	319	732	803	785	145.3
General practice – ACRRM	..	..	..	50	141	..
Intensive care	125	114	82	167	152	21.6
Obstetrics and Gynaecology	na	277	301	295	330	..
Ophthalmology	50	51	53	55	53	72.0
Paediatrics	190	436	459	554	530	178.9
Psychiatry	610	623	661	677	661	8.4
Surgery	607	207	..	..	..	..
Total	**3,267**	**4,087**	**4,502**	**5,040**	**5,264**	**61.1**

Source: Medical colleges

In terms of basic trainee numbers, the increases in 2011 compared with 2007 were greatest in the two largest states, New South Wales and Victoria (Table 4.8). As a proportion, the growth was greatest in Queensland and Victoria (43.1 % and 40.5% respectively).

The numbers in each jurisdiction have increased each year, with the exception of the smaller jurisdictions. In particular, it should be noted that the numbers for Tasmania, the Northern Territory and the Australian Capital Territory are higher in 2007 that would be consistent with their size and available training capacity. This has resulted in net decrease in basic training numbers over the five year period. However, from 2008 an upward trend in basic training is apparent in Tasmania and ACT.

Table 4.8: Basic training positions/trainees by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2007	1,162	988	831	375	409	238	188	225	3,267
2008	1,262	1,078	870	309	352	93	45	78	4,087
2009	1,336	1,155	1,034	369	372	92	43	96	4,502
2010	1,492	1,275	1,148	424	437	106	53	105	5,040
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
Increase 2007–2011 (%)	29.8	40.5	43.1	11.7	17.6	-45.4	-77.7	-52.4	61.1

Source: Medical colleges

Behind the increases in overall basic trainee numbers are major increases in some specialties in the intake of new trainees. Adult medicine showed a marked increase in first-year basic trainees over the five years, increasing 188.6% from 202 in 2007 to 583 in 2011. Psychiatry showed a similar proportional increase of 165.6% from 90 to 239 first-year basic trainees in 2011. The largest proportional increase, however, was in paediatrics, which increased six-fold (517.4%) from 23 first-year basic trainees in 2007 to 142 first-year basic trainees in 2011 (Table 4.9).

Table 4.9: First-year basic trainees by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
	First-year basic trainees					
Adult medicine	202	336	436	522	583	188.6
Anaesthesia	195	197	169	240	321	64.6
Dermatology	16	23	18	23	20	25.0
Emergency medicine	54	9	..	..	..	..
Intensive care	14	7	2	11	7	-50.0
Obstetrics and Gynaecology	..	81	81	77	87	..
Ophthalmology	24	24	27	25	26	8.3
Paediatrics	23	67	114	123	142	517.4
Psychiatry	90	109	118	223	239	165.6
Surgery	234	1	..	..	..	..
Total	**852**	**854**	**965**	**1,244**	**1,425**	**67.3**

Source: Medical colleges

Table 4.10 shows the numbers of first-year basic trainees in each state and territory for 2007 to 2011.

Table 4.10: First-year basic trainees by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
	First-year basic trainees								
2007	215	240	233	55	65	25	6	13	852
2008	214	250	196	71	70	25	11	17	854
2009	257	286	210	90	78	20	4	20	965
2010	350	341	267	124	100	22	16	24	1,244
2011	387	410	298	124	130	39	15	22	1,425

Source: Medical colleges

Table 4.11 shows the proportions female basic trainees in each specialty. There do not appear to be any significant trends, but rather the table highlights the fluctuations in the numbers of female basic trainees in specialties from one year to another.

Table 4.11: Proportion of female basic trainees by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
	Proportion female (%)					
Adult medicine	60.8	41.0	44.8	47.4	49.9	-17.9
Anaesthesia	38.9	40.0	33.2	45.0	45.9	18.0
Dermatology	63.2	73.2	64.1	64.3	63.6	0.6
Emergency medicine	45.9	46.7	38.4	38.2	39.4	-14.2
General practice – ACRRM	..	..	..	26.0	16.3	..
Intensive care	24.8	28.1	31.7	33.5	24.3	-2.0
Obstetrics and Gynaecology	..	63.2	65.1	69.8	77.6	..
Ophthalmology	34.0	33.3	35.8	40.0	43.4	27.6
Paediatrics	0	66.7	66.4	67.9	70.6	70.6
Psychiatry	54.3	50.6	55.2	54.1	55.4	2.0
Surgery	25.5	22.2	..	..	..	..
Total	**56.1**	**46.0**	**47.4**	**49.6**	**50.8**	**-9.4**
Total female trainees	1,834	1,878	2,133	2,498	2,672	45.7

Source: Medical colleges

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

Table 4.12: Proportion of female basic trainees by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
	Proportion female (%)								
2007	51.2	54.7	40.7	35.7	34.2	11.8	4.8	20.0	56.1
2008	49.1	50.0	40.5	42.4	42.0	32.3	37.8	52.6	46.0
2009	48.6	53.4	41.2	46.9	46.0	27.2	55.8	47.9	47.4
2010	51.3	56.0	42.0	50.0	49.7	29.2	41.5	51.4	49.6
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8

Source: Medical colleges

Advanced Training

In 2011, there were 10,194 advanced vocational training positions/trainees in programs in Australia (Table 4.13). This constitutes two thirds (66.0%) of the total number of vocational training positions/trainees. General practice had the highest number of advanced trainees (2,948), followed by adult medicine (1,469), emergency medicine (1,057) and surgery (966).

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

Table 4.13: Advanced vocational training positions/trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	5	1	2	2	2	0	1	0	13
Adult medicine	448	450	262	145	98	24	9	33	1,469
Anaesthesia	169	149	118	50	54	11	2	13	566
Anaesthesia – Pain medicine	24	18	8	4	2	1	0	1	58
Dermatology	14	14	12	7	6	1	0	0	54
Emergency medicine									
– ACEM	289	243	254	85	128	20	22	16	1,057
– RACP	9	6	12	3	3	0	0	0	33
General practice									
– GPET[a]	[b]1,003	645	645	245	256	95	78	[b]na	[c]2,948
– ACRRM[d]	2	0	2	0	1	0	1	0	6
Intensive care	89	81	62	31	31	8	3	7	312
Medical administration	20	21	26	2	11	0	1	5	86
Obstetrics and Gynaecology	55	36	30	8	7	3	0	4	143
Occupational and Environmental medicine	25	10	17	9	16	0	0	3	80
Ophthalmology	35	21	13	8	6	1	1	1	[e]86
Paediatrics	221	165	115	45	74	4	12	4	640
Palliative medicine	24	19	9	14	4	1	0	0	71
Pathology[f]	104	75	65	21	32	7	3	7	314
Pathology and RACP (jointly)[f]	59	58	24	10	17	1	0	4	173
Psychiatry	118	124	64	26	24	2	2	8	[g]368
Public health medicine	20	9	5	6	3	1	5	3	[h]52
Radiation oncology	59	32	27	8	10	1	0	0	137
Radiodiagnosis	102	101	72	41	33	7	0	10	366
Rehabilitation medicine	70	38	29	12	7	3	1	2	162
Sexual health medicine	3	2	1	0	0	0	1	0	7
Sport and exercise medicine	9	11	1	0	2	0	1	3	27
Surgery[i]	338	267	167	70	85	16	8	15	966
Total	**3,314**	**2,596**	**2,042**	**852**	**912**	**207**	**151**	**139**	**10,194**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) ACT trainees are included in NSW total.
(c) A registrar who moved between states during 2011 will be counted against both states but only once in the total.
(d) ACRRM Independent Pathway registrars only.
(e) Includes 6 trainees who are completing their final year of training overseas.
(f) Only includes trainees fully registered with both colleges.
(g) Includes 170 fellows undertaking subspecialty training.
(h) Only 52 of the 72 enrolled advanced trainees were actively training at the time of data extraction.
(i) RACS does not differentiate between basic and advanced surgical trainees, as the surgical program is an integrated program (SET).

Source: Medical colleges and GPET

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

Table 4.14: Proportion of advanced vocational training positions/trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
				Proportion (%)				
Addiction medicine	38.5	7.7	15.4	15.4	15.4	0	7.7	0
Adult medicine	30.5	30.6	17.8	9.9	6.7	1.6	0.6	2.2
Anaesthesia	29.9	26.3	20.8	8.8	9.5	1.9	0.4	2.3
Anaesthesia – Pain medicine	41.4	31.0	13.8	6.9	3.4	1.7	0	1.7
Dermatology	25.9	25.9	22.2	13.0	11.1	1.9	0	0
Emergency medicine								
– ACEM	27.3	23.0	24.0	8.0	12.1	1.9	2.1	1.5
– RACP	27.3	18.2	36.4	9.1	9.1	0	0	0
General practice								
– GPET[a]	[b]34.0	21.9	21.9	8.3	8.7	3.2	2.6	[b]na
– ACRRM[c]	33.3	0	33.3	0	16.7	0	16.7	0
Intensive care	28.5	26.0	19.9	9.9	9.9	2.6	1.0	2.2
Medical administration	23.3	24.4	30.2	2.3	12.8	0	1.2	5.8
Obstetrics and Gynaecology	38.5	25.2	21.0	5.6	4.9	2.1	0	2.8
Occupational and Environmental medicine	31.3	12.5	21.3	11.3	20.0	0	0	3.8
Ophthalmology	40.7	24.4	15.1	9.3	7.0	1.2	1.2	1.2
Paediatrics	34.5	25.8	18.0	7.0	11.6	0.6	1.9	0.6
Palliative medicine	33.8	26.8	12.7	19.7	5.6	1.4	0	0
Pathology	33.1	23.9	20.7	6.7	10.2	2.2	1.0	2.2
Pathology and RACP (jointly)	34.1	33.5	13.9	5.8	9.8	0.6	0	2.3
Psychiatry	32.1	33.7	17.4	7.1	6.5	0.5	0.5	2.2
Public health medicine	38.5	17.3	9.6	11.5	5.8	1.9	9.6	5.8
Radiation oncology	43.1	23.4	19.7	5.8	7.3	0.7	0	0
Radiodiagnosis	27.9	27.6	19.7	11.2	9.0	1.9	0	2.7
Rehabilitation medicine	43.2	23.5	17.9	7.4	4.3	1.9	0.6	1.2
Sexual health medicine	42.9	28.6	14.3	0	0	0	14.3	0
Sport and exercise medicine	33.3	40.7	3.7	0	7.4	0	3.7	11.1
Surgery	35.0	27.6	17.3	7.2	8.8	1.7	0.8	1.6
Total	**32.5**	**25.5**	**20.0**	**8.4**	**8.9**	**2.0**	**1.5**	**1.4**
Population proportion (%)[d]	32.3	24.9	20.2	7.3	10.3	2.3	1.0	1.6

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b ACT trainees are included in NSW total.
(c) ACRRM Independent Pathway registrars only.
(d) Population data from ABS. 3101.0 – Australian Demographic Statistics, March 2011. Released 29/09/2011.

Source: Medical colleges and GPET

First-year Advanced Trainees

In 2011, there were 2,817 first-year advanced vocational training positions/trainees (Table 4.15). The specialty with the most first-year advanced vocational training places was general practice (924), followed by adult medicine (408).

Table 4.15: First-year advanced vocational training positions/trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	3	0	0	0	1	0	0	0	4
Adult medicine	114	132	71	33	36	7	2	13	408
Anaesthesia	53	54	37	18	16	7	2	6	193
Anaesthesia - Pain medicine	11	6	3	2	3	1	0	0	26
Dermatology	7	10	3	4	4	0	0	0	28
Emergency medicine									
– ACEM	73	52	72	19	29	9	4	4	262
– RACP	3	2	9	1	0	0	0	0	15
General practice									
– GPET[a]	[b]437	245	120	35	41	27	13	[b]na	918
– ACRRM[c]	2	0	2	0	1	0	1	0	6
Intensive care	12	16	15	5	8	2	0	0	58
Medical administration	3	5	11	1	3	0	0	2	25
Obstetrics and Gynaecology	22	7	17	5	4	1	0	2	58
Occupational and Environmental medicine	1	1	7	2	7	0	0	1	19
Ophthalmology	11	6	4	2	2	1	1	1	28
Paediatrics	55	39	37	16	16	2	4	1	170
Palliative medicine	1	3	3	4	0	0	0	0	11
Pathology[d]	19	6	7	2	2	0	1	3	40
Pathology and RACP (jointly)[d]	15	10	7	4	3	0	0	2	41
Psychiatry	33	30	21	13	12	1	0	2	[e]112
Public health medicine	11	4	2	2	0	0	0	3	22
Radiation oncology	10	6	8	1	1	1	0	0	27
Radiodiagnosis	30	24	23	8	7	2	0	2	96
Rehabilitation medicine	16	11	3	2	0	2	0	0	34
Sexual health medicine	0	1	0	0	0	0	0	0	1
Sport and exercise medicine	2	5	0	0	0	0	0	1	8
Surgery[f]	78	49	40	11	18	7	2	2	[g]207
Total	**1,022**	**724**	**522**	**190**	**214**	**70**	**30**	**45**	**2,817**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) ACT trainees are included in NSW total.
(c) ACRRM Independent Pathway registrars only.
(d) Only includes trainees fully registered with both colleges and new registrants up until the 12 August 2011.
(e) Includes trainees undertaking subspecialty training.
(f) RACS does not differentiate between basic and advanced surgical trainees, as the surgical program is an integrated program (SET).
(g) Total number of surgical training posts is 259, including 207 Australian, 51 New Zealand and 1 overseas.

Source: Medical colleges and GPET

Female Trainees

Half (5,116 or 50.2%) of all advanced vocational trainees were female (Table 4.16). This proportion was far higher in some specialties, with females comprising three-fifths or more of advanced vocational trainees in public health medicine, paediatrics, general practice, rehabilitation medicine and psychiatry (73.1%, 65.9%, 65.8%, 64.8% and 63.0% respectively).

A number of smaller specialties showed relatively low proportions of females. In smaller specialties there was greater variation, but of the larger specialties, surgery and intensive care were notable for the low proportions of female advanced trainees (23.8% and 26.9% respectively).

Table 4.16: Female advanced vocational trainees by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	2	0	1	0	0	0	1	0	4
Adult medicine	215	205	96	61	32	7	4	12	632
Anaesthesia	82	72	35	25	23	4	1	2	244
Anaesthesia – Pain medicine	6	6	1	1	2	0	0	0	16
Dermatology	6	12	7	5	2	1	0	0	33
Emergency medicine									
– ACEM	122	101	103	30	55	9	13	1	434
– RACP	5	6	6	0	2	0	0	0	19
General practice									
– GPET[a]	[b]695	403	404	164	179	67	46	[b]na	[c]1,941
– ACRRM	1	0	0	0	0	0	1	0	2
Intensive care	30	21	17	6	8	0	0	2	84
Medical administration	8	7	12	1	5	0	1	2	36
Obstetrics and Gynaecology	34	22	16	5	5	1	0	3	86
Occupational and Environmental medicine	8	2	2	2	2	0	0	1	17
Ophthalmology	14	11	2	4	2	0	0	0	33
Paediatrics	150	121	75	22	41	3	7	3	422
Palliative medicine	19	13	4	7	3	0	0	0	46
Pathology	72	41	35	11	15	4	3	5	186
Pathology and RACP (jointly)	28	27	13	6	6	0	0	2	82
Psychiatry	70	73	44	16	14	6	3	6	232
Public health medicine	13	8	2	3	5	0	5	2	38
Radiation oncology	40	14	14	3	0	0	0	0	71
Radiodiagnosis	37	31	20	17	6	0	0	4	115
Rehabilitation medicine	46	24	19	9	5	0	1	1	105
Sexual health medicine	0	0	1	0	0	0	1	0	2
Sport and exercise medicine	2	3	0	0	0	0	0	1	6
Surgery[d]	79	72	36	13	19	4	6	1	[e]230
Total	**1,784**	**1,295**	**965**	**411**	**431**	**106**	**93**	**48**	**5,116**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) ACT trainees are included in NSW total.
(c) A registrar who moved between states during 2011 will be counted against both states but only once in the total.
(d) RACS does not differentiate between basic and advanced surgical trainees, as the surgical program is an integrated program (SET).
(e) Total number of female surgical trainees is 287, including 230 Australian, 52 New Zealand and 5 overseas.

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 2011, there were 970 part-time advanced trainees across specialties. This represents almost one-tenth (9.5%) of all advanced trainees (Table 4.17).

Part-time training was most common in public health medicine and general practice, with just over one-fifth (23.1 and 20.3%) of trainees in these specialties undertaking their training on a part-time basis.

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

Table 4.17: Advanced vocational trainees undertaking part-time training by medical specialty and state/territory, 2011

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	0	0	1	1	0	0	0	0	2
Adult medicine	15	19	10	14	2	1	0	3	64
Anaesthesia	8	10	5	1	1	0	0	0	25
Anaesthesia – Pain medicine	4	1	1	0	0	0	0	0	6
Dermatology	1	0	1	0	0	0	0	0	2
Emergency medicine									
– ACEM	16	8	2	5	3	0	0	2	36
– RACP	4	1	3	0	0	0	0	0	8
General practice									
– GPET[a]	[b]191	132	126	59	37	29	27	[b]na	601
– ACRRM	0	0	0	0	0	0	0	0	0
Intensive care	2	0	1	0	0	0	0	0	3
Medical administration	2	1	0	1	1	0	0	0	5
Obstetrics and Gynaecology	3	0	1	1	1	0	0	1	7
Occupational and Environmental medicine	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0
Paediatrics	35	35	15	4	5	0	1	0	95
Palliative medicine	0	4	1	2	1	0	0	0	8
Pathology	8	5	3	0	2	0	0	0	18
Pathology and RACP (jointly)	1	0	0	0	0	0	0	0	1
Psychiatry	8	10	8	2	0	1	0	0	29
Public health medicine	3	2	4	0	3	0	0	0	12
Radiation oncology	1	1	1	0	0	0	0	0	3
Radiodiagnosis	7	0	1	4	1	0	0	0	13
Rehabilitation medicine	6	5	7	4	2	0	0	0	24
Sexual health medicine	2	1	0	0	0	0	1	0	4
Sport and exercise medicine	0	0	0	0	0	0	1	0	1
Surgery	2	0	0	1	0	0	0	0	3
Total	**319**	**235**	**191**	**99**	**59**	**31**	**30**	**6**	**970**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) ACT trainees are included in NSW total.

Source: Medical colleges and GPET

Discontinuation of Training

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

In 2011, 115 advanced trainees discontinued training (Table 4.18). This is considerably less than in 2010 and more in line with the numbers in 2008 and 2009.

Table 4.18: Advanced vocational trainee discontinuations by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2007	15	13	5	6	6	1	1	1	79
2008	37	29	29	6	7	2	1	1	112
2009	40	36	28	7	15	2	0	1	130
2010	72	58	45	10	11	3	3	11	213
2011	42	31	22	8	6	3	3	0	115

Source: Medical colleges and GPET

Subspecialty Training

Pathology Subspecialties

In 2011, there were 487 advanced trainees undertaking training with the Royal College of Pathologists Australasia (RCPA) (Table 4.19). Half of these (242 or 49.7) were within the subspecialty of anatomical pathology and one quarter (136 or 27.9%) in haematology.

Table 4.19: Pathology advanced trainees: Total, proportion of total and females by subspecialty, 2011

Subspecialty	Trainees	Proportion (%)	Females
Anatomical pathology	242	49.7	143
Chemical pathology	19	3.9	9
Forensic pathology	7	1.4	6
General pathology	6	1.2	6
Genetics	5	1.0	2
Haematology	136	27.9	67
Immunology	27	5.5	10
Microbiology	45	9.2	25
Total	**487**	**100**	**268**

Source: RCPA

Table 4.20 shows the numbers of training positions in these subspecialties in each of the states and territories.

Table 4.20: Pathology advanced trainees by subspecialty and state/territory, 2011

Subspecialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Anatomical pathology	80	63	47	14	25	5	2	6	242
Chemical pathology	7	7	2	0	3	0	0	0	19
Forensic pathology	4	1	0	1	1	0	0	0	7
General pathology	1	0	4	0	0	1	0	0	6
Genetics	3	1	1	0	0	0	0	0	5
Haematology	42	47	24	11	8	1	1	2	136
Immunology	9	4	2	3	7	0	0	2	27
Microbiology	17	10	9	2	5	1	0	1	45
Oral pathology	0	0	0	0	0	0	0	0	0
Total	**163**	**133**	**89**	**31**	**49**	**8**	**3**	**11**	**487**

Source: RCPA

Physician Adult Medicine Subspecialties

In 2011, there were 1,547 advanced physician trainees undertaking training with the Royal Australasian College of Physicians (RACP) in adult medicine (Table 4.21).

Of all the subspecialties, general medicine and cardiology had the largest numbers of advanced trainees (199 and 185 respectively).

Table 4.21: Physician adult medicine advanced trainees: Total, proportion and females by subspecialty, 2011

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	185	12.0	43
Clinical genetics	14	0.9	11
Clinical pharmacology	16	1.0	4
Endocrinology	112	7.2	73
Gastroenterology	112	7.2	37
General medicine	199	12.9	72
Geriatric medicine	137	8.9	70
Haematology	120	7.8	53
Immunology and allergy	37	2.4	20
Infectious diseases	64	4.1	25
Intensive care medicine	12	0.8	3
Medical oncology	137	8.9	68
Nephrology	92	5.9	43
Neurology	89	5.8	41
Nuclear medicine	16	1.0	4
Palliative medicine[a]	44	2.8	28
Respiratory and sleep medicine	124	8.0	47
Rheumatology	37	2.4	21
Total	**[b]1,547**	**100**	**[b]663**

(a) This figure only covers those participating in the Adult Medicine stream.
(b) This figure does not necessarily indicate the number of advanced trainees, as trainees may be enrolled in more than one program (dual training) and will be counted in each.

Source: RACP

Table 4.22 shows the numbers of training positions in these subspecialties in each of the states and territories.

Table 4.22: Physician adult medicine advanced trainees by subspecialty and state/territory, 2011

Subspecialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Cardiology	62	47	37	17	14	3	1	4	185
Clinical genetics	11	1	2	0	0	0	0	0	14
Clinical pharmacology	3	4	2	6	1	0	0	0	16
Endocrinology	33	30	26	11	7	1	2	2	112
Gastroenterology	35	35	19	11	8	1	0	3	112
General medicine	29	54	56	28	20	6	4	2	199
Geriatric medicine	42	46	13	15	17	1	0	3	137
Haematology	39	48	16	6	8	0	0	3	120
Immunology and allergy	13	7	4	4	7	0	0	2	37
Infectious diseases	15	26	7	5	3	2	4	2	64
Intensive care medicine	1	4	1	3	2	0	0	1	12
Medical oncology	55	42	18	12	6	0	0	4	137
Nephrology	29	30	17	7	5	2	0	2	92
Neurology	32	34	11	5	5	1	0	1	89
Nuclear medicine	8	1	3	3	1	0	0	0	16
Palliative medicine	18	12	4	5	4	1	0	0	44
Respiratory and sleep medicine	40	36	23	11	10	1	0	3	124
Rheumatology	10	10	7	5	4	1	0	0	37
Total[(a)]	**475**	**467**	**266**	**154**	**122**	**20**	**11**	**32**	**1,547**

(a) This figure does not necessarily indicate the number of advanced trainees, as trainees may be enrolled in more than one program (dual training) and will be counted in each.

Source: RACP

Physician Paediatric Subspecialties

In 2011, there were 640 advanced paediatric and child health trainees with the RACP's Paediatric and Child Health Division (Table 4.23). Two thirds (406 or 63.4%) of these trainees were female.

Just over half (347 or 54.2%) of all trainees were training in general paediatrics.

Table 4.23: Physician paediatric and child health advanced trainees: Total, proportion of total and females by subspecialty, 2011[(a)]

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	10	1.6	6
Clinical genetics	11	1.7	8
Clinical pharmacology	1	0.2	1
Community child health	45	7.0	42
Emergency medicine	na	na	na
Endocrinology	15	2.3	13
Gastroenterology	12	1.9	3
General paediatrics	347	54.2	228
Haematology	8	1.3	5
Immunology and allergy	9	1.4	6
Infectious diseases	6	0.9	3
Intensive care medicine	4	0.6	0
Medical oncology	14	2.2	8
Neonatal/ perinatal medicine	77	12.0	35
Nephrology	6	0.9	3
Neurology	17	2.7	9
Nuclear medicine	0	0	0
Paediatric emergency medicine	33	5.2	19
Palliative medicine	3	0.5	3
Respiratory and sleep medicine	20	3.1	13
Rheumatology	2	0.3	1
Total	**[(a)]640**	**100**	**[(a)]406**

(a) This figure does not necessarily indicate the number of advanced trainees, as trainees may be enrolled in more than one program (dual training) and will be counted in each.

Source: RACP

Table 4.24 shows the numbers of training positions in these subspecialties in each of the states and territories.

Table 4.24: Physician paediatric and child health advanced trainees by subspecialty and state/territory, 2011

Subspecialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Cardiology	1	2	2	1	3	0	1	0	10
Clinical genetics	9	1	1	0	0	0	0	0	11
Clinical pharmacology	0	1	0	0	0	0	0	0	1
Community child health	20	15	6	0	4	0	0	0	45
Emergency medicine	na	na	na	na	na	na	na	na	na
Endocrinology	4	1	3	4	3	0	0	0	15
Gastroenterology	2	6	2	1	1	0	0	0	12
General paediatrics	120	81	66	30	36	3	9	2	347
Haematology	2	4	1	1	0	0	0	0	8
Immunology and allergy	4	3	1	0	1	0	0	0	9
Infectious diseases	2	2	0	0	1	0	1	0	6
Intensive care medicine	1	0	1	0	2	0	0	0	4
Medical oncology	7	3	1	2	1	0	0	0	14
Neonatal/perinatal medicine	24	18	12	8	12	1	0	2	77
Nephrology	1	2	1	1	1	0	0	0	6
Neurology	8	5	1	0	3	0	0	0	17
Nuclear medicine	0	0	0	0	0	0	0	0	0
Paediatric emergency medicine	9	6	12	3	3	0	0	0	33
Palliative medicine[a]	3	0	0	0	0	0	0	0	3
Respiratory and sleep medicine	8	6	2	0	4	0	0	0	20
Rheumatology	0	0	1	0	1	0	0	0	2
Total[b]	**225**	**156**	**113**	**51**	**76**	**4**	**11**	**4**	**640**

(a) This figure does not necessarily indicate the number of advanced trainees, as trainees may be enrolled in more than one program (dual training) and will be counted in each.
(b) This figure only covers those participating in the Paediatric stream.

Source: RACP

Surgical Subspecialties

In 2011, there were 966 advanced surgical trainees undertaking training with the Royal Australasian College of Surgeons (RACS) (Table 4.25). Of these, just under one quarter (230 or 23.8%) were female.

Of the nine subspecialties, general surgery and orthopaedic surgery had the highest numbers of trainees (371 and 208 respectively).

Table 4.25: Surgical advanced trainees: Total, proportion of total and females by subspecialty[a], 2011

Subspecialty	Trainees	Proportion (%)	Females
Cardiothoracic surgery	31	3.2	3
General surgery	371	38.4	118
Neurosurgery	49	5.1	10
Orthopaedic surgery	208	21.5	17
Otolaryngology, head and neck surgery	80	8.3	28
Paediatric surgery	21	2.2	10
Plastic and reconstructive surgery	76	7.9	17
Urology	90	9.3	20
Vascular surgery	40	4.1	7
Total[a]	**[b]966**	**100**	**[c]230**

(a) RACS does not differentiate between basic and advanced surgical trainees, as the surgical program is an integrated program (SET).
(b) Total number of surgical trainees is 1,167, including 966 Australian, 180 New Zealand and 21 overseas.
(c) Total number of female surgical trainees is 285, including 230 Australian, 50 New Zealand and 5 overseas.

Source: RACS

Table 4.26 shows the numbers of training positions in these subspecialties in each of the states and territories.

Table 4.26: Surgical advanced trainees by subspecialty and state/territory, 2011

Subspecialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Cardiothoracic surgery	12	10	4	2	2	1	0	0	31
General surgery	133	104	64	23	29	8	5	5	371
Neurosurgery	17	12	9	5	5	1	0	0	49
Orthopaedic surgery	73	47	37	18	22	4	1	6	208
Otolaryngology, head and neck surgery	27	21	14	7	9	0	1	1	80
Paediatric surgery	7	8	2	1	2	0	1	0	21
Plastic and reconstructive surgery	22	25	11	8	9	1	0	0	76
Urology	31	29	20	3	4	1	0	2	90
Vascular surgery	16	11	6	3	3	0	0	1	40
Total[(a)]	**338**	**267**	**167**	**70**	**85**	**16**	**8**	**15**	**966**

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

Source: RACS

Trends in Advanced Vocational Training

The total number of advanced training positions/trainees was one and a half times greater in 2011 than in 2007 (Table 4.27). The proportion of female advanced trainees increased very slightly across the five years to its highest level of 50.1% in 2011. The number and proportion of part-time advanced trainees, however, fluctuated from year to year, increasing to its highest level of 13.9% of all advanced trainees in 2011.

Table 4.27: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 2007–2011

	Total college trainees	Advanced training positions/ trainees	Female advanced trainees	Proportion female (%)	Part-time advanced trainees	Proportion part-time (%)
2007[a]	10,100	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	1,052	12.8
2010	14,679	9,432	4,494	47.6	971	10.3
2011	15,478	10,214	5,116	50.1	1416	13.9
Increase 2007–2011 (%)	53.2	49.5	60.8	7.6	91.6	28.4

(a) Training positions/trainees figures have been revised in 2010 from that reported in 2007.
(b) Advanced training positions/trainees figures have been revised in 2010 from that reported in 2008.

Source: Medical colleges and GPET

Over the five years from 2007 to 2011, a number of medical colleges markedly increased training numbers (Table 4.28).

Emergency medicine, paediatrics and psychiatry showed the largest increases, more than doubling the number of advanced trainees between 2007 and 2011, with increases of 128.8%, 123.8% and 107.9% respectively.

Public health medicine and medical administration were the only specialties to not show an increase in total advanced trainees between 2007 and 2011.

Table 4.28: Advanced training positions/trainees by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
Addiction medicine	..	..	..	11	13	..
Adult medicine	[a]948	[a]1,043	[a]1,157	[a]1,406	1,469	55.0
Anaesthesia	416	463	485	612	566	36.1
Anaesthesia – Pain medicine	49	45	53	51	58	18.4
Dermatology	31	33	39	45	54	74.2
Emergency medicine						
– ACEM[b]	462	480	811	881	1,057	128.8
– RACP	..	..	..	..	33	..
General practice						
– GPET	2,003	2,162	2,309	2,572	2,948	47.2
– ACRRM	..	..	..	70	6	..
Intensive care	285	326	375	332	312	9.5
Medical administration	86	80	92	105	86	0
Obstetrics and Gynaecology	[c]101	[c]109	[c]131	[c]123	143	41.6
Occupational and Environmental medicine	59	61	55	87	80	35.6
Ophthalmology	47	70	77	[d]49	[e]86	83.0
Paediatrics	286	395	453	583	640	123.8
Palliative medicine	..	..	..	58	71	..
Pathology	176	211	224	301	314	78.4
Pathology and RACP (jointly)	95	124	137	131	173	82.1
Psychiatry	177	278	322	350	368	107.9
Public health medicine	75	75	61	60	72	-4.0
Radiation oncology	96	104	101	110	137	42.7
Radiodiagnosis	299	314	328	333	366	22.4
Rehabilitation medicine	131	121	138	143	162	23.7
Sexual health medicine	..	..	..	19	7	..
Sport and exercise medicine	..	..	..	..	27	..
Surgery[f]	774	791	901	1,000	[g]966	24.8
Total	**6,833**	**7,324**	**9,150**	**9,432**	**10,214**	**49.5**

(a) Includes trainees based overseas.
(b) International medical graduates were included in trainee numbers from 2009.
(c) Includes advanced trainees years 5 and 6. Covers Australian trainees who are undertaking FRANZCOG training only and not OTS who are also undertaking RANZCOG advanced training as a requirement to obtain college fellowship.
(d) Includes 3rd and 4th years only, not 5th year.
(e) Includes 6 trainees who are completing their final year of training overseas.
(f) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
(g) Total number of surgical trainees is 1,167, including 966 Australian, 180 New Zealand and 21 overseas.

Source: Medical colleges and GPET

Advanced vocational training activity increased markedly in all states from 2007 to 2011 (Table 4.29).

The number of advanced trainees/positions in the Northern Territory and the Australian Capital Territory also increased, but showed considerable fluctuations across the five years. However, it should be noted that this data gives a distorted picture of the true increase in training in the Australian Capital Territory, as data for some specialties were reported with that for New South Wales previously and general practice numbers continue to be reported together.

Table 4.29: Advanced training positions/trainees by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a]Aust
2007	2,312	1,831	1,220	525	619	121	101	107	6,833
2008	2,486	2,040	1,351	599	689	147	120	129	7,581
2009	2,727	2,190	1,486	623	722	156	130	122	8,249
2010	3,033	2,448	1,780	740	700	170	176	252	9,277
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
Increase 2007–2011 (%)	43.3	41.8	67.4	62.3	47.3	71.1	49.5	29.9	49.2

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

Source: Medical colleges and GPET

Overall, the proportion of advanced vocational trainees who were female changed little over the five years from 2007 to 2011, remaining at just under half of all advanced vocational trainees (Table 4.30).

The proportion of female advanced trainees has fluctuated over the years in most specialities, particularly those with smaller numbers of trainees. In spite of this variation, there are a number of specialities that have had consistently lesser proportions of female trainees, such as surgery, occupational and environmental medicine, and intensive care. In contrast, general practice, paediatrics, obstetrics and gynaecology, and rehabilitation medicine have maintained higher proportions (around three-fifths each year) of female advanced trainees.

Table 4.30: Proportion of female advanced vocational trainees by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011	Increase 2007–2011 (%)
			Proportion female (%)			
Addiction medicine	..	..	..	36.4	30.8	..
Adult medicine	43.0	43.1	40.2	42.3	43.0	0
Anaesthesia	39.7	37.1	50.7	39.9	43.1	8.6
Anaesthesia – Pain medicine	26.5	31.1	35.8	29.4	27.6	4.1
Dermatology	51.6	66.7	59.0	55.6	61.1	18.4
Emergency medicine	44.2	43.5	41.9	38.6	41.1	-7.1
General practice	58.9	62.0	63.8	64.9		..
– GPET	..	..	..	..	65.8	..
– ACRRM	..	..	..	..	33.3	..
Intensive care	34.7	24.5	24.3	27.1	26.9	-22.4
Medical administration	20.9	10.0	14.1	27.6	41.9	100.3
Obstetrics and Gynaecology	65.7	68.8	67.9	65.0	60.1	-8.5
Occupational and Environmental medicine	23.7	16.4	25.5	14.9	21.3	-10.3
Ophthalmology	31.9	34.3	31.2	38.8	38.4	20.3
Paediatrics	63.6	60.1	58.7	61.4	65.9	3.7
Palliative medicine	..	..	..	53.4	63.8	..
Pathology	53.9	45.3	64.5	[a]80.1	59.2	9.9
Pathology and RACP (jointly)	..	..	..	..	47.4	..
Psychiatry	52.5	26.3	53.1	55.1	63.0	20.1
Public health medicine	69.3	26.3	59.0	61.7	52.8	-23.8
Radiation oncology	44.8	52.9	57.4	58.2	51.8	15.7
Radiodiagnosis	30.4	30.9	34.8	31.8	31.4	3.4
Rehabilitation medicine	60.3	60.3	61.6	61.5	64.8	7.5
Sexual health medicine	..	..	..	52.6	28.6	..
Sport and exercise medicine	..	..	..	..	22.2	..
Surgery	18.3	23.3	23.1	22.8	[b]23.8	..
Total (%)	**46.6**	**45.1**	**48.1**	**47.6**	**49.9**	**7.1**
Total female trainees	3,181	3,421	3,967	4,494	5,116	60.8

(a) The proportion is calculated for Pathology medical specialty only. The percentage for both Pathology and Pathology and RACP (jointly) is 53.4%.

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

Source: Medical colleges and GPET

Overall the proportion of female advanced trainees remained fairly constant across states, roughly in the range of 40% to 50% each year. However, the proportion of female trainees has been higher each year in the Northern Territory (ranging from 59.2% to 61.6%) and generally considerably lower in the Australian Capital Territory (Table 4.31).

Table 4.31: Proportion of female advanced trainees by state/territory, 2007–2011

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
	Proportion female (%)								
2007	47.5	47.5	45.2	43.6	46.0	43.8	60.4	30.8	46.6
2008	46.3	45.0	44.3	44.9	42.7	46.9	59.2	33.3	45.1
2009	39.2	49.4	46.2	47.2	45.2	48.7	60.0	42.6	48.1
2010	50.0	48.8	46.1	46.4	48.9	57.6	52.3	40.1	47.6
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.2

Source: Medical colleges and GPET

The number of part-time advanced trainees was markedly higher in 2011 than in the previous four years (Table 4.32). Considerable variability in reported numbers of part-time advanced trainees from year to year makes it difficult to distinguish any discernible trends in part-time training. Considerable fluctuations are also seen within specialties between 2007 and 2011.

Table 4.32: Advanced trainees undertaking part-time training by medical specialty, 2007–2011

Medical specialty	2007	2008	2009	2010	2011
Addiction medicine	2	2	6	5	3
Adult medicine[a]	46	29	51	59	63
Anaesthesia	6	32	21	24	25
Anaesthesia – Pain medicine	5	3	7	6	6
Dermatology	2	2	1	5	2
Emergency medicine					
– ACEM[b]	37	93	na	23	36
– RACP					8
General practice	453	364	743	631	
– GPET					991
– ACRRM					0
Intensive care	3	0	2	1	3
Medical administration	0	1	1	1	5
Obstetrics and Gynaecology	17	7	25	3	7
Occupational and Environmental medicine	0	0	0	0	0
Ophthalmology	0	1	2	1	0
Paediatrics[a]	62	9	70	76	154
Palliative medicine	9	6	16	6	2
Pathology	4	17	1	11	18
Pathology and RACP (jointly)					1
Psychiatry	24	57	60	64	29
Public health medicine	27	15	17	11	17
Radiation oncology	0	0	1	4	2
Radiodiagnosis	2	4	5	7	13
Rehabilitation medicine	15	11	17	26	24
Sexual health medicine	4	3	7	11	4
Sport and exercise medicine	2	1	1	1	0
Surgery[c]	2	4	0	1	3
Total[d]	**722**	**661**	**1,054**	**977**	**1,416**

(a) These numbers include trainees within the joint RACP and RCPA program and trainees based overseas.
(b) 2010 data is year to date of posts credentialed.
Numbers reflects trainees who have undertaken part-time training at any time during the first half of the year. This does not mean they have been in part-time training for the whole year.
(c) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
(d) Totals for 2007, 2008, 2009 and 2010 have been changed to include numbers of trainees for Sport and Exercise Medicine.

Source: Medical colleges and GPET

General Practice

General practitioners' training under the Australian General Practice Training (AGPT) Program is provided through 20 regional training providers. Data from these are presented in Table 4.33. In total there were 2,948 trainees undertaking general practice training in 2011. Of these, 918 or 31.1% were in their first year of a three or four year full-time program.

Two thirds (66.6%) of all general practice trainees were female.

Table 4.33: General practice trainees: Registrars, first-year registrars and female registrars by state/territory and training consortium, 2011[(a)]

Regional training provider	Registrars	Proportion registrars (%)	First-year registrars	Female registrars	Proportion female (%)
			New South Wales and Australian Capital Territory		
CoastCityCountry Training Inc	215	21.4	65	127	59.1
Beyond Medical Education (NSW)	90	9.0	32	56	62.2
General Practice Training – Valley to Coast	166	16.5	47	118	71.1
North Coast NSW General Practice Training Ltd	98	9.8	34	63	64.3
GP Synergy	316	31.4	100	214	67.7
WentWest Ltd	120	11.9	41	119	99.2
Total NSW and ACT	**1,005**		**319**	**697**	**69.4**
			Victoria		
Bogong Regional Training Network	82	12.7	26	38	46.3
Greater Green Triangle GP Education and Training Inc	65	10.1	24	38	58.5
Beyond Medical Education (VIC)	105	16.3	31	60	57.1
Victorian Metropolitan Alliance	309	47.8	90	220	71.2
getGP Ltd	85	13.2	32	47	55.3
Total Victoria	**646**		**203**	**403**	**62.4**
			Queensland		
Central and Southern Qld Train	334	51.6	105	228	68.3
Queensland Rural Medical Education	138	21.3	43	70	50.7
Tropical Medical Training	175	27.0	51	108	61.7
Total Queensland	647		199	406	62.8
			South Australia		
Adelaide to Outback Training Program	133	54.3	36	88	66.2
Sturt-Fleurieu General Practice Education and Training	112	45.7	35	76	67.9
Total South Australia	**245**		**71**	**164**	**66.9**
			Western Australia		
WAGPET Ltd	256	100.0	86	179	69.9
Total Western Australia	**256**		**86**	**179**	**69.9**

Regional training provider	Registrars	Proportion registrars (%)	First-year registrars	Female registrars	Proportion female (%)
			Tasmania		
General Practice Training Tasmania	95	100.0	27	67	70.5
Total Tasmania	**95**		**27**	**67**	**70.5**
			Northern Territory		
Northern Territory General Practice Education Ltd	78	100.0	13	46	59.0
Total Northern Territory	**78**		**13**	**46**	**59.0**
Australia[b]	**2,948**		**918**	**1,962**	**66.6**

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) Registrars who transferred during 2011 will be counted against each regional training provider but only once in the total.

Source: GPET

Rural Pathway

In 2011, there were 1,372 trainees completing general practice training through the rural pathway.

The proportion training through this pathway was slightly higher in Queensland (than the relative proportion of the population) and slightly less in Western Australia, New South Wales and the Australian Capital Territory (Table 4.34).

Table 4.34: General practice rural pathway trainees by state/territory, 2011

	NSW/ACT	Vic	Qld	SA	WA	Tas	NT	Aust
Number[a]	373	334	333	121	107	59	55	[b]1,372
Proportion (%)	27.2	24.3	24.3	8.8	7.8	4.3	4.0	100.0

(a) At the beginning of 2011 GPET undertook a major information management system upgrade with a new training records system and data warehouse.
(b) Registrars who transferred during 2011 will be counted against each regional training provider but only once in the total.

Source: GPET

Medical College Examinations

This section provides information on the number of Australian vocational trainees who sat college or faculty examinations in 2010 and the number of trainees who successfully passed.

Current Data

Table 4.35 presents data on the number of trainees sitting their final or fellowship examinations and 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 4.35: Vocational trainees sitting a final or fellowship examination: Trainees sitting and proportion passing by medical specialty, 2010

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
Anaesthesia	Fellowship	199	169	84.9
Anaesthesia – Pain medicine	Fellowship	19	15	78.9
Dermatology	Fellowship Written	21	18	85.7
	Fellowship Clinical	18	16	88.9
Emergency medicine		115	76	66.1
General practice	RACGP Fellowship Exam ACRRM Fellowship Exam	474	439	92.6
	MSF	67	54	80.6
	MiniCEX	44	34	77.3
	MCQ	70	44	62.9
	StAMPS	60	47	78.3
Intensive care	General Fellowship exam	110	62	56.4
	Paediatric Fellowship exam	13	7	53.8
Medical administration	Oral Examination	29	25	86.2
Obstetrics and Gynaecology	Written	148	95	64.2
	Oral	89	77	86.5
Occupational and Environmental medicine	Written	9	3	33.3
	Practical	9	5	55.6
Ophthalmology	RANZCO Advanced Clinical Exam	27	17	63.0
Pathology	Part II Examinations	97	87	89.7
Public health medicine	Final Program Assessment	13	9	69.2
Radiation oncology	Part II Written and Clinical Vivas	28	22	78.6
Radiodiagnosis	Part II FRANZCR Examination Written and Vivas	91	61	67.0
Rehabilitation medicine	Written	29	21	72.4
	Clinical	30	20	66.7
Sexual health medicine	Exit Assessment Interview	3	3	100.0
Sport and exercise medicine	Written	9	4	44.4
	Clinical	4	4	100.0
Surgery	Fellowship	204	165	80.9
Total		**2,029**	**1,599**	**78.8**

Source: Medical colleges and GPET

Table 4.36 presents the examination outcomes for the additional examinations that are required as part of some college training programs. The data covers Australian trainees only.

Table 4.36: Vocational trainees undertaking additional examinations: Number and proportion passing by medical specialty, 2010

Medical specialty	Examination	Time held	Trainees sitting	Trainees passing	Proportion passing (%)
Adult medicine	Written		721	492	68.2
	Clinical		611	426	69.7
Anaesthesia	Part I Pharmacology written	March/April and July/September	363		
	Part I Pharmacology oral		249	204	56.2
	Physiology written		394		
	Physiology oral		287	222	56.3
Dermatology	Clinical sciences	May-10	7	5	71.4
	Pharmacology	May-10	20	18	90.0
	Clinical sciences	Nov-10	19	19	100.0
	Pharmacology	Nov-10	4	4	100.0
Emergency medicine	Primary – Anatomy	4/2010 and 9/2010	311	251	80.7
	Primary – Pathology	4/2010 and 9/2010	303	234	77.2
	Primary – Physiology	4/2010 and 9/2010	340	260	76.5
	Primary – Pharmacology	4/2010 and 9/2010	315	247	78.4
Intensive care	Part I		25	13	52.0
Ophthalmology	Ophthalmic Sciences	2	24	13	54.2
	Ophthalmic Basic Competencies and Knowledge (OBCK)	2	37	37	100.0
	Ophthalmic Pathology	2	25	25	100.0
Paediatrics	Written		226	147	65.0
	Clinical		199	134	67.3
Pathology	Basic pathology sciences Part I	April	32	27	84.4
Psychiatry: Basic training	Case Histories		291	216	74.2
	Written		203	156	76.9
	Clinical		196	[a]99	50.5
Public health medicine	Part 1				
Radiation oncology	Part I	Yearly	22	20	90.9
Radiodiagnosis	Part I	Twice Yearly	87	67	77.0
Surgery	Clinical Exam	February and June	174	153	87.9
	Surgical Science Exam (Generic)	February and June	164	135	82.3
	Surgical Science (Specialty Specific)	February and June	210	117	55.7

(a) 2010 RANZCP clinical exams conducted under new format including amended scoring system and the ability for a pass in the OSCE component of this exam to carry forward to subsequent attempts.

Source: Medical colleges and GPET

Trends

Tables 4.37 and 4.38 provide data on the numbers passing their final or fellowship examinations and how these vary as a proportion the total sitting each year from 2006 to 2010. Some specialties show considerable consistency in the numbers and proportions passing each year, while in other specialties there is marked variation from one year to the next.

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 sitting examinations in some specialties.

Table 4.37: Vocational trainees who passed final or fellowship examination by medical specialty, 2006–2010

Medical specialty	Examination	2006	2007	2008	2009	2010
Anaesthesia	Fellowship	183	233	197	189	169
Anaesthesia – Pain medicine	Fellowship	14	17	14	20	15
Dermatology	Fellowship Written	18	19	12	20	18
	Fellowship Clinical	14	19	11	20	16
Emergency medicine		62	68	80	73	76
General practice	[a]RACGP Fellowship Exam	407	472	510	407	439
	ACRRM Fellowship Exam			32		
	MSF				36	54
	MiniCEX				37	34
	MCQ				22	44
	StAMPS				11	47
Intensive care	General Fellowship exam	45	58	67	64	62
	Paediatric Fellowship exam		3	4	5	7
Medical administration	Oral Examination	9	11	10	8	25
Obstetrics and Gynaecology	Written	43	62	50	84	95
	Oral	41	41	63	69	77
Occupational and Environmental medicine	Written		11	12	4	3
	Practical		10	10	5	5
Ophthalmology	RANZCO Advanced Clinical Exam	8	24	28	34	17
Pathology	Part II Examinations	66	91	96	98	87
Public health medicine	Final Program Assessment	15	8	12	16	9
Radiation oncology	Part II Written and Clinical Vivas	17	15	21	19	22
Radiodiagnosis	Part II FRANZCR Examination Written and Vivas	73	59	65	70	61
Rehabilitation medicine	Written	25	21	15	16	21
	Clinical	15	34	13	16	20
Sport and exercise medicine		6	8	2	1	4
Surgery	Fellowship	155	176	199	197	[b]165

(a) These figures are for the Training Program route only.
(b) In addition there were 27 New Zealand and 1 overseas trainees who also passed final or fellowship examination.

Source: Medical colleges and GPET

Table 4.38: Proportion of vocational trainees sitting a final or fellowship examination who passed by medical specialty, 2006–2010

Medical specialty	Examination	2006	2007	2008	2009	2010
		Proportion passing (%)				
Adult medicine	Written	72.7	67.1	69.9	66.8	68.2
	Clinical	73.7	73.2	75.9	76.9	69.7
Anaesthesia		86.3	86.0	86.0	78.4	84.9
Anaesthesia – Pain medicine		70.0	100.0	70.0	83.3	78.9
Dermatology	Written	78.3	79.2	92.3	83.3	85.7
	Clinical	77.8	100	91.6	95.2	88.9
Emergency medicine		72.2	69.4	70.2	65.8	66.1
General practice		85.3	88.2	87.9		
	RACGP Fellowship Exam[a]				87.9	92.6
	ACRRM Fellowship Exam					
	MSF				80.0	80.6
	MiniCEX				97.4	77.3
	MCQ				64.7	62.9
	StAMPS				64.7	78.3
Intensive care		[b]66.2	..	..	..	..
	General	..	61.7	57.0	55.0	56.4
	Paediatric	..	60.0	80.0	83.0	53.8
Medical administration		64.3	73.3	83.3	70.0	86.2
Obstetrics and	Written	65.2	63.9	56.8	64.1	64.2
Gynaecology	Oral	91.1	62.1	94.0	82.1	86.5
Occupational and	Written	50.0	40.7	63.2	40.0	33.3
Environmental medicine	Practical	67.9	45.5	66.7	45.6	55.6
Ophthalmology	Written	..	..	..	..	84.0
	Ophthalmic pathology	..	..	..	..	100.0
	Clinical	100.0	82.8	80.0	70.0	76.0
Paediatrics		69.7	67.3	68.4	69.8	65.0
	Clinical	74.7	70	75.1	72.2	67.3
Pathology		98.5	92.9	97.0	97.0	89.7
Public health medicine		78.9	50.0	80.0	70.0	69.2
Radiation oncology		77.3	78.9	77.7	76.0	78.6
Radiodiagnosis		58.4	51.3	55.1	76.0	67.0
Rehabilitation medicine	Written	75.8	67.7	79.0	66.6	72.4
	Clinical	..	79.1	65.0	62.5	66.7
	Oral	37.5	..	..	..	..
Sport and exercise medicine	Written	100.0	88.9	66.6	100.0	44.4
	Clinical	100.0	100.0	100.0	100.0	100.0
Surgery		82.4	80.7	76.5	[c]82.9	80.9

(a) These figures are for the Training Program route only.
(b Final or fellowship exam only.
(c This figure includes overseas trained medical specialists who have entered the SET program. In 2009 the annual fellowship pass rate for trainees only was 91.6%.

Source: Medical colleges and GPET

New College Fellows

Current Data

There were 2,401 new fellows of medical colleges in 2010. Of these, 1,057 or 44.0% were female (Table 4.39). Almost one quarter (570 or 23.7%) were overseas trained specialists who were assessed as having qualifications comparable with specialists trained by the medical college in Australia and given fellowship of that college.

Table 4.39: New fellows: Total, females and overseas trained specialists by medical specialty, 2010

Medical specialty	Total	Proportion all new fellows (%)	Females	Proportion female (%)	Overseas trained specialists	Proportion overseas trained (%)
Addiction medicine	3	0.1	1	33.3	0	0
Adult medicine	346	14.4	130	37.6	57	16.5
Anaesthesia	243	10.1	79	32.5	62	25.5
Anaesthesia – Pain medicine	17	0.7	5	29.4	na	na
Dermatology	26	1.1	14	53.8	5	19.2
Emergency medicine	77	3.2	34	44.2	13	16.9
General practice						
– RACGP	835	34.8	468	56.0	151	18.1
– ACRRM	28	1.2	11	39.3	8	28.6
Intensive care	60	2.5	14	23.3	5	8.3
Medical administration	18	0.7	5	27.8	0	0
Obstetrics and Gynaecology	83	3.5	47	56.6	35	42.2
Occupational and Environmental medicine	5	0.2	1	20.0	3	60.0
Ophthalmology	26	1.1	8	30.8	7	26.9
Paediatrics	91	3.8	52	57.1	29	31.9
Palliative medicine	6	0.2	4	66.7	0	0
Pathology	63	2.6	30	47.6	20	31.7
Pathology and RACP (jointly)	31	1.3	15	48.4	0	0
Psychiatry	154	6.4	72	46.8	72	46.8
Public health medicine	15	0.6	8	53.3	4	26.7
Radiation oncology	13	0.5	7	53.8	0	0
Radiodiagnosis	54	2.2	13	24.1	36	66.7
Rehabilitation medicine	22	0.9	13	59.1	1	4.5
Sexual health medicine	0	0	0	0	0	0
Sport and exercise medicine	1	0	0	0	0	0
Surgery[(a)]	184	7.7	26	14.1	62	33.7
Total	**2,401**	**100**	**1,057**	**44.0**	**570**	**23.7**

(a) These figures include those completing the SET program and/or overseas trained specialists who are residing in Australia.

Source: Medical colleges

Data on the state or territory in which new fellows resided are shown in Table 4.40. The total number of new fellows is lower than shown in Table 4.39 as it does not include those residing overseas.

Table 4.40: New fellows by medical specialty and state/territory, 2010

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	2	0	1	0	0	0	0	0	3
Adult medicine	117	93	62	18	37	9	4	6	346
Anaesthesia	65	57	51	24	33	6	0	7	243
Anaesthesia – Pain medicine	4	4	3	4	1	1	0	0	17
Dermatology	10	6	7	2	1	0	0	0	26
Emergency medicine	21	20	16	3	12	0	3	2	77
General practice									
– RACGP	244	197	180	67	102	20	16	9	835
– ACRRM	1	4	15	0	5	2	1	0	28
Intensive care	16	10	9	7	6	0	1	2	51
Medical administration	3	6	6	1	1	0	0	1	[a]18
Obstetrics and Gynaecology	32	22	7	7	12	2	0	1	83
Occupational and Environmental medicine	1	3	0	1	0	0	0	0	5
Ophthalmology	12	4	5	3	2	0	0	0	26
Paediatrics	31	30	11	6	11	1	0	1	91
Palliative medicine	1	2	1	0	0	1	1	0	6
Pathology	27	13	14	2	5	0	0	2	63
Pathology and RACP (jointly)	18	7	2	1	2	0	1	0	31
Psychiatry	34	48	37	13	16	5	0	1	154
Public health medicine	1	1	3	2	2	0	0	2	[b]11
Radiation oncology	6	4	3	0	0	0	0	0	13
Radiodiagnosis	15	21	7	6	3	2	0	0	54
Rehabilitation medicine	10	6	5	0	1	0	0	0	22
Sexual health medicine	0	0	0	0	0	0	0	0	0
Sport and exercise medicine	1	0	0	0	0	0	0	0	1
Surgery	62	45	34	12	20	3	2	6	184
Total	**734**	**603**	**479**	**179**	**272**	**52**	**29**	**40**	**2,388**

(a) Another 6 RACMA new fellows are not located in Australia.
(b) Another four new fellows are from New Zealand and India.

Source: Medical colleges

The distribution across states and territories of female new fellows followed a similar pattern to the distribution of all new fellows (Table 4.41).

Table 4.41: Female new fellows by medical specialty and state/territory, 2010

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	1	0	0	0	0	0	0	0	1
Adult medicine	52	38	21	5	7	3	2	2	130
Anaesthesia	20	19	15	5	15	3	0	2	79
Anaesthesia – Pain medicine	2	1	1	1	0	0	0	0	5
Dermatology	3	7	1	1	1	0	0	0	13
Emergency medicine	7	7	8	2	7	0	3	0	34
General practice									
– RACGP	122	120	99	37	62	12	10	6	468
– ACRRM	0	3	4	0	3	0	1	0	11
Intensive care	5	3	2	0	2	0	1	0	13
Medical administration	1	2	0	0	1	0	0	1	5
Obstetrics and Gynaecology	20	14	3	3	5	1	0	1	[a]47
Occupational and Environmental medicine	0	1	0	0	0	0	0	0	1
Ophthalmology	4	1	2	1	0	0	0	0	8
Paediatrics	13	22	7	2	6	1	0	1	52
Palliative medicine	1	0	1	0	0	1	1	0	4
Pathology	26	6	8	1	1	0	1	2	45
Psychiatry	16	27	17	4	6	2	0	0	72
Public health medicine	0	0	2	2	0	0	0	1	[b]5
Radiation oncology	4	1	2	0	0	0	0	0	7
Radiodiagnosis	4	6	1	1	0	1	0	0	13
Rehabilitation medicine	6	2	4	0	1	0	0	0	13
Sexual health medicine	0	0	0	0	0	0	0	0	0
Sport and exercise medicine	0	0	0	0	0	0	0	0	0
Surgery	8	9	3	1	4	0	0	1	26
Total	**315**	**289**	**201**	**66**	**121**	**24**	**19**	**17**	**1,052**

(a) One female new fellow is currently overseas.
(b) A further three females are from New Zealand and India.

Source: Medical colleges

Trends

In 2010 the number of new fellows was 2,401 or 41.2% higher than in 2006 (Table 4.42). General practice had the largest difference over the five years in terms of sheer numbers, with 207 more new fellows in 2010 than in 2006. There were lesser, but big increases in the numbers of new fellows in anaesthesia, psychiatry and pathology (108, 64 and 48 more in 2010 than in 2006 respectively).

In terms of proportional increases, the number of new fellows in intensive care was two and a half times (160.9% increase) higher in 2010 than in 2006. A number of other specialties showed significant increases across the five years, however, the numbers were small and fluctuated considerably.

Table 4.42: New fellows by medical specialty, 2006–2010

Medical specialty	2006	2007	2008	2009	2010	Increase 2006–2010 (%)
Addiction medicine	..	..	..	6	3	..
Adult medicine	247	209	303	397	346	40.1
Anaesthesia	135	150	234	197	243	80.0
Anaesthesia – Pain medicine	5	7	11	9	17	240.0
Dermatology	14	23	11	11	26	85.7
Emergency medicine	78	69	95	82	77	-1.3
General practice						
– RACGP	628	592	819	928	[a]835	57.0
– ACRRM	..	21	22	40	28	..
Intensive care	23	36	62	63	60	160.9
Medical administration	13	11	10	9	18	38.5
Obstetrics and Gynaecology	49	46	66	56	83	69.4
Occupational and Environmental medicine	6	6	11	11	5	-16.7
Ophthalmology	16	30	14	11	26	62.5
Paediatrics	73	47	114	116	91	24.7
Palliative medicine	..	..	..	8	6	..
Pathology	46	77	68	64	94	104.3
Public health medicine	13	15	13	12	15	15.4
Psychiatry	90	72	147	125	154	71.1
Radiation oncology	9	12	11	18	13	44.4
Radiodiagnosis	74	54	54	44	54	-27.0
Rehabilitation medicine	19	24	21	13	22	15.8
Sexual health medicine	..	..	..	1	0	..
Sport and exercise medicine	7	3	5	1	1	-85.7
Surgery	155	176	171	[b]174	[c]184	18.7
Total[d]	**1,700**	**1,680**	**2,262**	**[e]2,396**	**2,401**	**41.2**

(a) An additional 151 new fellows who live overseas joined the college in 2010.
(b) These figures include those completing the SET program and/or overseas trained specialists who are residing in Australia. In total there were 212 new fellows.
(c) These figures include those completing the SET program and/or overseas trained specialists who are residing in Australia. In total there were 208 new fellows.
(d) Totals for 2006, 2007, 2008 and 2009 have been changed to cover numbers of new fellows for Sport and Exercise Medicine.
(e) Total for 2009 revised to include Addiction medicine.

Source: Medical colleges

Table 4.43 shows the states and territories in which new fellows resided.

Table 4.43: New fellows by state/territory, 2006–2010

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	[a]Aust
2006	530	468	308	165	163	30	11	18	1,693
2007	538	470	327	151	135	30	11	15	1,677
2008	635	543	441	213	246	49	15	23	2,165
2009	620	548	471	196	225	47	25	41	2,285
2010	734	603	479	179	272	52	29	40	2,388
Increase 2006–2010 (%)	38.5	28.8	55.5	8.5	66.9	73.3	163.6	122.2	41.1

(a) 2008 and 2009 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

Overall the proportion of female new fellows has remained relatively constant over recent years, with around two-fifths of new fellows each year being female (Table 4.44). However, considerable variation is seen from year to year particularly with smaller specialties.

The number of new fellows obviously reflects the numbers in training, with general practice, paediatrics and obstetrics and gynaecology having a higher proportion of female new fellows each year and surgery and intensive care generally having a far lower proportion each year.

Table 4.44: Proportion of female new fellows by medical specialty, 2006–2010

Medical specialty	2006	2007	2008	2009	2010
			Proportion (%)		
Addiction medicine	..	..	..	50.0	33.3
Adult medicine	36.8	38.3	41.6	35.8	37.6
Anaesthesia	43.0	31.3	35.0	29.4	32.5
Anaesthesia - Pain medicine	40.0	0	9.1	33.3	29.4
Dermatology	42.9	34.8	90.9	90.9	53.8
Emergency medicine	30.8	33.3	36.8	36.6	44.2
General practice					
– RACGP	46.8	50.0	44.8	43.3	56.0
– ACRRM	..	14.3	31.8	27.5	39.3
Intensive care	8.7	13.9	25.8	23.8	23.3
Medical administration	30.8	27.3	50.0	11.1	27.8
Obstetrics and Gynaecology	46.9	58.7	62.1	62.5	56.6
Occupational and Environmental medicine	33.3	16.7	45.5	9.1	20.0
Ophthalmology	31.3	50.0	35.7	36.4	30.8
Paediatrics	45.2	57.4	56.1	47.4	57.1
Palliative medicine	..	..	..	62.5	66.7
Pathology	65.2	53.2	51.5	46.9	47.6
Pathology and RACP (jointly)	..	..	..	..	48.4
Psychiatry	54.4	43.1	42.2	42.4	46.8
Public health medicine	84.6	80.0	69.2	58.3	53.3
Radiation oncology	55.6	50.0	36.4	44.4	53.8
Radiodiagnosis	33.8	24.1	25.9	40.9	24.1
Rehabilitation medicine	63.2	62.5	25.9	69.2	59.1
Sexual health medicine	..	..	..	100.0	0
Sport and exercise medicine	..	..	..	..	0
Surgery	13.5	16.5	15.2	[(a)]19.5	[(a)]14.1
Total	**41.2**	**40.7**	**41.0**	**39.0**	**44.0**
Female new fellows	697	682	925	935	1,057

(a) Includes new Australian fellows only.

Source: Medical colleges

While the proportion of female new fellows remained relatively stable overall at around two-fifths of all new fellows over the period 2006 to 2010, the picture varied more at the state/territory level (Table 4.45). Most of this variation is due to fluctuations in the relatively smaller numbers seen in some jurisdictions.

Table 4.45: Proportion of female new fellows by state/territory, 2006–2010

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2006	44.0	41.0	38.6	44.8	33.7	40.0	27.3	50.0	41.2
2007	40.5	41.3	40.1	41.7	40.0	43.3	45.5	26.7	40.7
2008	41.1	41.4	41.3	36.6	41.5	38.8	40.0	52.2	40.9
2009	41.3	42.7	37.8	42.3	40.0	61.7	44.0	34.1	39.2
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1

Source: Medical colleges

New Fellows by Subspecialty – Selected Colleges

A number of the larger medical colleges have also provided data on new fellows, broken down by subspecialty. Pathology, physician (adult medicine and paediatrics and child health) and surgical subspecialties are presented in Tables 4.46 to 4.49.

Pathology Subspecialties

Table 4.46: Pathology subspecialties: New fellows, females and proportion of females by subspecialty, 2010

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Anatomical pathology	43	20	46.5
Chemical pathology	4	4	100.0
Forensic pathology	3	0	0
Haematology	21	10	47.6
Immunology	9	7	77.8
Microbiology	11	4	36.4
Genetics	3	0	0
Total	**94**	**45**	**47.9**

Source: RCPA

Physician Subspecialties

Table 4.47: Physician adult medicine subspecialties: New fellows, females and proportion of females by subspecialty, 2010[(a)]

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Cardiology	52	10	19.2
Clinical genetics	1	0	0
Clinical Pharmacology	2	1	50.0
Endocrinology	33	23	69.7
Endocrinology and Chemical Pathology	1	1	100.0
Gastroenterology and Hepatology	34	9	26.5
General medicine	13	3	23.1
Geriatric medicine	30	19	63.3
Haematology	18	8	44.4
Immunology and Allergy	6	4	66.7
Infectious diseases	11	7	63.6
Infectious diseases and Microbiology	4	0	0
Intensive care medicine	0	0	0
Medical oncology	21	12	57.1
Nephrology	15	4	26.7
Neurology	15	6	40.0
Nuclear medicine	2	0	0
Palliative medicine	6	4	66.7
Respiratory and Sleep medicine	16	2	12.5
Rheumatology	11	5	45.5
Total	**291**	**118**	**40.5**

(a) Does not include overseas trained specialists or those based in New Zealand.

Source: RACP

Table 4.48: Physician paediatric and child health subspecialties: New fellows, females and proportion of females by subspecialty, 2010[(a)]

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Cardiology	3	1	33.3
Clinical genetics	1	1	100.0
Clinical Pharmacology	0	0	0
Community child health	4	3	75.0
Endocrinology	5	2	40.0
Gastroenterology	0	0	0
General paediatrics	32	21	65.6
Haematology	1	1	100.0
Immunology and Allergy	1	0	0
Infectious Diseases	1	1	100.0
Intensive Care medicine	0	0	0
Medical oncology	0	0	0
Neonatal/Perinatal medicine	3	2	66.7
Nephrology	1	1	100.0
Neurology	2	0	0
Nuclear medicine	0	0	0
Paediatric emergency medicine	4	3	75.0
Palliative medicine	0	0	0
Respiratory and Sleep medicine	0	0	0
Rheumatology	2	1	50.0
Total	**60**	**37**	**61.7**

(a) Does not include overseas trained specialists.

Source: RACP

Surgical Subspecialties

Table 4.49: Surgical subspecialties: New fellows, females and proportion of females by subspecialty, 2010[(a)]

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Cardiothoracic surgery	4	0	0
General surgery	68	11	16.2
Neurosurgery	12	0	0
Orthopaedic surgery	47	2	4.3
Otolaryngology, head and neck surgery	21	6	28.6
Paediatric surgery	3	1	33.3
Plastic and reconstructive surgery	9	4	44.4
Urology	15	2	13.3
Vascular surgery	5	0	0
Total[(a)]	**184**	**26**	**14.1**

(a) These figures are for fellows who are residing in Australia and include those who are overseas trained specialists and have become fellows of the college.

Source: RACS

College Fellows

In 2010, there were 44,735 medical practitioners who were fellows of medical colleges (Table 4.50). One third (14,528 or 32.5%) were female.

Overall new fellows represented 5.4% of all college fellows. This proportion varied greatly across specialties, with the largest proportions of new fellows continuing to be in intensive care (10.3%) and also in pathology for those completing joint programs with the Royal Australasian College of Physicians (RACP) in haematology, immunopathology, endocrinology/chemical pathology and microbiology/infectious diseases.

Table 4.50: Fellows: Total, number and proportion of females, and new fellows and proportion of all fellows by medical specialty, 2010

Medical specialty	Fellows	Females	Proportion female (%)	New fellows 2010	New fellows as a proportion of all fellows (%)
Addiction medicine	164	41	25.0	3	1.8
Adult medicine	6,284	1,518	24.2	346	5.5
Anaesthesia	3,425	861	25.1	243	7.1
Anaesthesia – Pain medicine	212	42	19.8	17	8.0
Dermatology	390	154	39.5	26	6.7
Emergency medicine	1,134	328	28.9	77	6.8
General practice					
– RACGP	14,651	6,713	45.8	835	5.7
– ACRRM	1,352	264	19.5	28	2.1
Intensive care	584	87	14.9	60	10.3
Medical administration	299	83	27.8	18	6.0
Obstetrics and Gynaecology[a]	1,492	540	36.2	83	5.6
Occupational and Environmental medicine	245	46	18.8	5	2.0
Ophthalmology	796	138	17.3	26	3.3
Paediatrics	1,723	705	40.9	91	5.3
Palliative medicine	181	80	44.2	6	3.3
Pathology	1,379	495	35.9	63	4.6
Pathology and RACP (jointly)	225	102	45.3	31	13.8
Psychiatry	2,949	1,024	34.7	154	5.2
Public health medicine	725	276	38.1	15	2.1
Radiation oncology	269	96	35.7	13	4.8
Radiodiagnosis	1,562	380	24.3	54	3.5
Rehabilitation medicine	354	144	40.7	22	6.2
Sexual health medicine	111	53	47.7	0	0
Sport and exercise medicine	140	23	16.4	1	0.7
Surgery	4,089	335	8.2	184	4.5
Total	**44,735**	**14,528**	**32.5**	**2,401**	**5.4**

(a) Australian fellows and new fellows only.

Source: Medical colleges

Overall, the distribution of fellows across states and territories mirrored the distribution of the population as a whole (Table 4.51).

Table 4.51: Fellows by medical specialty and state/territory, 2010

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	67	31	30	13	13	8	1	1	164
Adult medicine	2,171	1,797	960	529	527	127	34	139	6,284
Anaesthesia	1,052	865	707	303	329	93	17	59	3,425
Anaesthesia – Pain medicine	74	36	40	28	26	7	0	1	212
Dermatology	155	93	68	33	31	6	0	4	390
Emergency medicine	302	323	241	70	135	28	15	20	1,134
General practice									
– RACGP	4,279	3,615	3,163	1,253	1,498	411	164	268	14,651
– ACRRM	405	226	327	181	122	29	28	18	1,336
Intensive care	188	133	128	52	50	13	4	16	584
Medical administration	94	71	79	15	21	4	3	12	299
Obstetrics and Gynaecology	477	401	295	121	130	32	13	23	1,492
Occupational and Environmental medicine	73	59	32	24	35	6	0	16	245
Ophthalmology	309	195	133	62	69	13	3	12	796
Paediatrics	605	429	281	141	184	26	27	30	1,723
Palliative medicine	67	40	30	14	13	13	2	2	181
Pathology	499	292	250	112	152	34	5	35	1,379
Pathology and RACP (jointly)	81	59	40	16	19	2	1	7	225
Psychiatry	912	845	527	283	257	62	12	51	2,949
Public health medicine	184	100	83	37	55	16	27	41	543
Radiation oncology	97	78	53	15	14	0	6	6	269
Radiodiagnosis	500	396	282	141	180	37	2	24	1,562
Rehabilitation medicine	176	99	37	22	7	6	2	5	354
Sexual health medicine	49	23	18	7	6	1	1	6	111
Sport and exercise medicine	40	37	13	4	7	2	1	12	116
Surgery	1,377	1,080	760	348	352	83	18	71	4,089
Total	**14,233**	**11,323**	**8,577**	**3,824**	**4,232**	**1,059**	**386**	**879**	**44,513**
Proportion of total fellows (%)	32.0	25.4	19.3	8.6	9.5	2.4	0.9	2.0	100.0
Population proportion (%)[(a)]	32.3	24.9	20.2	7.3	10.3	2.3	1.0	1.6	100.0

(a) Population data from ABS. 3101.0 – Australian Demographic Statistics, Mar 2011. Released 29/09/2011.

Source: Medical colleges

The distribution of female fellows by states and territories followed a similar pattern to the distribution of all fellows (Table 4.52).

Table 4.52: Female fellows by medical specialty and state/territory, 2010

Medical specialty	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Addiction medicine	19	5	9	1	5	1	1	0	41
Adult medicine	524	490	222	106	102	33	8	33	1,518
Anaesthesia	266	212	192	63	86	21	7	14	861
Anaesthesia – Pain medicine	16	7	7	7	4	1	0	0	42
Dermatology	64	36	23	18	7	4	0	2	154
Emergency medicine	90	97	63	22	38	7	7	4	328
General practice									
– RACGP	1,969	1,680	1,402	540	679	201	91	151	6,713
– ACRRM	71	42	67	38	23	7	9	4	261
Intensive care	31	21	14	5	8	1	2	5	87
Medical administration	29	22	15	5	4	1	2	5	83
Obstetrics and Gynaecology	153	169	99	45	47	11	7	9	540
Occupational and Environmental medicine	17	16	5	3	4	1	0	0	46
Ophthalmology	61	40	14	9	9	2	1	2	138
Paediatrics	239	184	114	47	87	5	15	14	705
Palliative medicine	36	15	10	7	5	5	2	0	80
Pathology	192	91	90	40	47	15	0	20	495
Pathology and RACP (jointly)	41	28	11	7	9	1	1	4	102
Psychiatry	306	292	186	102	93	22	5	18	1,024
Public health medicine	69	32	32	12	19	4	14	15	197
Radiation oncology	38	26	19	3	5	2	0	3	96
Radiodiagnosis	134	90	54	43	48	7	0	4	380
Rehabilitation medicine	72	43	15	8	4	2	0	0	144
Sexual health medicine	23	14	6	1	5	1	0	3	53
Sport and exercise medicine	11	7	2	1	1	0	0	1	23
Surgery	104	105	54	32	28	7	0	5	335
Total	**4,575**	**3,764**	**2,725**	**1,165**	**1,367**	**362**	**172**	**316**	**14,446**
Proportion of female fellows (%)	31.7	26.1	18.9	8.1	9.5	2.5	1.2	2.2	100.0

Source: Medical colleges

Fellows by Subspecialty – Selected Colleges

Data on fellows for pathology, physician (adult medicine and paediatrics and child health) and surgical subspecialties are presented in Tables 4.53 to 4.56.

Pathology Subspecialties

Table 4.53: Pathology fellows by subspecialty: Total, females and proportion of females, 2010

Subspecialty	Fellows	Female fellows	Proportion female (%)
Anatomical pathology	702	304	43.3
Chemical pathology	77	23	29.9
Forensic pathology	37	12	32.4
General pathology	92	13	14.1
Genetics	15	5	33.3
Haematology	403	148	36.7
Immunology	93	25	26.9
Microbiology	186	67	36.0
Total	**1,605**	**597**	**37.2**

Source: RCPA

Physician Adult Medicine Subspecialties

Table 4.54: Physician adult medicine fellows: Total, females and proportion of females by subspecialty, 2010

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiology	634	94	14.8
Clinical genetics	18	9	50.0
Endocrinology	297	171	57.6
Gastroenterology and Hepatology	405	95	23.5
General medicine	319	63	19.7
Geriatric medicine	284	144	50.7
Haematology	241	93	38.6
Infectious diseases	188	82	43.6
Medical oncology	281	139	49.5
Nephrology	217	74	34.1
Neurology	226	64	28.3
Nuclear medicine	111	33	29.7
Palliative medicine	181	80	44.2
Respiratory and Sleep medicine	148	50	33.8
Rheumatology	172	79	45.9
Total	**3,722**	**1,270**	**34.1**

Source: RACP

Physician Paediatrics and Child Health Subspecialties

Table 4.55: Physician paediatrics and child health fellows: Total, females and proportion of females by subspecialty, 2010

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiology	12	2	16.7
Clinical genetics	14	7	50.0
Community child health	23	20	87.0
General paediatrics	88	46	52.3
Medical oncology	22	10	45.5
Neonatal/Perinatal medicine	52	25	48.1
Nephrology	10	2	20.0
Neurology	10	6	60.0
Paediatric emergency medicine	28	15	53.6
Palliative medicine	1	1	100.0
Total	**260**	**134**	**51.5**

Source: RACP

Surgical Subspecialties

Table 4.56: Surgical fellows by subspecialty: Total, females and proportion of females, 2010

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiothoracic surgery	153	8	5.2
General surgery	1,381	153	11.1
Neurosurgery	197	21	10.7
Orthopaedic surgery	1,069	30	2.8
Otolaryngology, head and neck surgery	383	34	8.9
Paediatric surgery	83	17	20.5
Plastic and reconstructive surgery	343	40	11.7
Urology	324	22	6.8
Vascular surgery	156	10	6.4
Total[(a)]	**4,089**	**335**	**8.2**

(a) These figures are for active fellows of the college residing in Australia. In addition there are 698 New Zealand and 342 overseas active fellows.

Source: RACS

Chapter 5

INTERNATIONAL SUPPLY

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

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

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. Applicants are then assessed by the Australian Medical Council (AMC) as to whether they are eligible to seek registration to practise medicine in Australia. Prior to July 2010, they then had to apply to the relevant medical board to register to practise in a given state or territory. From July 2010, applicants must apply through the Australian Health Practitioner Regulation Agency (AHPRA) to be registered to practise nationally.

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.

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

Department of Immigration and Citizenship Entry Processes

There are a number of 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.

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

Temporary 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 on a temporary basis in Australia.

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

Applicants must comply with the following conditions:

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

Further information is available at:
http://www.immi.gov.au/skilled/medical-practitioners/temporary-visas.htm

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. From 1 July 2010 this subclass of visas ceased to be available for new primary visa applications. Medical practitioners are now encouraged to choose to apply for the Business - Long Stay (Subclass 457) 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 in an approved training program. 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 (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 2010–11 there were 3,220 visas granted to medical practitioners across the three main visa subclasses – 457, 422 and 442 (Table 5.1).

The overall number of visas granted to medical practitioners dropped markedly in 2009–10 to a low of 3,190. In 2010–11 there was a slight increase to 3,220 visas granted, but this is still a third (34.2%) less than in 2006-07, just five years earlier.

The trend in the types of visas issued over this period has altered dramatically. The bulk of those being granted (2,930 or 91.8%) are now under Subclass 457. This reflects the phasing out of visa Subclass 422, with the numbers decreasing each year from a high of 1,380 visas issued in 2005-06, down to 520 in 2006–07 and then down to just 40 in 2010–11.

Table 5.1: Major classes of visa granted to medical practitioners, 2006–2007 to 2010–2011[(a)(b)]

Visa subclass	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11 proportion of total (%)	Increase 2009–10 to 2010–11 (%)	Increase 2006–07 to 2010–11 (%)
457	3,530	3,860	3,310	2,670	2,930	91.8	9.6	-17.1
422	520	450	430	260	40	1.1	-86.5	-93.3
442	850	620	340	250	260	8.2	4.0	-69.4
Total	**4,890**	**4,930**	**4,080**	**3,190**	**3,220**	**100.0**	**0.9**	**-34.2**

(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, 2011

In 2010–11 primary visa applications were granted to the medical practitioners from all over the world. Many of those who applied to work in Australia came from countries, namely the United Kingdom, Republic of Ireland and Canada, which have very similar medical training and have been major sources of medical practitioners to Australia for decades. One third (32.0%) of visas under the three main classes were granted to applicants from the United Kingdom and Republic of Ireland (Table 5.2). Just 3.8% and 2.8% of the medical practitioners granted visas came from Canada and the United States of America respectively.

More recently, larger numbers of international recruits have come from a number of Asian countries. In 2010–11 another third (35.0%) of all applications were granted to medical practitioners from India, Malaysia, Pakistan, Sri Lanka and Singapore (12.0%, 10.1%, 5.3%, 4.7% and 2.9% respectively of all visas under subclasses 457, 422 and 442). Medical practitioners from New Zealand do not require any of these visas to work in Australia.

Table 5.2: Primary visa applications granted to medical practitioners by visa subclass: Top 10 citizenship countries, 2010–11[(a)(b)]

	Visa subclass				
Citizenship country	457	422	442	Total	Proportion of total (%)
United Kingdom	810	< 5	50	860	26.8
India	370	< 5	10	390	12.0
Malaysia	290	< 5	30	320	10.1
Pakistan	170	< 5	< 5	170	5.3
Ireland, Republic of	160	< 5	10	170	5.2
Sri Lanka	130	0	20	150	4.7
Canada	110	< 5	10	120	3.8
Singapore	80	< 5	20	100	2.9
Iran	80	< 5	< 5	90	2.8
United States of America	80	< 5	10	90	2.8
Other countries	640	10	110	760	23.5
Total	**2,930**	**40**	**260**	**3,220**	**100.0**

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

Source: Australian Government Department of Immigration and Citizenship administrative data, 2011

Table 5.3 below shows the total number of medical practitioners who held each of the three main subclasses of visa at the end of the 2009–10 and 2010–11 financial years. There were 5,500 medical practitioners holding visas in the three subclasses at 30 June 2011. This was a slight increase of 3.4% on the 5,320 in the previous year and suggests a reversal of the downward trend in migration of the previous years, which had anecdotally been attributed to both the Global Financial Crisis and negative media about Australia in some countries, specifically India.

Table 5.3: Primary visa holders where the occupation is medical practitioner by visa subclass, 2009–10 and 2010–11[(a)]

Visa type	Visa holders at 30/06/2010	Visa holders at 30/06/2011	Change 2009–10 to 2010–11 (%)
457	4,600	4,980	8.3
422	520	330	-36.9
442	190	190	0.5
Total	**5,320**	**5,500**	**3.4**

(a) Figures are rounded to the nearest 10.

Source: Australian Government Department of Immigration and Citizenship administrative data, 2011

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 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 workplacebased 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 nonspecialist 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 IMGs 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 of the country in which it operates is consistent with the Australian context of health care. This is defined in terms of the pattern of disease, level of medical technology, delivery of medical education and professional ethics. The AMC has approved four examination authorities in the United Kingdom (PLAB examination), 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.

International medical graduates undergo a pre-employment assessment of suitability for a position if required by the Medical Board of Australia. Where the board determines a pre-employment structured clinical interview (PESCI) is required, it is carried out by an AMC-accredited provider against the position description. This may be carried out if required for more senior hospital-based positions and is included as a matter of course for general practice positions.

Doctors eligible for the Competent Authority Pathway are granted advanced standing 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.

Table 5.4 shows that a total of 1,355 applicants were assessed through this pathway in 2010. Of these, 1,200 applicants qualified for Advanced Standing. While these are primarily applicants who applied in 2010, the figures also include a number of 2009 applicants who were required to submit additional documentation to confirm their eligibility.

In 2010 a total of 513 AMC Certificates were granted, making the applicants eligible to apply for general registration (Table 5.4). This is considerably less than the 853 granted in 2009. Two thirds of these granted in 2010 were to IMGs from the United Kingdom and the Republic of Ireland.

Table 5.4: International medical graduates: Applications assessment through Competent Authority Pathway, 2010[a]

Country of training	[b]PLAB	[c]MCC	[d]USMLE	[e]NZREX	[f]GMCUK	[g]MCI	Total	Advanced standing issued	Certificate issued
Canada	0	28	1	0	0	0	31	23	2
India	51	2	3	4	0	0	66	53	85
Ireland	0	0	1	0	1	183	193	182	65
South Africa	0	5	1	0	0	0	7	8	3
United Kingdom	0	0	0	0	841	2	873	780	277
USA	0	0	27	0	0	0	31	27	5
Other[h]	77	37	7	14	3	0	154	127	76
Total	**128**	**72**	**40**	**18**	**845**	**185**	**1,355**	**1,200**	**513**

(a) Data covers the period 1 January 2010 to 31 December 2010.
(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: Antigua And Barbuda, Armenia, Bangladesh, Belarus, Chile, China, Colombia, Czech Republic, Dominica, Dominican Republic, Egypt, Germany, Grenada, Guyana, Hungary, Iran, Iraq, Israel, Jordan, Lebanon, Libya, Myanmar, Nepal, Netherlands Antilles, New Zealand, Nigeria, Oman, Pakistan, Philippines, Poland, Romania, Russia, Saint Lucia, Saudi Arabia, Somalia, Sri Lanka, Syria, Trinidad And Tobago, Turkey, Ukraine, Uzbekistan, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe.

Source: Australian Medical Council administrative data, 2011

Standard Pathway

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

– AMC Multiple Choice Questionnaire examination (MCQ); and
– AMC clinical examination.

A pre-employment clinical interview, namely a PESCI, is also 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.

In 2010, 1,999 IMGs passed the MCQ (52.2% of attempts) and 1,013 passed the clinical examinations (63.5% of attempts) (Table 5.5).

Table 5.5: International medical graduates: Applications assessed through Standard Pathway, 2010[a]

Country of training	MCQ exam attempts	MCQ exam passes	Clinical exam attempts	Clinical exam passes
Bangladesh	223	112	92	44
China	157	65	82	57
Colombia	24	15	8	6
Egypt	118	59	34	29
Fiji	32	16	19	9
India	678	369	358	232
Indonesia	29	6	8	1
Iran	217	132	108	66
Iraq	85	54	40	21
Jordan	27	19	5	2
Malaysia	63	42	8	7
Myanmar	184	111	72	53
Nepal	50	19	17	8
Nigeria	106	51	20	10
Pakistan	442	226	148	89
Papua New Guinea	14	5	5	0
Philippines	293	95	97	46
Romania	30	15	5	4
Russia	136	51	33	22
Saudi Arabia	18	9	1	0
South Africa	60	42	70	62
Sri Lanka	316	237	147	111
Ukraine	65	22	15	8
Vietnam	15	4	5	1
Zimbabwe	14	14	11	8
Other[b][c]	435	209	188	117
Total	**3,831**	**1,999**	**1,596**	**1,013**

(a) Data covers the period 1 January 2010 to 31 December 2010.

(b) Other in MCQ Exam includes: Afghanistan, Argentina, Armenia, Australia, Austria, Azerbaijan, Balearic Islands, Belarus, Belgium, Bolivia, Bosnia-Herzegovina, Brazil, Bulgaria, Cambodia, Canada, Cayman Islands, Croatia, Cuba, Czech Republic, Czechoslovakia, Denmark, Dominica, Ecuador, El Salvador, Estonia, Ethiopia, France, Germany, Ghana, Greece, Guatemala, Guinea, Hong Kong, Hungary, Ireland, Israel, Italy, Japan, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malta, Mauritius, Mexico, Netherlands, Oman, Palestinian Authority, Paraguay, Peru, Poland, Saint Kitts And Nevis, Samoa, Serbia, Seychelles, Singapore, Slovak Republic, South Korea, Spain, Sudan, Switzerland, Syria, Taiwan, Tajikistan, Tanzania, Thailand, Trinidad And Tobago, Turkey, Uganda, United Arab Emirates, Uruguay, USSR, Venezuela, Yemen.

(c) Other In Clinical Exam Includes: Afghanistan, Algeria, Argentina, Austria, Bahrain, Belarus, Belgium, Bosnia-Herzegovina, Brazil, Bulgaria, Croatia, Denmark, Dominican Republic, El Salvador, Ethiopia, Germany, Greece, Guatemala, Guyana, Hungary, Ireland, Israel, Italy, Japan, Kazakhstan, Kenya, Latvia, Lebanon, Lithuania, Macedonia, Malta, Mauritius, Netherlands, Niger, Oman, Peru, Poland, Saint Kitts And Nevis, Saint Lucia, Serbia, Singapore, Slovak Republic, South Korea, Sudan, Syria, Taiwan, Thailand, Trinidad And Tobago, Turkey, Uganda, United Arab Emirates, USA, USSR, Uzbekistan, Venezuela.

Source: Australian Medical Council administrative data, 2011

Assessment of Overseas Trained Specialists

Prior to 1990, all overseas trained specialists seeking registration in Australia who did not hold a recognised primary medical qualification were obliged to pass the AMC examination and obtain general registration before they could be registered to practise as a specialist. 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 former state and territory medical boards and colleges, it was subsequently agreed that the specialist assessment process should not be seen as a backdoor to specialist training in Australia. For this reason it was resolved that any overseas trained specialist who required more than two years of further supervised training to meet the required standard for substantial comparability (equivalence to an Australian trained specialist) would be assessed as 'not comparable' and would be required to sit the AMC examination and obtain general registration.

A national assessment process for Area of Need specialists was not resolved until 2002, when agreement was reached on a separate pathway for the assessment and registration of overseas trained specialists in Area of Need positions. This involves an assessment against a position description that defines the levels of clinical responsibility, supervision and specific clinical skills required for a particular position. The relevant specialist college assesses the individual against the position description, rather than against the standards required by the medical college for a (fully recognised) specialist.

A number of colleges have agreed to combine their Area of Need and full comparability assessments, so that the applicant (and the Medical Board of Australia) can be advised of the additional steps required to achieve substantial comparability at the same time as he or she is being assessed for the Area of Need position. To date some nine colleges (RANZCOG, RACP, RCPA, ACD, RACS, RANZCO, RANZCP, ACRRM and RANZCR) have agreed to undertake the combined assessments of overseas trained specialists.

All specialist applications are administered through the AMC and assessment of comparability to Australian standards is carried out by the relevant specialist college. Applicants who do not meet the requirements for specialist assessment are required to undergo assessment through one of the non-specialist pathways.

Standard Specialist Assessment

Overseas trained specialists applying for comparability to an Australian trained specialist must have completed all training requirements and be recognised as a specialist in their country of training before applying under the specialist pathway for assessment of comparability.

There are three possible outcomes of assessment

- Substantially comparable;
- Partially comparable, requiring up to two years 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.

International medical graduates with specialist qualifications or specialists-in-training are eligible to apply for general registration under the Competent Authority Pathway (if eligible), in addition to applying for specialist registration through the Specialist Pathway.

In total there were 1,564 overseas trained specialists whose applications to be recognised as a specialist in Australia were being processed in 2010. While these are primarily applicants who applied the previous year, this figure also includes a number of applicants who were required to submit additional documentation or undergo further training to confirm their eligibility.

Table 5.6 shows that 469 overseas trained specialists had their applications approved (that is they were deemed to be substantially comparable) and a further 288 were deemed as requiring further training and/or examinations (that is partially comparable).

Table 5.7 presents data on the countries in which approved applicants were trained. Almost half (210 or 44.8%) of all overseas trained specialists, who have had their applications approved in 2010 were trained in the United Kingdom and Ireland. This is over double the number from these countries approved in 2009 (84 or 25.3%). The next largest number of specialists in 2010 came from India (84 or 17.9% of all approved applicants).

Table 5.6: Specialist assessment process by medical specialty, 2010

Medical specialty	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn	Total	Proportion of total (%)
Adult medicine	93	3	88	21	9	8	222	14.2
Anaesthesia	32	12	38	48	9	9	148	9.5
Dermatology	8	1	3	2	3	0	17	1.1
Emergency medicine	13	5	13	10	0	3	44	2.8
General practice	130	2	71	11	0	9	223	14.3
Intensive care	7	2	2	7	1	4	23	1.5
Medical administration	0	0	0	1	0	0	1	0.1
Obstetrics and Gynaecology	53	0	46	9	13	2	123	7.9
Occupational and Environmental Medicine	1	0	0	0	0	0	1	0.1
Ophthalmology	19	2	5	11	2	1	40	2.6
Oral and maxillofacial surgery[(a)]	0	2	0	1	0	1	4	0.3
Paediatrics and Child health	44	2	34	15	10	4	109	7.0
Pain medicine	1	0	0	0	0	0	1	0.1
Palliative medicine	0	0	1	1	0	0	2	0.1
Pathology	35	0	19	24	0	4	82	5.2
Psychiatry	41	3	47	40	1	2	134	8.6
Public health medicine	6	0	0	0	0	0	6	0.4
Radiology	22	4	40	43	0	4	113	7.2
Rehabilitation medicine	4	0	1	1	1	1	8	0.5
Sexual health medicine	1	0	0	0	0	0	1	0.1
Surgery	62	21	61	43	25	50	262	16.8
Total	**572**	**59**	**469**	**288**	**74**	**102**	**1,564**	**100.0**

(a) Oral and Maxillofacial surgery is both a dental and medical specialty.

Source: Australian Medical Council administrative data, 2011

Table 5.7: Substantially comparable specialist applications by country of training and medical specialty, 2010

Medical specialty	Canada	India	New Zealand	South Africa	United Kingdom and Ireland	United States of America	[a]Other	Total	Proportion of total (%)
Adult medicine	1	24	0	9	38	1	15	88	18.8
Anaesthesia	1	10	0	4	15	0	8	38	8.1
Dermatology	0	1	0	0	2	0	0	3	0.6
Emergency medicine	0	0	0	1	8	3	1	13	2.8
General practice									
– RACGP	2	0	15	0	47	0	0	64	13.6
– ACRRM	1	0	0	0	3	3	0	7	1.5
Intensive care	0	0	0	0	1	0	1	2	0.4
Obstetrics and Gynaecology	2	6	0	2	18	2	16	46	9.8
Ophthalmology	0	0	0	1	4	0	0	5	1.1
Paediatrics and Child health	0	3	0	7	18	2	4	34	7.2
Palliative medicine	0	0	0	0	1	0	0	1	0.2
Pathology	0	1	0	3	5	2	8	19	4.1
Psychiatry	0	18	0	4	16	3	6	47	10
Radiology	0	9	0	7	12	2	10	40	8.5
Rehabilitation medicine	0	0	0	0	0	0	1	1	0.2
Surgery	1	12	0	5	22	2	19	61	13.0
Total	**8**	**84**	**15**	**43**	**210**	**20**	**89**	**469**	**100.0**

(a) Other includes: Argentina, Belgium, Brazil, China, Colombia, Croatia, France, Germany, Hong Kong, Iran, Iraq, Israel, Italy, Jordan, Malaysia, Moldova, Nepal, Netherlands, Norway, Pakistan, Papua New Guinea, Philippines, Poland, Romania, Russia, Singapore, Slovak Republic, Spain, Sri Lanka, Sweden, Switzerland, Turkey, Yugoslavia, Zimbabwe.

Source: Australian Medical Council administrative data, 2011

Area of Need Specialist Assessment

Overseas trained specialists applying for an Area of Need assessment must also have completed all training requirements and be recognised as a specialist in their country of training. When assessing applicants for suitability for Area of Need positions, medical colleges will determine at the same time (or soon thereafter) what is required to meet standards for fellowship.

An Area of Need applicant is always assessed against a position description. 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 provisional registration allows applicants to undertake training or to obtain experience in Australia not available in their country of training for a short period (normally up to one year), but can in exceptional circumstances be extended to three years.

Medicare Provider Number Restrictions

In 1996, the Australian Government introduced Medicare provider number restrictions to improve the quality of Australia's medical workforce over the longer term and to address growing concerns about the maldistribution of the medical workforce. Since 1997, doctors who 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 'foreign graduates of an accredited medical school' from April 2010 to work in a District of Workforce Shortage (DWS) for a period of generally ten years in order to access the Medicare benefits arrangements. This is referred to as the 'ten year moratorium'.

A DWS is an area in which the general population's need for health care is considered not to be met. These areas are identified as those that have less access to medical services than the national average. They are determined on the basis of a fulltime 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. Areas are defined on a quarterly basis for general practice and annually for the other medical specialties.

On 1 July 2010 the Australian Government introduced the scaling initiative as part of the Rural Health Workforce Strategy. The scaling initiative allows OTDs and foreign graduates of an accredited medical school to receive significant reductions in their restriction period under the ten year moratorium if they practise privately within an eligible regional, rural or remote area. The greatest discounts are available to medical practitioners who practise within the most remote locations in Australia.

Further advice regarding the scaling initiative is available from the Doctor Connect website: http://www.doctorconnect.gov.au/

At 30 June 2011 there were a total of 7,461 overseas trained doctors who had been granted exemptions under Section 19AB of the Act (Table 5.8).

Table 5.8: Overseas trained doctors with Section 19AB exemptions, 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	[a]2011
Total	**1,303**	**1,722**	**2,290**	**2,878**	**3,634**	**4,476**	**5,483**	**5,914**	**6,892**	**7,461**

(a) 2011 figures calculated to 30 June 2011.

Source: Australian Government Department of Health and Ageing administrative data, 2011

Current Distribution of Overseas Trained Doctors

There is marked variation in the reliance on overseas trained doctors (OTDs) across jurisdictions and by remoteness.

Table 5.9 shows how some jurisdictions, particularly Queensland, Western Australia and the Northern Territory, are relatively more reliant on OTDs to provide services.

Table 5.9: Overseas trained doctors by state/territory, 2011

	General practitioners[a]	Specialists[a]	Total
New South Wales	1,147	747	1,877
Victoria	1,272	594	1,859
Queensland	1,357	811	2,159
South Australia	429	245	668
Western Australia	579	327	892
Tasmania	136	126	260
Northern Territory	107	56	161
Australian Capital Territory	39	60	99
Australia[b]	**4,809**	**2,716**	**7,461**

(a) General practitioners include section 3GA (under the *Health Insurance Act 1973*) placements and Specialists includes assistant specialists.
(b) OTDs may work in more than one location across different states/territories.

Source: Australian Government Department of Health and Ageing administrative data as at 30 June 2011

The following figures show the distribution of OTDs across states and territories and by remoteness in 2011 (Figures 5.1 to 5.4). These figures highlight the variation between jurisdictions in the overall and relative numbers of overseas trained doctors, as well as where they are working.

Although OTDs constitute a far higher proportion of the medical workforce in more remote areas of Australia, the majority work in Major cities and Inner regional areas. More specifically, 42.8% of overseas trained general practitioners and half (51%) of overseas trained specialists worked

in Major cities (Figure 5.1), where just over two thirds of the population reside. Approximately one third (31.25% and 28% respectively) of both overseas trained general practitioners and specialists worked in Inner regional areas (Figure 5.2), where one-fifth of the population resides.

Queensland had relatively high numbers of overseas trained doctors across all Remoteness Areas, while Western Australia stands out for the relatively higher numbers in Remote and Very remote areas.

Figure 5.1: Overseas trained doctors in Major cities areas by state/territory, 2011

Source: Medicare data, Australian Government Department of Health and Ageing administrative data, 2011

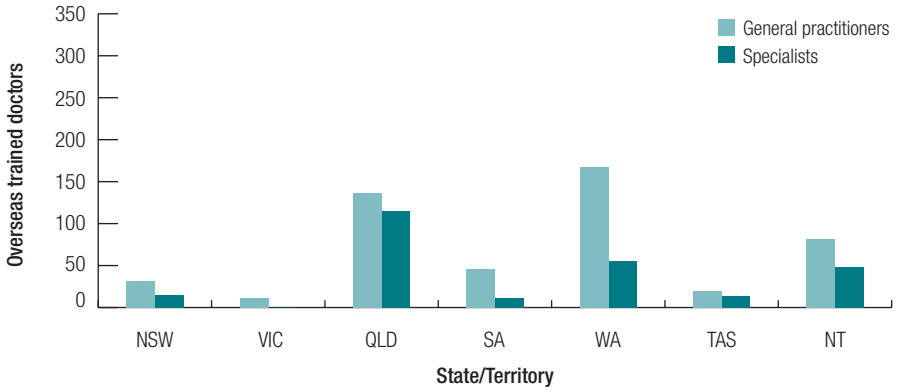
Figure 5.2: Overseas trained doctors in Inner regional areas by state/territory, 2011

Source: Medicare data, Australian Government Department of Health and Ageing administrative data, 2011

Figure 5.3: Overseas trained doctors in Outer regional areas by state/territory, 2011

Source: Medicare data, Australian Government Department of Health and Ageing administrative data, 2011

Figure 5.4: Overseas trained doctors in Remote and Very remote areas by state/territory[(a)], 2011



(a) Data for Remote, Very Remote and Migratory classes have been combined.

Source: Medicare data, Australian Government Department of Health and Ageing administrative data, 2011.

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 training program. Many of the Special Purpose Training Programs offer a range of incentives to doctors. The two most common incentives are access to a Medicare provider number and access to the higher A1 Medicare rebate. Other incentives may involve access to an alternative vocational training pathway, the opportunity to broaden the range of clinical experience within an existing training pathway or special support in achieving vocational recognition.

Some of these programs specifically cover doctors who have trained overseas to assist with their integration into the Australian workforce and to promote them working in areas of workforce shortage.

Background

Section 19AA of the Act was introduced in 1996 to recognise and support general practice as a vocational specialty, as well as to provide a framework for achieving long term improvements in the quality of doctors working in Australia.

Section 19AA of the Act applies to all medical practitioners who:

– held medical registration by an Australian Medical Board on or after 1 November 1996;
– are Australian permanent residents or Australian citizens; and
– do not hold continued recognition by the 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 residents; 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 practise medicine. These qualifications require Australian-trained doctors, as well as permanent residents and Australian citizens who trained overseas, to complete a program of postgraduate vocational medical training before being eligible to receive a Medicare provider number with access to the Medicare benefits arrangements.

There are exemptions from section 19AA restrictions for certain training and workforce programs. Section 3GA of the Act allows medical practitioners undertaking postgraduate education or training placements on approved workforce training programs to provide professional medical services that are eligible to attract Medicare benefits. Exemptions to section 19AA of the Act apply to most medical college training and workforce programs, including the Australian General Practice Training Program (AGPTP) and the Rural Locum Relief Program (RLRP).

2010 Review of the Legislation

Under the *Health Insurance Act 1973* a review of the operations of the Medicare Provider Number Legislation, Section 19AA, 3GA and 3GC ,is to be undertaken every five years.

A review was conducted in 2010 and the report tabled in Parliament on 21 February 2011. This found that, although section 19AA is well accepted by the medical profession, general practice stakeholders held different views as to whether the Medicare Provider Number Legislation is achieving the right balance between workforce supply and quality care provision in rural areas. A related issue is the adequacy of resources and support for non-vocationally recognised general practitioners to achieve vocational recognition, many of whom are overseas trained doctors on workforce programs.

One of the functions of the MTRP is to monitor the impact of the Medicare Provider Number legislation. On 20 April 2011 MTRP met to discuss the 2010 review findings. A record of proceedings of this special meeting was tabled in parliament in July 2011. The main points from the meeting's discussion related to the need for an interpretation of the recommendations, preparation of an implementation plan, inclusive of timelines, which is monitored by the Department of Health and Ageing, and a desire to see action undertaken in-line with the recommendations put forward in the 2010 Review. This work is continuing in 2012.

3GA Providers

Table 6.1 summarises the number of providers, as a headcount, on workforce programs and some specialised training programs under section 3GA of the Act from 2004-05 to 2010-11. Providers are identified where they have rendered a service on a fee-for-service basis for which claims were processed by Medicare Australia. Those only providing services to public patients in hospitals and through other publicly funded programs within the specified periods are not covered.

Further information on each of the programs is provided below.

Table 6.1: Providers on approved 3GA program placements[a], 2004–05 to 2010–11

Program	[b]2004–05	[b]2005–06	[b]2006–07	[b]2007–08	[b]2008–09	[b]2009–10	[b]2010–11
194 – Approved Medical Deputising Program	108	141	165	206	215	272	363
197 – Approved Private Emergency Department Program	8	6	19	14	18	21	15
187 – Approved Placements for Sports Physicians Programs[c]	8	8	7	8	14	13	13
414 – Sports Physician Trainees	0	16	22	21	27	21	29
617 – Metropolitan Workforce Support Program	8	8	4	1	0	0	-
178 – Prevocational GP Program	21	56	81	134	182	238	400
177 – Queensland County Relievers Program	161	260	301	293	340	368	354
190 – Rural Locum Relief Program	660	554	551	583	657	767	890
179 – Special Approved Placement Program	7	13	14	37	49	90	159
198 – TROMPs Program	70	84	98	106	105	109	93
176 – Remote Vocational Training Program Trainees	10	10	13	16	26	30	36

(a) Providers have claimed through Medicare 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.
Statistics for 2006–07 had regard to claims processed up to the end of October 2007.
Statistics for 2007–08 had regard to claims processed up to the end of September 2008.
Statistics for 2008–09 had regard to claims processed up to the end of October 2009.
Statistics for 2009–10 had regard to claims processed up to the end of October 2010.
Statistics for 2010–11 had regard to claims processed up to the end of October 2011.
(c) Not a location specific program.
(d) Based on advice from Medicare Australia, providers on Program 187 were only counted if they had an end date of 30 June 2011 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 allows otherwise ineligible medical practitioners to provide a range of restricted professional services, for which Medicare benefits will be payable, where the medical practitioner works for an approved medical deputising service.

The AMDSP was established under section 3GA of the Act in 1999 in response to concerns about the shortage of medical practitioners providing after-hours home visit services in metropolitan areas. The Australian Government Department of Health 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.

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 of the Medicare Benefits Schedule, as well as from relevant procedural items, for the nominated period of the placement.

'Sports and exercise medicine' was recognised as a specialty under the Act in November 2009.

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

This program has been discontinued.

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 and enhances their understanding of the integration between primary and secondary care.

Placements are predominately available in rural and remote areas classified using the Australian Standard Geographic Classification – Remoteness Area (ASGC-RA) index as Remoteness Areas (RA) 2 to 5. There are, however, other designated areas in Major cities (RA1), such as outer metropolitan areas and Districts of Workforce Shortage (DWS). 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 placements has increased each year from 111 in 2005–06 to 173 in 2006–07, 248 in 2007–08 and then to 338 in 2008–09. After 2008–09, data on the number of completed supervised general practice placements was collected on a calendar year basis. In 2009, there were 353 placements. A total of 400 12-week placements were completed in 2010.

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 over 100 rural medical practitioners throughout Queensland. Many of these are solo medical practitioners, who would have limited opportunities for relief if they were reliant upon the recruitment of private locums. The 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 within a District of Workforce Shortage (DWS).

Locations eligible to receive approved placements through the program are:

- rural and remote areas, (RRMAs 3 to 7);
- Areas of Consideration, as determined by the Australian Government Minister for Health and Ageing; and
- all Aboriginal medical services, including those in RRMA 1 and 2 locations.

Doctors who are registered to practise in a particular state or territory and have been assessed as having suitable experience and skills to practise in the particular location may fill these placements.

Special Approved Placements Program

The Special Approved Placements Program (SAPP) was established under section 3GA of the Act in December 2003. The program allows medical practitioners to access Medicare benefits in metropolitan areas if they can demonstrate exceptional circumstances that make them unable to participate on any other workforce or training program under Section 3GA of the Act.

Exceptional circumstances that would normally be considered are:

- where it can be demonstrated that there is substantial hardship, due to a particular family circumstance, resulting in the medical practitioner not being able to access the Medicare benefits in other suitable locations under section 3GA of the Act;
- where serious illness relating to the medical practitioner, or his or her immediate family members can be demonstrated, including where the treatment for the condition is limited to a particular location(s); or
- other exceptional circumstances peculiar to the individual case.

In 2010–11 this program provided 159 doctor placements.

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 Medicare benefits. This affected temporary resident medical practitioners who had entered medical practice in Australia prior to 1 January 1997 and who were not vocationally recognised.

The TROMPP provides access to Medicare benefits at the A2 rate for these eligible medical practitioners.

Remote Vocational Training Scheme

The Remote Vocational Training Scheme (RVTS) was introduced in 1999 to address health service needs in Australia's remote communities. The scheme 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 AGPT program is not viable. RVTS registrars are eligible to sit for fellowship of the RACGP and the ACRRM.

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

In January 2008, funds were made available to increase the intake to 22 registrars per year.

Since the inception of the pilot program in 1999, 95 registrars have participated in the RVTS. As at January 2011, 94 registrars were on the RVTS and 37 medical practitioners had successfully achieved fellowship of the RACGP and/or ACRRM through the scheme.

APPENDICES

APPENDIX A:
MEDICAL TRAINING REVIEW PANEL ROLE AND MEMBERSHIP

APPENDIX B:
MEDICAL COLLEGE TRAINING REQUIREMENTS

APPENDIX C:
GLOSSARY OF TERMS

APPENDIX D:
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APPENDIX E:
DATA SPECIFICATIONS

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, in either general practice or another specialty, before they are eligible to provide services that attract Medicare benefits.

Role of the Medical Training Review Panel

The MTRP was established to monitor the demand for and supply of medical training opportunities and to monitor the implementation of particular measures in the *Health Insurance Amendment Act (No 2) 1996*.

Medical Training Review Panel Membership

Members of the MTRP must be endorsed by the Commonwealth Minister of Health and comprise of representatives of each of the member organisations listed below.

Chair

Australian Government Department of Health and Ageing

State and Territory Health Departments

ACT Health
Department of Health, South Australia
Department of Health and Human Services, Tasmania
Department of Health, Western Australia
Department of Health, Victoria
NSW Department of Health
Queensland Health
Department of Health and Families, Northern Territory

Medical colleges

Australasian College for Emergency Medicine
Australasian College of Dermatologists
Australian College of Rural and Remote Medicine
Australian and New Zealand College of Anaesthetists
Royal Australasian College of Medical Administrators
Royal Australasian College of Physicians

Royal Australasian College of Surgeons
Royal Australian College of General Practitioners
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian and New Zealand College of Ophthalmologists
Royal Australian and New Zealand College of Psychiatrists
Royal Australian and New Zealand College of Radiologists
Royal College of Pathologists of Australasia

Other Organisations

Australian General Practice Network
Australian Medical Association
Australian Medical Council
Australian Medical Association Council of Doctors-in-Training
Australian Salaried Medical Officers' Federation
Australian Medical Students' Association
Confederation of Postgraduate Medical Education Councils
General Practice Education and Training Ltd
Health Workforce Australia
Medical Deans Australia and New Zealand Inc
Rural Doctors' Association of Australia
Private Sector representative
Aboriginal and Torres Strait Islander representative

Medical Training Review Panel Subcommittee Memberships

The 2011 membership of the MTRP Clinical Training Subcommittee was:

Dr Andrew Singer (Chair)	Australian Government Department of Health and Ageing
Dr Michael Bonning	Australian Medical Association Council of Doctors-in-Training
Dr Nick Buckmaster	Australian Salaried Medical Officers' Federation
Professor Brendan Crotty	Confederation of Postgraduate Medical Education Councils
Professor Nick Glasgow	Medical Deans Australia and New Zealand Inc
Dr Kim Hill	Royal Australasian College of Medical Administrators
Mr Robert Marshall	Australian Medical Students' Association
Dr Christopher May	Australasian College for Emergency Medicine
Dr Susan O'Dwyer	Queensland Health
Dr Elizabeth O'Leary	ACT Health
Professor Paddy Phillips	SA Heath
Mr Dean Raven	Department of Health, Victoria
Ms Suzy Saw	Australian Government Department of Health and Ageing
Dr Marie-Louise Stokes	Royal Australasian College of Physicians
Dr Craig White	Department of Health and Human Services, Tasmania

The 2011 membership of the MTRP Data Subcommittee was:

Dr Nick Buckmaster (Chair)	Australian Salaried Medical Officers' Federation
Dr Michael Bonning	Australian Medical Association Council of Doctors-in-Training
Professor Nicholas Glasgow	Medical Deans Australia and New Zealand
Dr Andrew Gosbell	Royal Australian and New Zealand College of Psychiatrists
Dr Linda MacPherson	NSW Department of Health
Dr Dennis Pashen	Australian General Practice Network
Mr Dean Raven	Department of Health, Victoria
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 specialty training requirements and entry time, 2010

College/Faculty/Training organisation	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 full-time, depending on prior specialist training and experience 1–2 years of structured training in Faculty Accredited Unit full-time equivalent 1 elective year full-time equivalent Can enter during specialty training
Australasian College of Dermatologists (ACD)	4 years full-time – trainees who do not pass both written and clinical fellowship examinations and satisfy all other training requirements in their fourth year may be invited to undertake a fifth year of training, subject to the availability of training positions and the discretion of the Board of Training Can enter after completing PGY1 and PGY2

College/Faculty/Training organisation	Training requirements
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
Australasian College of Sports Physicians (ACSP)	3 years basic training full-time (PGY1, PGY2, PGY3 to be completed prior to entering the college program) 4 years advanced training full-time equivalent
Royal Australian College of General Practitioners (RACGP)	3 years full-time Optional 4th year for Advanced Skills training and for academic post May apply in PGY1 and can enter after completing PGY2
College of Intensive Care Medicine of Australia and New Zealand (CICM)	3 years basic training full-time 3 years advanced training full-time Can enter after completing PGY1
Joint Training Program in Intensive Care Medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) and Royal Australasian College of Physicians (RACP)	3 years basic training full-time and assessments (including written and clinical examinations) 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 (RACP-AM)	3 years basic training full-time and assessments (including written and clinical examinations) 3 or more years advanced training full-time Can enter after completing PGY1
Royal Australasian College of Physicians – Paediatrics and Child Health (RACP-PCH)	3 years basic training full-time and assessments (including written and clinical examinations) 3 or more years advanced training full-time Can enter after completing PGY1

College/Faculty/Training organisation	Training requirements
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine (RACP-AFOEM)	4 years full-time (approximately) Can enter after completing 2 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)	*Adult Rehabilitation Medicine* 4 years full-time Can enter after completing PGY2 *Paediatric Rehabilitation Medicine* 3 years basic training full-time (with the Faculty of RACP PCH) 3 years advanced training full-time Can enter after completing PGY1
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
Royal Australasian College of Physicians – Chapter of Sexual Health 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 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 – Radiodiagnosis (RANZCR)	5 years full-time Can enter after completing PGY1 and PGY2 years
Royal Australian and New Zealand College of Radiologists – Faculty of Radiation Oncology (RANZCR-FRO)	5 years full-time Can enter after completing PGY1 and PGY2 years

College/Faculty/Training organisation	Training requirements
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: – Cardiothoracic surgery – 6 years full-time – General surgery – 5 years full-time – Neurosurgery – 6 years full-time including 1 year of full-time research – Orthopaedic surgery – 5 years full-time – Otolaryngology Head and Neck surgery – 5 years full-time – Paediatric surgery – 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 specialty part-time training requirements, 2010

College/Faculty/Training organisation	Requirements for part-time training
Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine	Minimum 50% of full-time commitment Must result in FTE time
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
Australasian College of Sports Physicians	Considered on an individual basis Must result in FTE time Completion must be within 10 years of commencement
Royal Australian College of General Practitioners	Approval on a case-by-case basis Approval provided by regional training providers
College of Intensive Care Medicine of Australia and New Zealand (CICM)	Minimum 20% of full-time commitment Must result in FTE time

College/Faculty/Training organisation	Requirements for part-time training
Joint Training Program in Intensive Care Medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) and Royal Australasian College of Physicians (RACP)	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
Royal Australasian College of Physicians – Adult Medicine Division	Part-time training is possible, provided Basic and Advanced Training are completed within the required time limit.
Royal Australasian College of Physicians – Paediatrics and Child Health	Part-time training is possible, provided Basic and Advanced Training are completed within the required time limit
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	Minimum 50% of full-time commitment Must result in FTE time
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine	Minimum 20% of full-time commitment Must result in FTE time Training must be completed within 7 years
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 Complete within 7 years
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	Minimum 20% of full-time commitment Complete within 7 years
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

College/Faculty/Training organisation	Requirements for part-time training
Royal Australian and New Zealand College of Radiologists – Radiodiagnosis	Minimum 50% of full-time commitment Must result in minimum of 0.5 FTE time
Royal Australian and New Zealand College of Radiologists – Faculty of Radiation Oncology	Minimum 50% of full-time commitment Must result in minimum of 0.4 FTE time
Australian College of Rural and Remote Medicine	Minimum 50% of full-time commitment Approval provided by training providers
Royal Australasian College of Surgeons	Trainees on a SET Program who wish to apply for part-time training must apply to the relevant Specialty Board at least 6 months prior to the proposed commencement of the part-time training The overall duration of the training program must not exceed the published expected minimum duration of training plus 4 years

Source: Medical colleges and GPET

Table B3: Summary of specialty interrupted training requirements, 2010

College/Faculty/Training organisation	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
Australasian College of Sports Physicians	Considered on an individual basis
General Practice Education and Training – Royal Australian College of General Practitioners – Australian College of Rural and Remote Medicine	Allowed up to a maximum of 2 years

College/Faculty/Training organisation	Requirements for interrupted training
College of Intensive Care Medicine of Australia and New Zealand (CICM)	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
Joint Training Program in Intensive Care Medicine – College of Intensive Care Medicine and Royal Australasian College of Physicians	Allowed Advanced training can 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
Royal Australasian College of Physicians – Paediatrics and Child Health	Allowed
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	Considered on an individual basis, but usually no more than 2 years

College/Faculty/Training organisation	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 Deferral from training due to maternity/paternity leave is not included in the 7 year limit for completion of training
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 in one continuous period
Royal Australasian College of Physicians – Chapter of Addiction Medicine	Allowed up to 2 years in one continuous period
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	Allowed up to 2 years in one continuous period
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
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
- either a workplace-based assessment or the choice of the IMGS performance assessment or the final examination.

IMGS applicants need to provide evidence of their specialist anaesthesia training in relation to duration, structure, content, curriculum, sub-specialty experience, supervision and assessment. The ANZCA IMGS assessment process will take into account the college's training requirements at the time the applicant attained his/her initial post-graduate specialist qualification in anaesthesia.

In relation to the specialist qualification, consideration will be given to the curriculum vitae, references, and details of practice as a specialist anaesthetist. Experience and qualifications must be substantiated by statements and original or certified copies of diplomas from relevant bodies.

Assessment of the specialist's experience takes into account case mix, use of equipment and drugs and compliance with standards of anaesthesia practice as promoted in the college professional documents. Evidence of participation in CPD is sought, comparable to the college's continuing CPD program. Continuous involvement in recent years is particularly important.

Accreditation

Accredited hospitals are reviewed according to a seven-year cycle. Where possible, an entire rotation or training scheme is reviewed at the same time. Sometimes it is necessary to visit individual hospitals in between the seven-year rotational reviews. This is usually a result of major staffing or structural changes within the hospital, or a particular concern raised by the hospital, the trainees, the regional/national committee or other parties.

The college approves departments as a whole as being suitable for training. It does not approve a particular number of posts. The number of trainees is decided by the hospital.

Hospitals are normally approved for both basic and advanced training. That is, they may take trainees in any of the five 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 experience and exposure to pain medicine. 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 by the Assessor of prior experience and training.

The training program provides for part-time training. The minimum trainee commitment must be 0.5 full-time equivalent. There is provision for interrupted training.

It is a requirement of the training program that all trainees receive training and experience in the broad areas of acute, chronic and cancer pain. Trainees are provided with a trainee support kit that includes the objectives of training and focused resources. The objectives of training set out in detail the aims of education and training. The objectives divide into four main sections: socio-biology of pain and neurobiology of pain as 'basic' knowledge; and principles of pain medicine and practice of pain medicine as 'clinical' knowledge.

Trainee Selection

Employers place advertisements for positions in pain medicine training units accredited by the FPM. Interview, selection and appointment processes are determined by the employing jurisdictions, with representation from the FPM.

Trainee Assessment

Formative assessment includes the logbook that documents workload and experience recorded over a period of six months. This acts as a tool for supervisors of training to direct trainees to rectify any gaps in exposure to the required areas. Quarterly In-Training Assessments (ITA) requires the trainee and the supervisor of training to carry out a regular evaluation, with a recording of goals being met and areas identified for improvement. Summative assessment includes the final ITA, a case report and an examination.

The Faculty examination format comprises a written paper, an observed clinical long case, short cases and a viva voce. Candidates must achieve a mark of at least 50%. Trainees may present for the annual examination during or after the mandatory structured training period in a Faculty accredited unit.

Admission to fellowship is available to candidates who are fellows of ANZCA, RACP, RACS, RANZCP, AFRM – RACP, RACGP, RNZCGP, RANZCOG, or who hold an Australian or New Zealand specialist qualification acceptable to the Board, and who have successfully completed the training period prescribed by the Assessor, passed the examination and completed all other training requirements.

International Medical Graduate Specialists

Assessment of International Medical Graduate Specialists (IMGS) 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.

Associate Fellowship of the FPM is available to candidates who are recognised in their country of practice as medical specialists in anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine or who hold a specialist qualification in their country of practice acceptable to the FPM Board and who have successfully completed the training period prescribed by the assessor, passed the examination and completed all other training requirements.

An Associate Fellow may be admitted to Fellowship of the Faculty of Pain Medicine upon conferral of fellowship of a Medical College in Australia or New Zealand acceptable to the Board.

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-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 and four) 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 PGY1 or 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 self-paced online modules 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, may be invited to 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. Approval of a fifth year of training is subject to the availability of training positions and is at the discretion of the Board of Training.

In addition to the examinations described above, trainees undertake regular summative in-training assessments (SITAs) throughout the full duration of their training. Trainees are also required to successfully complete a series of assessments known as ProDAs (Procedural Dermatology Assessments) and DermCEXs (Dermatology Clinical Evaluation Exercise). Through these three assessment methods, along with the college's formal examinations, trainees must be assessed as competent to independently perform all essential procedures and treatment modalities as described in the *Training Program Handbook.*

International Medical Graduate Specialists

International Medical Graduate (IMG) 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 IMG 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.*

Trainee Selection

There is no selection process for trainees entering either basic or provisional training. The program is open to any registered medical practitioner.

Trainees undergo a selection process for advanced training although there is no quota applied. Selection to advanced training requires successful completion of 12 months provisional training, a pass in the primary examination and satisfactory structured references. Trainees satisfying all these requirements will move into advanced training.

Trainee Assessment

Provisional training

Assessment of this training component is via the completion of In-Training Assessments (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 five-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

AUSTRALASIAN COLLEGE OF SPORTS PHYSICIANS

Training Program

Basic/Foundation

Applicants for selection for advanced training are required to complete the equivalent of three years general medical and surgical experience since graduation from their undergraduate medical degree, in posts recognised by the College. At least two of these three years must have been in full-time positions in hospitals approved by the College.

Advanced

The advanced training program is of four years duration with a requirement that three years FTE are spent fully supervised. The fourth year can comprise continued supervised training or be structured as an elective year.

The college's advanced training program is conducted almost exclusively in the private practice environment.

During advanced training, trainees acquire and demonstrate the knowledge, skills and attitudes that are outlined in the curriculum as being required for specialist clinical practice in sport and exercise medicine. The full curriculum is available on the College website.

Trainee Selection

Trainees undergo a selection process for advanced training. although there is no quota applied, training placements are limited. Selection to advanced training requires successful completion of the College's Part 1, basic medical sciences, examination, curriculum vitae demonstrating an interest in, and commitment to, sport and exercise medicine, satisfactory structured references and satisfactory attendance at interview. Applicants must also be eligible for permanent residency and unconditional registration in Australia or New Zealand. Applicants satisfying all these requirements will be considered for selection into advanced training.

The College conducts one selection process annually.

Trainee Assessment

Advanced Training

Trainees are required to attend six-monthly interviews throughout the period of training. In order to be accredited for the training period, trainees must provide a satisfactory six monthly progress review form prior to the scheduled meeting. The six monthly progress review form is essentially a summary of the learning experiences of the registrar over the preceding six month period and includes reports from all supervisors.

Trainees are also required to demonstrate progress towards completion of a number of workplace based assessments including:

- Mini Clinical Evaluation Exercise (Mini-CEX);
- Direct Observation of Procedural Skills (DOPS); and
- Case based Discussion (CbD).

They must produce their learning portfolio with all required documentation in relation to their annual learning plan and progress as stipulated in the curriculum. Trainees are also required to complete a series of post-graduate academic modules in the following subjects:

- Research Methods;
- Sports Nutrition;
- Sport Psychology;
- Sports Pharmacology; and
- Biomechanics.

Fellowship Examination

The fellowship examination is an exit examination taken after completion of all supervised training, usually in the final year of training. The examination is designed to verify the clinical competence and safety of the trainee prior to being designated as a specialist. The examination consists of six sections, a written examination comprising a multiple choice question paper and a short answer paper, a long case clinical examination, a short case (acute) clinical examination, a short case (overuse) clinical examination and a viva, all of which must be passed by the candidate.

Overseas Trained Specialists

For those OTSs seeking fellowship of the ACSP (FACSP), 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, followed by response to any specific questions raised by the College.

Accreditation

Training practices are accredited for a period of up to two years and are subject to regular site assessments by the College

Assessments of all training practices are carried out on a regular cycle. A team of two senior fellows visits the practice and meets with staff, trainees, supervisors and other relevant personnel. The outcome is discussed by the team and reported to the Training Committee, where the decision is made. A written report, which includes both commendations and recommendations, is provided to the training practice on completion of the process.

Further Information

www.acsp.org.au

GENERAL PRACTICE EDUCATION AND TRAINING LIMITED

General Practice Education and Training Limited (GPET) manages the administration of the Australian General Practice Training Program (AGPT Program) 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 throughout Australia.

The regional training providers 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 12-month placement in a rural, outer metropolitan, Indigenous Health training post, and/or non-capital city ASGC Remoteness Area 1

location as part of their training. Registrars on the Rural Pathway undertake the majority of their training in ASGC Remoteness Area 2–5 locations.

Training Program

The AGPT Program is a three or four-year 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 general practice registrars training towards Fellowship of the RACGP. 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.[2]

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.

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

As part of general practice specialist training towards fellowship (FRACGP), registrars undertake the college's examination. This examination consists of three components – two written and one clinical. Further details are provided on the college's website.

International Medical Graduates (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 RACGP Specialist training pathway.

Further details are provided on the college's website at:
http://www.racgp.org.au/assessment/pathways/practiceeligible and 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.

Under the new delegated arrangements introduced in 2011 the regional training providers are conducting the accreditation process according to the RACGP standards. On successful completion of process the regional training providers send a recommendation to the RACGP for endorsement. The RACGP suggests that all posts consider having at least two RACGP trainers per post. The post and trainer are accredited for a maximum of three years, after which reaccreditation is required.

Further Information

www.racgp.org.au

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

The College of Intensive Care Medicine of Australia and New Zealand (CICM) was established in 2009 and developed from the former Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australasian College of Physicians (RACP). From 1 January 2010 CICM assumed responsibility for the training program in intensive care medicine. The training program is flexible and allows trainees to undertake training concurrently with other related college programs (eg RACP, ANZCA and ACEM).

Training Program

There are basic and advanced components of the CICM training program, both requiring three years full-time. Details of the program and subjects covered are outlined in *Objectives of Training in Intensive Care* available on the CICM web site.

Many trainees undertake dual training or have completed training in a primary specialty, such as anaesthesia, medicine or emergency medicine.

The intensive care training program provides for interrupted and part-time training, which is permissible in any year of training. Part-time training must result in the equivalent time being spent in training as required by full-time trainees and the minimum trainee commitment must be 20% of a full-time trainee.

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 CICM regulations relating to training. Selection to positions within an intensive care unit (ICU) is conducted by the employing authority not the CICM. 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 *College 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 Australasian Donor Awareness Program (ADAPT) is required in basic or advanced training.

Overseas Trained Specialists

The assessment process is outlined in the CICM *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.

Applicants must contact the Australian Medical Council for advice on registration to practise and whether such registration will allow them to complete the required amount of training. Training is dependent upon applicants securing an accredited training position, as training is hospital based and the college does not take responsibility for securing training posts for applicants or assisting with immigration status.

Accreditation

Assessment criteria are outlined in the CICM *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 FCICMs and ancillary staff;
- suitable operational requirements, such as auditing procedures, educational programs for trainees and staff, research programs, quality assurance and 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.cicm.org.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 three full-time equivalent years, with supervised administrative experience.

Some candidates with significant medical management experience may be awarded Recognition of Prior Learning (RPL), with a reduction in supervised workplace training time.

Trainee Selection

The applicant must have:

– completed a medical degree at a recognised Australasian university or equivalent;
– current medical registration in Australia or New Zealand; and
– at least three years clinical experience in the Australian or New Zealand health system.

Having met these requirements, a clinician makes an application to the college and submits supporting evidence. Where necessary, additional information may be sought. Sometimes an applicant may be interviewed. The applicant is then advised of the outcome and upon payment of the appropriate fees, the applicant becomes a candidate, and is allocated a preceptor and supervisor. The first 12 months is a probationary period.

Trainee Assessment

Trainee assessment involves workplace-based assessment and successful completion of both a university masters degree, including core units approved by the college, and the college training program, which has four assessment components:

– participation in college workshops;
– presentation of a case study;
– in-training assessment reports;

– management practice folio; and
– final oral examination.

In the final oral examination, each candidate answers four questions with two examiners to assess their management knowledge, skills and attitudes. Supplementary examination 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 required documentation is reviewed and 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 Policy.*

Further Information

www.racma.edu.au

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Training Program

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) does not use the terms 'basic' and 'advanced' to distinguish between levels of specialist training, but does distinguish between the 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)[3].

Elective Training

Elective Training[4] 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

3 The Integrated Training Program could be broadly regarded as 'basic training'.
4 Elective Training could be broadly regarded as 'advanced training'.

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;
- (in Australia) possess general registration with the Medical Board of Australia under the National Registration and Accreditation Scheme; (in New Zealand) have full medical registration with the New Zealand Medical Council and also hold permanent residency;
- have sufficient academic achievement to meet the requirements of the training program;
- have clinical experience that demonstrates the ability to exercise sound clinical ability and judgment;
- demonstrate interpersonal, communication, problem-solving and organisational skills; and
- be familiar with the Australian or New Zealand health system, as applicable.

The RANZCOG has a national selection process in which candidates are ranked nationally based on the scoring of their online applications/curriculum vitaes, referee reports and interview. Not all applicants are interviewed. Only those appropriately ranked based on the scoring of their application and referee reports are interviewed.

There is no formal selection process for Elective trainees. Trainees progress from ITP training to the Elective Training 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 continuous professional development 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 of training the trainee is expected to broaden his or her specialist experience in final preparation for specialist qualification and to function in the community as an independent ophthalmologist. The final year experience may be undertaken in Australia, New Zealand or overseas, preferably in an institution or program other than that at which the trainee completed the first four years.

Trainee Selection

Basic Training

The college cooperates with health and hospital employing bodies to rank, match and appoint applicants on merit to accredited ophthalmology training posts. Hospital networks, as the employing bodies, have primary responsibility for trainee selection. The college provides selection guidelines, which follow the best practice in selection practices, to the hospital networks. It also specifies that the training selection criteria are 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 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, an ophthalmic pathology examination in Year 3, and the RANZCO advanced clinical examination (RACE), in Year 4.

To be considered eligible to sit the RACE, which has a written and clinical component, a trainee must have completed three years of training supported by satisfactory term supervisors' reports for clinical and surgical experience. They must also demonstrate that they have satisfactorily completed the required curriculum competencies and research requirements.

Specialist International Medical Graduates

The specialist international medical graduate (S-IMG) applies to the Australian Medical Council (AMC), which then refers the S-IMG application to RANZCO for specialist assessment. RANZCO conducts S-IMG assessments in six stages:

- Stage 1: College staff assembles full documentation;
- Stage 2: S-IMG Committee reviews documentation;
- Stage 3: S-IMG Committee interview the applicant (including medico legal status);
- Stage 4: if required, S-IMG's knowledge is further assessed by performance in RACE (one or both components);
- Stage 5: if required, clinical skills are then assessed by performance in supervised assessment; and
- Stage 6: final interview by the S-IMG Committee.

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

- The S-IMG applicants are deemed substantially comparable pending interview if they are considered comparable to an Australian recently trained specialist. RANZCO recommends specialist recognition to AMC and the applicant is eligible to apply for RANZCO fellowship.
- The S-IMG is deemed partially comparable if the S-IMG committee has identified gaps in the S-IMG's knowledge or experience. The applicant is required to undertake further assessment or training, Stages 4 and 5, and if performing satisfactorily he/she proceeds to final interview, Stage 6. If successful in interview, the applicant is eligible to apply for fellowship.
- The S-IMG 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 S-IMG 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 to a training post. Inspections are conducted in consultation with the key stakeholders including hospital administrators, clinical tutors, term supervisors and trainees.

The *College Standards for Training Networks* describes the college's standards for hospital-based networks that provide training in specialist ophthalmology, and for each rotational post within those networks. The standards also cover training posts in private settings.

Further Information

www.ranzco.edu

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

Training Program

The Royal College of Pathologists of 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 Trainee Handbook* contains discipline specific information on assessment and examinations and is available from the college's website.

Overseas Trained Specialists

The college receives applications from the Australian Medical College (AMC). The Board of Censors makes an independent assessment following interview by, and the advice of, an overseas trained specialist assessment subcommittee as described below. At the same time the assessment applicant will be provided with training determinations as to any additional training time or examinations they would need to undertake should they wish to attain the fellowship of the RCPA.

The college follows the nationally consistent approach to assessing overseas trained specialists in relation to accepting them for assessment via the overseas trained specialist pathway; that is, they must be deemed to be a specialist in their original country and not need more than two years of top-up training/assessment before being eligible for the Australasian fellowship.

Accreditation

The college accredits both public and private sector laboratories for training. In order to be accredited, a laboratory must first be accredited from a quality perspective by the separate NATA/RCPA accreditation process. If the laboratory has this accreditation, it may apply for RCPA training accreditation to assess if the laboratory is able to provide training in pathology. This accreditation examines whether the laboratory has appropriate staffing and equipment, has appropriate selection system in place for trainees, and has training programs and supervision processes in place in accordance with the college's requirements.

The college conducts site inspections to ensure that standards of training are in accordance with college requirements. Each accredited laboratory is visited 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 the following areas:

- Adult Medicine;
- Paediatrics and Child Health;
- Occupational and Environmental Medicine;
- Public Health Medicine;
- Rehabilitation Medicine;
- Palliative Medicine (Chapter training program);
- Addiction Medicine; and
- Sexual Health Medicine.

Each of these has separate training programs, which vary in length between three to eight years depending on the subspecialty chosen. All training programs will be implementing a common educational framework called Physician Readiness for Expert Practice (PREP). The PREP program is a comprehensive system of formative education across Basic and Advanced Training and continuing professional development (CPD).

The key principles of PREP centre around provision of a supportive learning environment, a learner-centred approach and reflective practice. Components of the framework include training program curriculum, professional qualities curriculum, formative and summative assessments, teaching and learning tools, comprehensive supervision and an e-learning environment.

Basic Training – Adult Medicine and Paediatrics and Child Health

The PREP Basic Training program is three years in length and is designed to provide trainees with a multi-specialty foundation by introducing and developing the range of core knowledge, skills, attitudes and behaviours required to become a competent physician or paediatrician.

Advanced Training

Advanced Training is provided in all the specialties listed above and each program is generally a minimum of three years in length.

Within Adult Medicine and Paediatrics there is a broad range of specialties which include cardiology, clinical genetics, clinical pharmacology, community child health (paediatrics only), endocrinology, gastroenterology and hepatology, general medicine (adult medicine only), general paediatrics (paediatrics only), geriatric medicine (adult medicine only), clinical haematology, clinical immunology and allergy, infectious diseases, medical oncology, neonatal/perinatal medicine (paediatrics only), nephrology, neurology, nuclear medicine, paediatric emergency medicine (paediatrics only), palliative medicine, respiratory and sleep medicine, and rheumatology.

There are also specialty areas for advanced training, which are conducted in conjunction with other specialist colleges:

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

Trainee Selection

Applicants for basic training must have successfully completed a medical degree and an internship year, and be currently employed in a suitable training position in an accredited hospital, as confirmed by the Director of Physician Education within the hospital. There are additional requirements for international medical graduates.

Selection into advanced training in a 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 workplace based formative assessments during training. Completion of learning needs analyses and summative assessments (such as a centrally administered written and clinical examination and progress reports) must also be successfully completed before progression to advanced training.

Advanced trainees will also be required to undertake a range of formative and summative assessments and requirements vary across the specialties.

On satisfactory completion of all training requirements, trainees are admitted to Fellowship of the Royal Australasian College of Physicians (FRACP). 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. An assessment of the applicant's qualifications and experience, including at least three detailed referee reports, is conducted against the relevant College training program to determine 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) Subcommittee (Adult Medicine, Paediatrics and Child Health), Chapter Education Committee (Addiction Medicine, Palliative Medicine, Sexual Health Medicine) or Faculty Education Committee (Occupational and Environmental Medicine, Public Health Medicine, Rehabilitation Medicine), 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 examinations and apply to join the RACP training program.

If deemed 'substantially comparable', the applicant is required to complete a period 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 successfully complete up to 24 months of peer review and/or up to 12 months of top up training and/or summative assessments and/or a practice visit.

Accreditation

The college accredits training settings that provide a suitable environment for physician education. Site visits are undertaken as required to verify that criteria relating to the environment for teaching and learning are satisfied. Basic and advanced training specialties all have customised accreditation processes with levels of accreditation depending on the teaching and learning opportunities available at the facility.

Further Information

www.racp.edu.au

RACP – THE AUSTRALASIAN FACULTY OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE[5]

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.

5 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.

The AFOEM training program encourages trainees to assess the effects of harmful exposures in places where they occur, to research the health effects of new and developing work activities and technologies, and to seek and seize opportunities to foster prevention.

Trainees are required to participate in training review meetings, complete six-monthly training status reports, learning plans, formative assessments and work a minimum of ten hours per week in occupational and environmental medicine.

Trainees can apply to become inactive at any time but must continue to submit six-monthly reports and cannot take any assessment components during the time of inactivity. Interrupted training is allowed up to two years and all training must be completed within ten years (full or 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 two years of postgraduate general clinical experience, be enrolled in or have completed a postgraduate qualification in occupational and environmental medicine and be working a minimum of ten hours per week in the field.

Trainee Assessment

Assessment covers the following topics: clinical; workplace assessment; critical appraisal, research methods; management, communication; legislation; rehabilitation; and the environment.

Assessment during training includes regular training status reports, written and practical examinations, a research project, a presentation of the abstract from the research project and a Written Communication Portfolio.

Overseas Trained Specialists

Refer to the OTS section under RACP.

Accreditation

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 Director of Training 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 Director of Training.

Further Information

www.afoem.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. In the course of three years (full-time equivalent), trainees acquire the knowledge, skills and attitudes of a public health physician by completing, with guidance from Regional Education Coordinators, Supervisors and Mentors, rotations through a variety of public health activities.

A comprehensive list of competencies expected to be possessed by a graduate of the training program forms the basis for developing individual training plans for each year of training. While strongly regional in its focus, the AFPHM training program is supported by an associate director of training based at the college (RACP). The educational activities of the Faculty are overseen by the Faculty Education Committee.

Trainee Selection

For entry into the AFPHM training program, applicants must:

1. have obtained general medical registration with the Medical Board of Australia. International Medical Graduates (IMGs) must first have been assessed by the Australian Medical Council (AMC) as being competent to practice medicine in Australia and must provide evidence of satisfactory completion of the AMC Certificate.
2. have completed basic training requirements:
   - at least three years of medical experience since graduating (including at least two years of clinical experience, one of which being the intern year); and
   - have completed, or are enrolled in a Master of Public Health (or comparable Masters degree), which includes the Faculty's core discipline areas:

     Epidemiology;
     Biostatistics;
     Health Protection *(includes Environmental health and/or communicable disease prevention and control);*
     Health Promotion; and
     Health Policy, Planning or Management.

     The degree program must be completed before the applicant can progress to the second year of Advanced Training.
3. have obtained a Public Health position in Australia - please note it is the trainee's responsibility to find a suitable position for public health training.

Doctors interested in applying for admission to the faculty's training program are required to contact the regional education coordinator for the region in which they wish to train.

Trainee Assessment

The Faculty introduced a new Assessment Scheme in January 2010, the implementation of which is a staged approach with a view to full implementation in 2012.

The new Assessment Scheme will involve both formative and summative assessment. The main purpose of formative assessment is to provide feedback to guide learning, while summative assessment is concerned with decisions about progress or satisfactory completion of training. The outcome of formative assessment does not count towards progress or completion but participation in formative assessments will be required of all trainees.

For trainees who are eligible and wish to gain fellowship in 2010, the assessment requirements to be completed this year are as follows:

- completion of 36 units of Advanced Training (confirmed by approved supervisor's reports);
- satisfactory completion of three Workplace Reports;
- completion of an oral presentation (a formative assessment requirement);
- submission of a Training Summary; and
- satisfactory completion of an oral examination.

Overseas Trained Specialists

Refer to the OTS section under RACP.

Accreditation

The Faculty does not currently accredit training positions. Instead it approves individual training programs. A site accreditation process was introduced in 2011 to accredit training settings that provide a suitable environment for public health medicine training.

Further Information:

www.afphm.racp.edu.au

RACP – AUSTRALASIAN FACULTY OF REHABILITATION MEDICINE

Trainee Program

The Australasian Faculty of Rehabilitation Medicine (AFRM) has a four-year training program. Training occurs in prospectively approved training programs in rehabilitation medicine units during which trainees acquire the professional qualities and specialty specific competencies necessary to practise as a rehabilitation medicine physician. The training program requirements, curriculum, courses and assessments are detailed in the *AFRM Handbook for Trainees* and the *AMC Accreditation Submission,* both of which are available on the faculty's website.

Trainee Selection

To register, 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, health service administration and evaluation, and behavioural sciences.

Overseas Trained Specialists

Refer to the OTS Section under RACP.

Accreditation

The faculty accredits facilities considered suitable environments for training in rehabilitation medicine, although individual trainee's 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 Handbook 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 rehabilitation medicine survey form to accredit training settings. A desktop audit is then conducted. Site visits are conducted on a six-year cycle.

Further Information

www.afrm.racp.edu.au

RACP – AUSTRALASIAN CHAPTER OF PALLIATIVE MEDICINE

Training Program

The Australasian Chapter of Palliative Medicine 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. Local panels of trained, college approved, assessors review the documentation provided and the applicant attends a clarification interview.

The Committee for Specialist IMG Education considered the recommendations of the local assessment panels and bases all determinations on standard categories within the RANZCP *Equivalence Guidelines*. Applicants may be required to undertake further clinical training in psychiatry and/or complete all or part of the college examinations.

Accreditation

The local training committees assess and accredit training posts. A 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 undergone curriculum re-development. In radiation oncology, the new curriculum commenced in December 2008 for trainees in New Zealand and January 2009 for trainees in Australia and Singapore. For radiology, the new curriculum commenced in December 2009 for trainees in New Zealand, and in January 2010 for trainees in Australia and Singapore.

Further information on the radiation oncology curriculum can be found at:
http://www.ranzcr.edu.au/educationandtraining/radiationoncology/curr.cfm.

Further information on the radiology curriculum can be found at:
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, Computed Tomography (CT), nuclear medicine, ultrasound and Magnetic Resonance Imaging (MRI) studies. Additionally, the program is designed to provide trainees with an understanding of the risks associated with radiation, radionuclides, contrast media and interventional procedures.

Radiation Oncology

The minimum requirement for the Radiation Oncology Postgraduate Vocational Training program is five years. The aim of the program is to provide broadly based experience in the clinical management and use of radiation to treat cancer. The standards are set to ensure that, at the end of the five-year training program, the trainee is capable of performing as a consultant in radiation oncology and can be recommended to the various medical boards and specialist recognition committees in Australia and New Zealand for registration as a specialist.

Part-time or Interrupted Training

Both specialties of the RANZCR allow for part-time and interrupted training. Part-time training must be undertaken at a minimum of 0.4 full-time equivalent (FTE) for Radiation Oncology and 0.5 of a full time clinical workload for Radiology. Total training time must equate to five years FTE. Applications for part-time or interrupted training are required to be directed to the appropriate education board in either radiology or radiation oncology.

Trainee Selection

As the RANZCR accredits training sites, not individual positions, the selection process is undertaken by employers, whether they are private practices or departments in public hospitals, with 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 training program in radiology has a portfolio approach to assessment throughout training. The Learning Portfolio details a suite of assessment tools designed primarily to drive learning and provide opportunities for trainees to receive feedback on their performance in a formative manner. This includes assessment tools that are required throughout training, such as Directly Observed Procedures (DoPs), Individual Patient Evaluations (IPX), multi-source feedback (MSF) and Director of Training Assessments, as well as specified assessments that are required in the different phases of training. For example, in Phase 1 trainees complete a research project and in Phase 2 trainees complete a second research project.

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-Clinical Evaluation (Mini-CEX), multi-source feedback (MSF), Director of Training Assessments, Clinical Supervisor Assessments, as well as specified assessments that are required in the different phases of training. In Phase 1 trainees complete ten clinical assignments. In Phase 2 trainees complete case reports, a statistics assignment and a research requirement.

The training program in Radiation Oncology also includes two formal examinations:

- Phase 1 examination is a written examination of Oncology Sciences material; and
- Phase 2 examination is an exit examination 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 the examination pathway, however the applicant must satisfy set criteria to be granted conditional registration under peer review. The peer review assessment can take up to 24 months and upon satisfactory peer assessment in the workplace, then unconditional specialist recognition is recommended by the college.
- 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 – provides structured distance based learning for more experienced practitioners.

These models are underpinned by ACRRM standards, which define the learning outcomes, as well as the operating principles, policies, procedures and administrative mechanisms to ensure that ACRRM accredited training posts and providers are supported to provide quality training against ACRRM standards.

Trainee Selection

Registrars completing the fellowship of ACRRM through the Australian General Practice Training (AGPT) program and the Rural Vocational Training Scheme (RVTS) are subject to the selection criteria of those organisations. The ACRRM works collaboratively with the AGPT and the RVTS to embed ACRRM's selection principles within theirs. The ACRRM recruits registrars directly to its Independent Pathway and uses a set of selection criteria to assess them.

Trainee Assessment

The ACRRM commenced its assessment process in 2008. There is no final exam in the assessment process, but rather progressive assessment, including five different assessment items, across the totality of the training program.

Successful completion of training requires:

- 12 months core clinical training in an ACRRM-accredited metropolitan, provincial or regional/ rural hospital;
- 24 months primary rural and remote training in rural or remote ACRRM-accredited posts, such as hospitals, Aboriginal Medical Services or community/general practice based facilities;
- 12 months advanced specialised training in ACRRM-accredited posts in one of the following disciplines: surgery, obstetrics, anaesthetics, Aboriginal and Torres Strait Islander health, emergency medicine, adult internal medicine, population health, paediatrics, mental health or remote health;
- successful completion of the college assessment program;
- completion of four modules from ACRRM's online learning platform; and
- completion of two emergency courses.

Overseas Trained Specialists

Overseas trained specialists (OTS) or International Medical Graduates (IMGs) seeking entry into ACRRM's Specialist Pathway to Fellowship must first submit their application to the Australian Medical Council (AMC). ACRRM's Specialist Pathway program initially assesses a doctor's comparability to an Australian-trained Fellow of ACRRM (FACRRM) through a paper-based assessment of the documentation provided by the AMC followed by an interview with the OTS.

The purpose of the interview is to assess the OTS' level of comparability and identify knowledge or experience gaps. If an OTS is deemed substantially comparable to an Australian-trained FACRRM they will undergo a period of peer review, complete the requirements as set out in their learning plan, and undertake a Multi-Source Feedback (MSF) assessment.

If an OTD is found partially comparable to an Australian-trained FACRRM, they will undertake the same process as an OTS deemed substantially comparable, but may be required to undertake a longer period of peer review and potentially undertake further assessment, such as the Mini Clinical Examination (Mini-CEX) or a Structured Assessment using Multiple Patient Scenarios (StAMPS).

On successful completion of the period of peer review and assessment the OTS is recommended for a FACRRM.

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.

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.

Cardiothoracic Surgery

Cardiothoracic surgery is the medical specialty devoted to the surgical management of intrathoracic diseases and abnormalities. The Cardiothoracic surgeon may perform surgical procedures that involve the lung, heart, and/or the great vessels.

General Surgery

General surgery is the core specialty within the discipline of surgery and is the broadest. The General Surgeon is a surgical specialist engaged in the comprehensive care of surgical patients and in some situations the General Surgeon may require knowledge of the whole field of surgery. The General Surgeon is frequently the one first confronted with the acutely ill or injured person and is responsible for the early investigation of obscure surgical illness.

Neurosurgery

Neurosurgery provides for the operative and non-operative management of disorders that affect the central, peripheral and autonomic nervous system, including their supportive structures and vascular supply. This includes prevention, diagnosis, evaluation, treatment, critical care and rehabilitation as well as the operative and non-operative management of pain.

Orthopaedic Surgery

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin.

Otolaryngology, Head and Neck Surgery

Otolaryngology Head and Neck surgeons investigate and treat conditions of the ear, nose, throat, and head and neck, such as nasal and sinus conditions, snoring and breathing problems, tonsillitis, cancers of the head and neck including thyroid surgery, voice problems, plastic surgery of the nose and face, hearing difficulties and deafness, and tumours of the head, neck and ears.

Paediatric Surgery

Paediatric surgery is the specialty that includes surgeons who have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Specialist paediatric surgeons normally deal with non-cardiac thoracic surgery, general paediatric surgery and paediatric urology. Their responsibilities include involvement in the antenatal management of congenital structural abnormalities, neonatal surgery and oncological surgery for children.

Plastic and Reconstructive Surgery

Plastic and Reconstructive surgery is a wide ranging specialty involving manipulation, repair and reconstruction of the skin, soft tissue and bone. Plastic surgery is a specialty not restricted to one organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties.

Urology

Urology is the medical specialty dedicated to the treatment of men, women and children with

problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems. Urologists prescribe and administer medications and perform surgical procedures in the treatment of disease or injury.

Vascular Surgery

Vascular surgery is a specialty of surgery in which diseases of the vascular system, or arteries and veins, are managed by medical therapy, minimally-invasive catheter procedures and surgical reconstruction.

Trainee Selection

Trainees are selected directly into one of the nine specialty training programs. The earliest point at which application can be made for the first year of training (SET1) is during PGY2 with entry for successful trainees in PGY3.

Any person wishing to apply for selection into one or more of the surgical specialties must fulfil all of the generic eligibility criteria, plus the eligibility criteria for the specific specialty or specialties.

There are 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 perform clinical rotations in units designated by the specialty in which they are selected as providing career aligned requirements. During training there is an increased focus on workplace competency assessment and in-training assessment. All trainees are required to achieve satisfactory performance in clinical rotation and must successfully complete the fellowship examination before being awarded fellowship of the college.

Overseas Trained Specialists

The processes for assessing the suitability of overseas trained doctors for practice as surgeons in Australia are in accordance with the principles outlined in the:

– AMC application procedures and requirements for specialist assessment;
– AMC/Committee of Presidents of Medical Colleges (CPMC)/National Medical Board of Australia/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 (referred to by the College as an International Medical Graduate or IMG) 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 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 and international medical graduates holding an AMC Certificate. This is also known as the intern year.

Satisfactory completion is a requirement for full medical registration.

Postgraduate Year 2 (PGY2)

The year of structured supervised clinical training placements, commenced once medical practitioners have completed their internship and gained general medical registration.

Vocational Training

Vocational Training Positions and Programs

Applicant

A medical graduate, including an international medical graduate, who applies in open competition for entry to a vocational training program. Due to variation in college training programs, an applicant may apply for a training post or training program within an accredited training hospital department or other type of accredited facility.

Successful Applicant

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

Trainee

A medical practitioner who has been accepted by a specialist medical college or General Practice Education and Training (GPET) into a position supervised by a member of the accredited specialist medical college or training provider for the purposes of completing the set vocational training program. Non-Australian trainees who are being trained overseas through an Australian medical college are not included in this category.

Basic Training

A 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 completely, 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 total number of trainees who sat an examination given by a college in Australia.

Pass Rate

The proportion of all trainees sitting examinations in the specified period who passed.

College Fellows

Fellow

A medical practitioner who has either completed a college training program, or has been overseas trained and exempted from assessments for admission into the college, and has been admitted to fellowship of the college.

New Fellow

A fellow who has been admitted to the specialist college in the year of data collection.

International supply

International Medical Graduate (IMG)

A doctor whose basic medical qualifications were acquired in a county other than 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.

District of Workforce Shortage

A District of Workforce Shortage (DWS) is a geographic area in which the general population need for health care is not met. Population needs for health care are deemed to be unmet if a district has less access to Medicare services than the national average.

Remoteness Area

The Remoteness Area (RA) Structure within the Australian Bureau of Statistics Standard Geographical Classification (ASGC) is produced by ABS.

RAs are based on the Accessibility/Remoteness Index of Australia (ARIA), where the remoteness index value of a point is based on the physical road distance to the nearest town or service in each of six population size classes based on the 2006 Census of Population and Housing. These classes are:

- Major cities;
- Inner regional areas;
- Outer regional areas;
- Remote areas;
- Very remote areas; and
- Migratory.

Appendix D

EXTENDED DATA TREND TABLES

Table D1: Commencing medical students: Domestic, international and proportion of females, 2000–2011

Table D2: Commencing medical students by university and state/territory, 2007–2011

Table D3: Commencing domestic medical students by university and state/territory, 2007–2011

Table D4: Commencing international medical students by university and state/territory, 2007–2011

Table D5: Medical students in Australian universities, 2000–2011

Table D6: Medical students: Domestic and international by state/territory, 2005–2011

Table D7: Domestic medical school graduates from Australian universities, 1997–2010

Table D8: Medical graduates: Domestic, international and proportions of domestic, international and females, 1999–2010

Table D9: Medical graduates: Domestic and international by state/territory, 2004–2010

Table D10: Postgraduate year 1: Commencing trainees by state/territory, 2004–2011

Table D11: Postgraduate year 2: Commencing doctors by state/territory, 2004–2011

Table D12: Basic training positions/trainees by medical specialty, 2000–2011

Table D13: Basic training positions/trainees by state/territory, 2000–2011

Table D14: Basic training first-year positions/trainees by medical specialty, 2000–2011

Table D15: Basic training first-year positions/trainees by state/territory, 2000–2011

Table D16: Basic trainees: Proportion of females by medical specialty, 2000–2011

Table D17: Basic trainees: Proportion of females by state/territory, 2000–2011

Table D18: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2000–2011

Table D19: Advanced vocational training positions/trainees by medical specialty, 1997–2011

Table D20: Advanced vocational training positions/trainees by state/territory, 1997–2011

Table D21: Advanced training first-year positions/trainees by medical specialty, 1997–2011

Table D22: Advanced vocational training first-year positions/trainees by state/territory, 1997–2011

Table D23: Advanced vocational trainees: Proportion of females by medical specialty, 1997–2011

Table D24: Advanced vocational trainees: Proportion of females by state/territory, 1997–2011

Table D25: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 1997–2011

Table D26: New fellows by medical specialty, 2000–2010

Table D27: New fellows by state/territory, 2000–2010

Table D28: New fellows: Proportion of females by medical specialty, 2000–2010

Table D29: New fellows: Proportion of females by state/territory, 2000–2010

Table D1: Commencing medical students: Domestic, international and proportion of females, 2000–2011

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Increase 2000–2011 (%)
Domestic	1,361	1,471	1,470	1,511	1,699	1,871	2,071	2,560	2,934	2,955	2,940	3,241	138.1
Proportion female (%)	52.9	54.4	55.3	55.8	57.3	55.2	55.1	54.4	54.0	54.8	52.9	50.9	..
Annual increase (%)		8.1	-0.1	2.8	12.4	10.1	10.7	23.6	14.6	0.7	-0.5	10.2	
International[(a)]	299	309	367	378	421	460	426	436	499	487	529	529	76.9
Proportion female (%)	na	53.1	50.4	48.7	51.1	57.2	53.1	49.8	50.9	47.0	42.5	47.6	..
Annual increase (%)		3.3	18.8	3.0	11.4	9.3	-7.4	2.3	14.4	-2.4	8.6	0	
Total	**1,660**	**1,780**	**1,837**	**1,889**	**2,120**	**2,331**	**2,497**	**2,996**	**3,433**	**3,442**	**3,469**	**3,770**	**127.1**
Annual increase (%)		7.2	3.2	2.8	12.2	10	7.1	20	14.6	0.3	0.8	8.7	

(a) 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 Inc

Table D2: Commencing medical students by university and state/territory, 2005–2011

	2005	2006	2007	2008	2009	2010	2011
New South Wales							
Newcastle/UNE		0	113	193	196	223	198
Notre Dame Sydney		0		111	113	108	113
Sydney		0	264	267	299	276	327
UNSW	242	257	275	274	277	283	275
UWS			104	120	133	130	122
Wollongong			79	82	86	84	85
Total NSW	**242**	**257**	**835**	**1,047**	**1,104**	**1,104**	**1,120**
Victoria							
Deakin				120	136	141	132
Melbourne PG			93	79	85	..	
Melbourne UG	227	298	230	248		..	0
Melbourne MD				na			331
Monash PG				na	73	78	89
Monash UG	251	272	313	293	301	306	305
Total Vic	**478**	**570**	**636**	**740**	**595**	**525**	**857**
Queensland							
Bond		0	85	90	91	92	87
Griffith		0	150	149	156	156	154
Queensland		0	374	402	429	483	447
James Cook	99	99	112	174	180	209	195
Total Qld	**99**	**99**	**721**	**815**	**856**	**940**	**883**
Western Australia							
Notre Dame Fremantle		0	100	105	109	104	102
UWA PG				59	64	63	65
UWA UG	174	188	199	147	173	173	171
Total WA	**174**	**188**	**299**	**311**	**346**	**340**	**338**
South Australia							
Adelaide	138	133	170	177	179	201	190
Flinders		0	123	136	144	136	167
Total SA	**138**	**133**	**293**	**313**	**323**	**337**	**357**
Tasmania							
Tasmania	62	64	127	125	124	127	121
Australian Capital Territory							
ANU		0	85	82	94	96	94
Total	**1,193**	**1,311**	**2,996**	**3,433**	**3,442**	**3,469**	**3,770**

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

Source: Medical Deans Australia and New Zealand Inc

Table D3: Commencing domestic medical students by university and state/territory, 2005–2011

	2005	2006	2007	2008	2009	2010	2011
New South Wales							
Newcastle/UNE			92	167	172	195	179
Notre Dame Sydney				111	113	108	113
Sydney			226	226	251	223	261
UNSW	186	211	214	208	210	215	206
UWS			104	115	118	109	104
Wollongong			72	71	74	74	78
Total NSW	**186**	**211**	**708**	**898**	**938**	**924**	**941**
Victoria							
Deakin				120	134	134	131
Melbourne PG			84	74	79	..	
Melbourne UG	147	220	157	172		..	
Melbourne MD							305
Monash PG					67	70	67
Monash UG	176	187	238	227	247	251	249
Total Vic	**323**	**407**	**479**	**593**	**527**	**455**	**752**
Queensland							
Bond			85	85	83	88	85
Griffith			150	149	156	156	154
Queensland			320	302	306	318	305
James Cook	95	93	106	169	162	182	182
Total Qld	**95**	**93**	**661**	**705**	**707**	**744**	**726**
Western Australia							
Notre Dame Fremantle			100	105	109	104	102
UWA PG				59	64	63	65
UWA UG	148	169	174	119	145	146	146
Total WA	**148**	**169**	**274**	**283**	**318**	**313**	**313**
South Australia							
Adelaide	102	117	146	157	155	185	175
Flinders			105	116	125	122	142
Total SA	**102**	**117**	**251**	**273**	**280**	**307**	**317**
Tasmania							
Tasmania	55	55	106	106	99	103	100
Australian Capital Territory							
ANU			81	76	86	94	92
Total	**909**	**1,052**	**2,560**	**2,934**	**2,955**	**2,940**	**3,241**

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

Source: Medical Deans Australia and New Zealand Inc

Table D4: Commencing international medical students by university and state/territory, 2005–2011

	2005	2006	2007	2008	2009	2010	2011
New South Wales							
Newcastle/UNE		0	21	26	24	28	19
Notre Dame Sydney		0	0	0	0	0	0
Sydney		0	38	41	48	53	66
UNSW	56	46	61	66	67	68	69
UWS		0	0	5	15	21	18
Wollongong		0	7	11	12	10	7
Total NSW	**56**	**46**	**127**	**149**	**166**	**180**	**179**
Victoria							
Deakin		0	0	0	2	7	1
Melbourne PG			9	5	6	..	0
Melbourne UG	80	78	73	76	0	..	0
Melbourne MD	..	..	..	..	..	..	26
Monash PG	0	0	0	0	6	8	22
Monash UG	75	85	75	66	54	55	56
Total Vic	**155**	**163**	**157**	**147**	**68**	**70**	**105**
Queensland							
Bond		0	0	5	8	4	2
Griffith		0	0	0	0	0	0
Queensland		0	54	100	123	165	142
James Cook	4	6	6	5	18	27	13
Total Qld	**4**	**6**	**60**	**110**	**149**	**196**	**157**
Western Australia							
Notre Dame Fremantle		0	0	0	0	0	0
UWA PG		0	0	0	0	0	0
UWA UG	26	19	25	28	28	27	25
Total WA	**26**	**19**	**25**	**28**	**28**	**27**	**25**
South Australia							
Adelaide	36	16	24	20	24	16	15
Flinders		0	18	20	19	14	25
Total SA	**36**	**16**	**42**	**40**	**43**	**30**	**40**
Tasmania							
Tasmania	7	9	21	19	25	24	21
Australian Capital Territory							
ANU		0	4	6	8	2	2
Total	**284**	**259**	**436**	**499**	**487**	**529**	**529**

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

Source: Medical Deans Australia and New Zealand Inc

Table D5: Medical students in Australian universities, 2000–2011

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Increase 2000–2011 (%)
Domestic	6,617	6,803	6,962	7,108	7,484	8,026	8,768	9,796	11,028	12,097	12,946	13,956	110.9
Proportion female (%)	49.5	50.9	52.6	54.0	48.3	55.2	55.7	55.8	55.3	54.6	54.2	53.0	..
Annual increase (%)		2.8	2.3	2.1	5.3	7.2	9.2	11.7	12.6	9.7	7.0	7.8	
International[(a)]	1,129	1,192	1,386	1,573	1,749	1,909	2,081	2,153	2,309	2,424	2,451	2,535	124.5
Proportion female (%)	na	46.6	49.4	49.3	34.3	53.4	53.9	52.3	52.5	51.4	50.1	49.1	..
Annual increase (%)		5.6	16.3	13.5	11.2	9.1	9.0	3.5	7.2	5.0	1.1	3.4	
Total	**7,746**	**7,995**	**8,348**	**8,681**	**9,233**	**9,935**	**10,849**	**11,949**	**13,337**	**14,521**	**15,397**	**16,491**	**112.9**
Annual increase (%)		3.2	4.4	4.0	6.4	7.6	9.2	10.1	11.6	8.9	6.0	7.1	

(a) 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 Inc

Table D6: Medical students: Domestic, international[(a)] and total by state/territory, 2005–2011

Year		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
2005	Domestic	2,257	1,891	1,610	872	860	371	..	165	8,026
	International	495	801	117	335	60	90	..	11	1,909
	2005 Total	**2,752**	**2,692**	**1,727**	**1,207**	**920**	**461**	**..**	**176**	**9,935**
2006	Domestic	2,308	2,147	1,876	895	938	364	..	240	8,768
	International	532	888	168	316	84	82	..	11	2,081
	2006 Total	**2,840**	**3,035**	**2,044**	**1,211**	**1,022**	**446**	**..**	**251**	**10,849**
2007	Domestic	2,573	2,060	2,253	945	1,229	406		330	9,796
	International	562	863	213	307	102	90	..	16	2,153
	2007 Total	**3,135**	**2,923**	**2,466**	**1,252**	**1,331**	**496**	**..**	**346**	**11,949**
2008	Domestic	3,004	2,326	2,540	1,059	1,351	422	..	326	11,028
	International	599	888	323	270	114	94	..	21	2,309
	2008 Total	**3,603**	**3,214**	**2,863**	**1,329**	**1,465**	**516**	**..**	**347**	**13,337**
2009	Domestic	3,414	2,523	2,830	1,124	1,433	452	..	321	12,097
	International	661	822	419	247	145	106	..	24	2,424
	2009 Total	**4,075**	**3,345**	**3,249**	**1,371**	**1,578**	**558**	**..**	**345**	**14,521**
2010	Domestic	3,870	2606	2,957	1,243	1,461	471	..	338	12,946
	International	700	724	530	219	157	104	..	17	2,451
	2010 Total	**4,570**	**3,330**	**3,487**	**1,462**	**1,618**	**575**	**..**	**355**	**15,397**
2011	Domestic	4,231	2,993	3,068	1,324	1,518	472	..	350	13,956
	International	774	638	628	210	155	113	..	17	2,535
	2011 Total	**5,005**	**3,631**	**3,696**	**1,534**	**1,673**	**585**	**..**	**367**	**16,491**

(a) 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 Inc

Table D7: Domestic medical school graduates from Australian universities, 1997–2010

University	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Adelaide	96	93	103	98	90	84	81	94	85	92	85	98	83	94
ANU	..	..	..	..	..	..	..	..	..	..	71	90	72	83
Bond	..	..	..	..	..	..	..	..	..	..	..	..	55	74
Flinders	72	56	56	54	54	58	56	67	62	66	77	75	74	102
Griffith	..	..	..	..	..	..	..	..	..	..	..	70	116	151
James Cook	..	..	..	..	..	..	..	..	58	74	65	66	82	94
Melbourne	161	168	184	190	193	174	206	179	178	211	186	199	198	212
Monash	131	131	132	125	129	150	145	144	143	123	137	159	165	181
Newcastle	56	62	65	60	65	65	59	65	59	61	67	77	85	104
Notre Dame Fremantle	..	..	..	..	..	..	..	..	..	..	..	75	80	86
Queensland	219	211	224	191	220	220	215	225	218	215	284	238	279	332
Sydney	197	205	201	137	119	185	188	190	176	147	202	208	208	221
Tasmania	52	42	45	56	54	53	45	55	46	62	58	64	73	89
UNSW	156	134	145	157	158	165	159	163	188	166	186	177	163	166
UWA	104	117	101	127	121	110	112	105	107	118	126	142	182	207
Wollongong	..	..	..	..	..	..	..	..	..	..	..	..	..	63
Total	**1,244**	**1,219**	**1,256**	**1,195**	**1,203**	**1,264**	**1,266**	**1,287**	**1,320**	**1,335**	**1,544**	**1,738**	**1,915**	**2,259**

Source: Medical Deans Australia and New Zealand Inc

Table D8: Medical graduates: Domestic, international and proportions of domestic, international and females, 1999–2010

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Domestic	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738	1,915	2,259
Proportion domestic (%)	89.7	88.7	91.4	88.7	86.2	85.6	83.2	81.8	83.0	81.3	80.5	82.7
Proportion female (%)	na	na	na	na	na	na	na	na	56.2	57.2	54.1	54.1
International[(a)]	144	152	113	161	203	216	267	298	316	401	465	474
Proportion international (%)	10.3	11.3	8.6	11.3	13.8	14.4	16.8	18.2	17.0	18.7	19.5	17.3
Proportion female (%)	na	na	na	na	na	na	na	na	52.5	54.6	51.6	54.2
Total	**1,400**	**1,347**	**1,316**	**1,425**	**1,469**	**1,503**	**1,587**	**1,633**	**1,860**	**2,139**	**2,380**	**2,733**
Annual increase (%)		-3.8	-2.3	8.3	3.1	2.3	5.6	2.9	13.9	15.0	11.3	14.8

(a) 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 inc

Table D9: Medical graduates: Domestic, international[(a)] and total by state/territory, 2004–2010

Year		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
2004	Domestic	418	323	225	161	105	55	..		1,287
	International	69	80	4	53	2	8	..	..	216
	2004 Total	**487**	**403**	**229**	**214**	**107**	**63**	**..**	**..**	**1,503**
2005	Domestic	423	321	276	147	107	46	..	..	1,320
	International	79	111	8	57	2	10	..	..	267
	2005 Total	**502**	**432**	**284**	**204**	**109**	**56**	**..**	**..**	**1,587**
2006	Domestic	374	334	289	158	118	62	..		1,335
	International	81	126	10	62	7	12	..	..	298
	2006 Total	**455**	**460**	**299**	**220**	**125**	**74**	**..**	**..**	**1,633**
2007	Domestic	455	323	349	162	126	58	..	71	1,544
	International	85	124	21	68	4	13		1	316
	2007 Total	**540**	**447**	**370**	**230**	**130**	**71**	**..**	**72**	**1,860**
2008	Domestic	462	358	374	173	217	64	..	90	1,738
	International	112	140	51	70	10	14		4	401
	2008 Total	**574**	**498**	**425**	**243**	**227**	**78**	**..**	**94**	**2,139**
2009	Domestic	456	363	532	157	262	73	..	72	1,915
	International	111	171	75	66	15	21	..	6	465
	2009 Total	**567**	**534**	**607**	**223**	**277**	**94**	**..**	**78**	**2,380**
2010	Domestic	554	393	651	293	196	89	..	83	2,259
	International	115	184	81	25	54	11	..	4	474
	2010 Total	**669**	**577**	**732**	**318**	**250**	**100**	**..**	**87**	**2,733**
2004–2010	**Total**	**3,794**	**3,351**	**2,946**	**1,652**	**1,225**	**536**	**..**	**331**	**13,835**

(a) 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 Inc

Table D10: Postgraduate year 1: Commencing trainees by state/territory, 2004–2011

	2004	2005	2006	2007	2008	2009	2010	2011
New South Wales/Australian Capital Territory	554	566	628	[a]533	688	..	..	..
New South Wales	..	..	..	..	..	668	657	[d]756
Australian Capital Territory	..	..	..	..	..	62	62	78
Victoria	371	397	406	447	454	506	557	625
Queensland	246	280	323	357	411	444	558	644
South Australia	155	171	183	213	227	[b]246	230	247
Western Australia	136	132	137	155	175	228	240	267
Tasmania	49	52	71	[c]56	51	62	58	71
Northern Territory	20	24	23	15	24	27	32	35
Australia	**1,531**	**1,622**	**1,771**	**1,776**	**2,030**	**2,243**	**2,394**	**2,723**

(a) January allocation only, whereas previous years also include mid year allocation.
(b) South Australia had 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.
(d) Total number of intern positions available was 770.

Source: State and territory government health departments

Table D11: Postgraduate year 2: Commencing doctors by state/territory, 2004–2011

	2004	2005	2006	2007	2008	2009	2010	2011
New South Wales/Australian Capital Territory	394	416	414	449	..	..	..	..
New South Wales	..	..	..	..	na	640	686	617
Australian Capital Territory	..	..	..	..	36	40	62	58
Victoria[a]	436	412	432	477	467	540	543	[f]585
Queensland	na	337	na	284	[b]441	[c]458	474	[g]575
South Australia	124	134	172	220	161	[d]300	183	[k]189
Western Australia	190	145	172	96	224	276	241	330
Tasmania	54	68	88	[e]28	49	107	79	103
Northern Territory	18	24	24	32	44	44	45	64
Australia	**1,216**	**1,536**	**1,302**	**1,586**	**1,422**	**2,405**	**2,313**	**2,521**

(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. The South Australian Institute of Medical Education and Training (SAIMET) was in its first year of managing Trainee Medical Officer (TMO) recruitment and accurate numbers were not available.
(e) Actual allocation not available. Figures based on number of offers made.
(f) A total of 632 HMO2 positions was included in the Computer Matching Process and only 581 positions were matched.
From these 15 matched candidates declined their offer and 19 unmatched candidates accepted a position.
Total number of doctors who started their PGY2 training via the Match was 585. A further 47 PGY2 posts were directly recruited by health services.
(g) Commencement data is approximate and is based upon the total number of acceptances registered in the eRecruitment system.
(h) Includes only the number of PGY2 commencing who completed internship in South Australia.

Source: State and territory government health departments

Table D12: Basic training positions/trainees by medical specialty, 2000–2011

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Adult medicine	487	585	765	626	784	726	809	967	1,609	1,666	1,893	1,951
Anaesthesia					324	318	318	360	410	509	504	617
Dermatology								38	41	39	42	44
Emergency medicine	21	165	183	214	244	231	292	320	319	732	803	785
General practice												
– ACRRM	..	..	..	..	..	..	..	..	..	..	50	141
Intensive care								125	114	82	167	152
Obstetrics and Gynaecology								na	277	301	295	330
Ophthalmology					22	48	52	50	51	53	55	53
Paediatrics	155	199	240	143	259	199	173	190	436	459	554	530
Psychiatry						638	602	610	623	661	677	661
Rehabilitation medicine	18	..	..	..	..	..	..	..	..	..	..	..
Surgery	901	225	151	164	168	493	557	607	207	..	..	..
Total	**1,582**	**1,174**	**1,339**	**1,147**	**1,801**	**2,653**	**2,803**	**3,267**	**4,087**	**4,502**	**5,040**	**5,264**

Source: Medical colleges

Table D13: Basic training positions/trainees by state/territory, 2000–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
2000	551	420	254	154	142	32	4	25	1,582
2001	376	336	180	125	92	28	12	25	1,174
2002	432	408	212	100	114	32	13	28	1,339
2003	360	357	188	95	86	27	9	25	1,147
2004	596	496	306	137	152	51	22	41	1,801
2005	869	761	453	209	232	54	18	57	2,653
2006	930	782	543	196	214	55	27	56	2,803
2007	1,162	988	831	375	409	238	188	225	3,267
2008	1,262	1,078	870	309	352	93	45	78	4,087
2009	1,336	1,155	1,034	369	372	92	43	96	4,502
2010	1,492	1,275	1,148	424	437	106	53	105	5,040
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
Increase 2000–2011 (%)	173.7	230.5	368.1	172.1	238.7	306.3	950	328.0	232.7

Source: Medical colleges

Table D14: Basic training first-year positions/trainees by medical specialty, 2000–2011

Medical specialty	2000	[a]2001	[a]2002	[a]2003	[a]2004	[a]2005	[a]2006	2007	2008	2009	2010	2011
Adult medicine	na	177	247	na	207	253	262	202	336	436	522	583
Anaesthesia	na			na		162	159	195	197	169	240	321
Dermatology	na			na				16	23	18	23	20
Emergency medicine	na			na		na	na	54	9	..	..	..
General practice – ACRRM	..	..	..	..	..	..	..	..	..	..	na	na
Intensive care	na			na				14	7	2	11	7
Obstetrics and Gynaecology	na			na				..	81	81	77	87
Ophthalmology	na			na		25	30	24	24	27	25	26
Paediatrics	na	52	57	na	33	49	66	23	67	114	123	142
Psychiatry	na			na			124	90	109	118	223	239
Surgery[b]	na		164	na	168	195	220	234	1	..	..	..
Total	**na**	**229**	**468**	**na**	**408**	**684**	**861**	**852**	**854**	**965**	**1,244**	**1,425**

(a) Estimated number of positions that were likely to be available in this particular year.
(b) With the introduction of the SET program in 2008, which does not distinguish between basic and advanced trainees, all trainees are reported under advanced training.

Source: Medical colleges

Table D15: Basic training[(a)] first-year positions/trainees by state/territory, 2000–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
2000	na	na	na	na	na	na	na	na	na
2001	62	74	42	30	11	2	3	5	229
2002	164	146	49	41	37	12	6	13	468
2003	na	na	na	na	na	na	na	na	na
2004	137	123	45	36	38	11	5	13	408
2005	230	188	119	54	50	16	10	17	684
2006	260	245	150	61	74	12	12	17	861
2007	215	240	233	55	65	25	6	13	852
2008	214	250	196	71	70	25	11	17	854
2009	257	286	210	90	78	20	4	20	965
2010	350	341	267	124	100	22	16	24	1,244
2011	387	410	298	124	130	39	15	22	1,425

(a) Covers basic training in Anaesthesia from 2004, Dermatology from 2007, General practice (ACRRM) from 2010, Intensive care from 2007, Obstetrics and Gynaecology from 2008, Ophthalmology from 2004, Psychiatry from 2005, Rehabilitation medicine for 2000 and Surgery up to 2008.

Source: Medical colleges

Table D16: Basic trainees: Proportion of females by medical specialty, 2000–2011

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Adult medicine	42.5	44.4	41.6	41.1	45.5	43.1	42.6	60.8	41.0	44.8	47.4	49.9
Anaesthesia					16.0	18.2	18.2	38.9	40.0	33.2	45.0	45.9
Dermatology								63.2	73.2	64.1	64.3	63.6
Emergency medicine	38.1	44.8	38.3	40.7	43.0	42.4	46.2	45.9	46.7	38.4	38.2	39.4
General practice – ACRRM												
Intensive care								24.8	28.1	31.7	33.5	24.3
Obstetrics and Gynaecology								..	63.2	65.1	69.8	77.6
Ophthalmology					45.5	35.4	26.9	34.0	33.3	35.8	40.0	43.4
Paediatrics	61.9	58.3	58.3	61.5	62.9	66.8	72.8	0	66.7	66.4	67.9	70.6
Psychiatry						52.2	53.3	54.3	50.6	55.2	54.1	55.4
Rehabilitation medicine	72.2											
Surgery	14.8	27.1	24.5	22.0	24.4	21.5	23.5	25.5	22.2	..	..	..
Total (%)	**28.9**	**43.5**	**42.0**	**40.8**	**40.4**	**39.9**	**40.3**	**56.1**	**46.0**	**47.4**	**49.6**	**50.8**
Total female trainees	457	511	562	468	727	1,058	1,130	1,834	1,878	2,133	2,498	2,672

(a) Data includes trainees undertaking pathology and RACP jointly up to 2010.

Source: Medical colleges

Table D17: Basic trainees: Proportion of females by state/territory, 2000–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
2000	29.6	28.8	33.9	29.2	23.9	9.4	25.0	16.0	28.9
2001	45.5	39.0	51.1	42.4	43.5	35.7	33.3	40.0	43.5
2002	44.4	40.4	42.5	40.0	39.5	43.8	38.5	39.3	42.0
2003	41.1	40.9	45.2	37.9	37.2	29.6	44.4	36.0	40.8
2004	37.7	45.4	38.6	38.7	42.1	39.2	45.0	35.0	40.4
2005	39.1	44.4	36.2	40.2	38.8	25.9	38.9	36.8	39.9
2006	39.6	42.8	36.6	44.4	39.7	34.5	48.1	42.9	40.3
2007	51.2	54.7	40.7	35.7	34.2	11.8	4.8	20.0	56.1
2008	49.1	50.0	40.5	42.4	42.0	32.3	37.8	52.6	46.0
2009	48.6	53.4	41.2	46.9	46.0	27.2	55.8	47.9	47.4
2010	51.3	56.0	42.0	50.0	49.7	29.2	41.5	51.4	49.6
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8

Source: Medical colleges

Table D18: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2000–2011

Year	Training positions/ trainees	Basic training positions/trainees	Proportion basic positions/trainees (%)	Female basic trainees	Proportion female basic trainees (%)	First-year basic trainees	Proportion first-year (%)
2000	7,262	1,582	21.8	457	28.9	na	na
2001	6,835	1,174	17.2	511	43.5	229	19.5
2002	7,213	1,339	18.6	562	42.0	468	35.0
2003	7,273	1,147	15.8	468	40.8	na	..
2004	8,188	1,801	22.0	727	40.4	408	22.7
2005	8,710	2,653	30.5	1,058	39.9	684	25.8
2006	9,317	2,803	30.1	1,130	40.3	861	30.7
2007[a]	11,249	3,267	29.0	1,834	56.1	852	26.1
2008	11,668	4,087	35.0	1,878	46.0	854	20.9
2009	12,958	4,502	34.7	2,133	47.4	965	21.4
2010	14,679	5,057	34.5	2,498	49.4	1,244	24.6
2011	15,478	5,264	34.0	2,672	50.8	1,425	27.1
Increase 1997–2011 (%)	113.1	232.7	56.1	484.7	75.7	..	..

(a) Figure for the number of training positions/trainees has been revised from the 2007 report.

Source: Medical colleges

Table D19: Advanced vocational training positions/trainees by medical specialty, 1997–2011

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Addiction medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	11	13
Adult medicine	444	478	426	443	440	510	596	663	672	690	948	1,043	1,157	1,406	1,469
Anaesthesia	426	578	459	454	452	478	531	465	477	477	416	463	485	612	566
Anaesthesia – Pain medicine	..	..	..	..	..	..	..	..	..	36	49	45	53	51	58
Dermatology[b]	42	43	50	56	55	58	60	61	60	64	31	33	39	45	54
Emergency medicine	602	678	655	688	498	489	489	471	458	486	462	480	811	881	..
– ACEM															1,057
– RACP															33
General practice	1,603	1,441	1,478	1,455	1,525	1,429	1,446	1,569	1,905	2,003	2,003	2,162	2,309	2,642	..
– GPET															2,948
– ACRRM[c]															6
Intensive care	108	126	100	102	142	220	186	146	187	180	285	326	375	332	312
Medical administration	107	99	99	102	95	88	90	96	81	84	86	80	92	105	86
Obstetrics and Gynaecology	350	317	333	309	312	288	258	292	299	325	338	109	131	123	143
Occupational and Environmental medicine	24	na	49	46	46	44	49	62	72	74	59	61	55	87	80
Ophthalmology[d]	90	90	91	91	100	95	102	105	53	50	47	70	77	49	[e]86
Paediatrics	179	143	135	141	147	180	233	258	234	284	286	395	453	583	640
Palliative medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	58	71
Pathology	224	224	221	236	224	251	251	273	282	194	176	211	224	301	314

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Pathology and RACP, jointly	..	..	..	..	..	..	..	..	..	107	95	124	137	131	173
Psychiatry[f]	..	..	..	..	..	..	..	..	87	178	177	278	322	350	[g]368
Public health medicine	75	75	75	56	52	62	62	65	71	80	75	75	61	60	72
Radiation oncology	50	50	51	52	58	61	69	68	77	57	96	104	328	110	137
Radiodiagnosis	186	186	189	187	195	205	236	241	263	288	299	314	101	333	366
Rehabilitation medicine	68	46	61	67	77	92	97	118	118	125	131	121	138	143	162
Sexual health medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	19	7
Sport and exercise medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	na	27
Surgery	478	498	541	546	590	604	660	652	663	732	774	791	901	1,000	966
Total	**5,056**	**5,072**	**5,013**	**5,031**	**5,008**	**5,154**	**5,415**	**6,387**	**6,059**	**6,514**	**6,833**	[h]**7,324**	**8,249**	**9,432**	**10,214**

(a) Addiction medicine, Palliative medicine, Sexual health medicine and Sports and exercise medicine were recognised as specialties in 2009.
(b) Dermatology was able to identify and report advanced trainees separately from 2007.
(c) ACRRM Independent Pathway registrars only.
(d) Ophthalmology was able to identify and report advanced trainees separately from 2005.
(e) 6 trainees are completing their final year of training overseas.
(f) Psychiatry was able to identify and report advanced trainees separately from 2005.
(g) Includes 170 fellows undertaking subspeciality training.
(h) Figure includes 39 trainees undertaking dual training in adult medicine and paediatrics. It also includes 6 ophthalmology trainees in overseas training positions.

Source: Medical colleges and GPET

Table D20: Advanced vocational training positions/trainees by state/territory, 1997–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
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	7,581
2009[b]	2,727	2,190	1,486	623	722	156	130	122	8,249
2010	3,033	2,448	1,780	740	700	170	176	252	9,277
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
Increase 1997–2011 (%)	81.4	79.4	115.6	71.4	68.9	80	115.7	-15.2	79.9

(a) Australian total is higher because state/territory data on 20 positions was not available.
(b) Australian total includes 100 overseas training positions.

Source: Medical colleges and GPET

Table D21: Advanced vocational training first-year positions/trainees by medical specialty, 1997–2011

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Addiction medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4
Adult medicine	148	118	192	204	166	184	228	257	274	247	na	na	384	432	408
Anaesthesia	145	165	148	141	158	134	219	153	159	159	155	145	159	214	193
Anaesthesia – Pain medicine	..	..	..	..	..	..	..	..	..	..	20	24	19	22	26
Dermatology	13	8	6	9	14	15	12	3	17	17	18	18	16	18	28
Emergency medicine[b]	120	121	150	150	98	115	91	108	122	110	102	na	305	282	..
– ACEM															262
– RACP															15
General practice	400	400	410	450	450	450	600	624	626	648	648	648	684	814	..
– GPET															918
– ACRRM															6
Intensive care	..	..	..	..	..	..	..	..	..	..	na	na	156	60	58
Medical administration	20	20	20	20	20	21	27	27	27	30	19	15	32	8	25
Obstetrics and Gynaecology	55	55	50	50	50	47	47	48	56	69	65	56	65	59	58
Occupational and Environmental medicine	12	na	10	na	na	na	8	na	na	na	na	na	6	27	19
Ophthalmology	21	24	18	18	18	26	28	25	22	26	27	27	20	27	28
Paediatrics	59	43	68	68	50	48	63	97	89	119	na	na	162	131	170
Palliative medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	41	11
Pathology[c]	50	43	49	48	71	54	44	46	58	87	90	85	66	50	40

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	na	na	na	na	na	41
Psychiatry	118	122	118	117	126	127	106	115	142	131	39	102	99	129	112
Public health medicine	24	24	24	na	na	16	15	18	12	10	10	14	8	28	22
Radiation Oncology	..	4	na	11	12	6	10	14	15	14	25	15	24	15	27
Radiodiagnosis	43	50	62	41	41	34	37	21	9	51	48	32	47	56	96
Rehabilitation medicine	13	14	19	20	25	27	29	29	30	30	32	20	38	30	34
Sexual health medicine[(a)]	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Sport and exercise medicine[(a)]	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
Surgery	128	139	139	162	184	185	188	197	240	208	421	218	299	250	207
Total	**1,369**	**1,350**	**1,483**	**1,509**	**1,483**	**1,489**	**1,752**	**1,782**	**1,898**	**1,956**	**1,719**	**1,419**	**2,589**	**2,696**	**2,817**

(a) Addiction medicine, Palliative medicine, Sexual health medicine and Sports and exercise medicine were recognised as specialties in 2009.
(b) Due to retrospective data collection, the number of estimated first year advanced vocational trainees in 2009 is unavailable.
(c) The 2008 and 2009 numbers includes trainees from joint pathology and RACP.

Source: Medical colleges and GPET

Table D22: Advanced vocational training first-year positions/trainees by state/territory, 1997–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
1997	378	321	187	108	130	24	15	42	1,205
1998	403	324	242	133	133	28	21	46	1,330
1999	469	384	233	120	148	31	17	35	1,437
2000	478	392	250	111	129	41	17	41	1,459
2001	474	397	252	124	139	31	19	47	1,483
2002	485	394	247	110	142	27	23	45	1,473
2003	507	416	265	157	129	34	29	12	1,549
2004	511	445	259	120	144	38	39	17	1,573
2005	561	448	286	119	153	37	32	21	1,657
2006	669	492	351	157	176	49	33	29	1,956
2007	364	290	235	94	102	24	25	9	1,143
2008	471	364	271	110	135	31	22	15	1,419
2009	830	717	473	201	229	64	32	44	2,590
2010	856	687	581	227	243	53	46	40	2,733
2011	1,022	724	522	190	214	70	30	45	2,817

Source: Medical colleges and GPET

Table D23: Advanced vocational trainees: Proportion of females by medical specialty, 1997–2011

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Addiction medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	36.4	30.8
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	44.8	43.0
Anaesthesia	39.7	55.0	55.6	36.8	35.0	37.0	44.3	37.4	36.5	36.5	39.7	37.1	50.7	39.9	43.1
Anaesthesia – Pain medicine	..	..	..	..	..	..	..	..	..	..	26.5	31.1	35.8	29.4	27.6
Dermatology	38.1	32.5	36.0	41.1	43.6	54.7	50.0	49.2	55.0	54.7	51.6	66.7	59.0	55.6	61.1
Emergency medicine	30.7	28.0	39.4	37.8	38.4	39.5	39.9	39.9	39.1	41.4	44.2	43.5	41.9	38.6	
– ACEM															41.1
– RACP															57.6
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	63.8	
– GPET															65.8
– ACRRM															33.3
Intensive care	11.1	9.5	19.0	24.5	18.3	22.3	36.0	28.1	23.5	20.0	34.7	24.5	24.3	27.1	26.9
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	32.2	41.9
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	65.0	60.1
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	18.8	21.3
Ophthalmology	20.0	18.2	19.8	23.1	25.0	31.4	34.3	41.9	39.6	48.0	31.9	34.3	31.2	38.8	38.4
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	64.6	65.9
Palliative medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	62.0	64.8
Pathology[b]	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	56.2	59.2

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	na	na	na	na	na	47.4
Psychiatry	44.6	45.8	45.9	46.0	48.4	47.6	49.4	52.3	55.2	47.8	52.5	26.3	53.1	55.1	63.0
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	61.7	52.8
Radiation oncology	..	..	51.0	48.1	56.9	60.1	55.1	58.8	54.5	70.2	44.8	52.9	34.8	58.2	51.8
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	31.8	31.4
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	61.5	64.8
Sexual health medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	62.5	28.6
Sport and exercise medicine[a]	..	..	..	..	..	..	..	..	..	..	..	..	..	na	22.2
Surgery	17.2	13.3	12.6	12.8	13.4	12.1	14.4	17.1	16.0	18.0	18.3	23.3	23.1	22.8	23.8
Total (%)	**45.9**	**47.2**	**49.6**	**48.8**	**50.7**	**51.4**	**52.5**	**45.9**	**45.5**	**46.3**	**46.6**	**46.7**	**48.1**	**48.4**	**50.1**
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	4,494	5,116

(a) Addiction medicine, Palliative medicine, Sexual health medicine and Sport and exercise medicine were recognised as specialties in 2009.
(b) Data includes trainees undertaking pathology and RACP jointly up to 2010.

Source: Medical colleges and GPET

Table D24: Advanced vocational trainees: Proportion of females by state/territory, 1997–2011

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
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
2010	50.0	48.8	46.1	46.4	48.9	57.6	52.3	40.1	48.4
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.1

Source: Medical colleges and GPET

Table D25: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 1997–2011

Year	Training positions/ trainees	Advanced training positions/ trainees	Proportion advanced positions/trainees (%)	Female advanced trainees	Proportion female advanced trainees (%)	Part-time advanced	Proportion part-time advanced (%)
1997	6,422	5,665	88.2	2,322	41.0	296	5.2
1998	6,818	5,561	81.6	2,393	43.0	337	6.1
1999	6,910	5,645	81.7	2,488	44.1	388	6.9
2000	7,262	5,680	78.2	2,456	43.2	368	6.5
2001	6,835	5,661	82.8	2,538	44.8	325	5.7
2002	7,213	5,874	81.4	2,650	45.1	357	6.1
2003	7,273	6,126	84.2	2,845	46.4	534	8.7
2004	8,188	6,387	78.0	2,930	45.9	704	11.0
2005	8,710	6,059	69.6	2,765	45.6	932	15.4
2006	9,317	6,514	69.9	3,018	46.3	676	10.4
2007[a]	11,249	6,833	60.7	3,181	46.6	739	10.8
2008[b]	11,668	7,324	62.8	3,421	46.7	556	7.6
2009	12,958	8,249	63.7	3,967	48.1	1,052	12.8
2010	14,679	9,432	64.3	4,494	47.6	971	10.3
2011	15,478	10,214	66.0	5,116	50.1	1,416	13.9
Increase 1997–2011 (%)	141.0	80.3	56.9	120.3	22.2	378.4	165.3

(a) Figure for the number of training positions/trainees has been revised from the 2007 report.
(b) Figure for the number of advanced training positions/trainees has been revised from the 2008 report.

Source: Medical colleges and GPET

Table D26: New fellows by medical specialty, 2000–2010

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Increase 2000–2010	Increase 2000–2010 (%)
Addiction medicine	..	..	..	..	..	..	..	..	..	6	3	..	..
Adult medicine	159	129	170	168	190	181	247	209	303	397	346	187	117.6
Anaesthesia	95	123	165	133	128	198	135	150	234	197	243	148	155.8
Anaesthesia – Pain medicine	..	..	..	..	..	5	5	7	11	9	17	..	..
Dermatology	8	14	21	9	12	13	14	23	11	11	26	18	225.0
Emergency medicine	40	61	34	82	80	58	78	69	95	82	77	37	92.5
General practice													
– RACGP	365	324	670	746	661	671	628	592	819	928	835	470	128.8
– ACRRM	..	..	..	..	..	..	..	21	22	40	28	..	..
Intensive care	11	22	20	15	20	29	23	36	62	63	60	49	445.5
Medical administration	9	7	6	10	15	4	13	11	10	9	18	9	100.0
Obstetrics and Gynaecology	54	49	46	57	29	28	49	46	66	56	83	29	53.7
Occupational and Environmental medicine	3	1	4	4	6	6	6	6	11	11	5	2	66.7
Ophthalmology	25	21	20	30	20	26	16	30	14	11	26	1	4.0
Paediatrics	40	41	51	55	57	74	73	47	114	116	91	51	127.5
Palliative medicine	..	..	..	..	..	..	..	..	..	8	6	..	..
Pathology	42	35	37	43	41	48	46	77	68	64	63	21	50.0
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	31	31	..
Psychiatry	80	70	82	70	109	85	90	72	147	125	154	74	92.5
Public health medicine	11	11	13	6	8	4	13	15	13	12	15	4	36.4

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Increase 2000–2010	Increase 2000–2010 (%)
Radiation oncology	14	12	10	9	10	19	9	12	11	18	13	-1	-7.1
Radiodiagnosis	46	26	36	40	37	39	74	54	54	44	54	8	17.4
Rehabilitation medicine	13	10	13	12	15	13	19	24	21	13	22	9	69.2
Sexual health medicine	..	..	..	..	..	..	..	..	..	1	0	..	..
Sport and exercise medicine	..	..	..	..	..	..	7	3	5	1	1	..	..
Surgery	111	103	108	117	115	155	155	176	171	174	184	73	65.8
Total	**1,126**	**1,059**	**1,506**	**1,606**	**1,553**	**1,656**	**1,700**	**1,680**	**2,262**	**2,396**	**2,401**	**1,275**	**113.2**

Source: Medical colleges

Table D27: New fellows by state/territory, 2000–2010

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
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
2009	620	548	471	196	225	47	25	41	2,285
2010	734	603	479	179	272	52	29	40	[a]2,388
Increase 2000–2010 (%)	103.3	100.3	143.1	98.9	151.9	79.3	163.6	37.9	112.1

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

Source: Medical colleges

Table D28: New fellows: Proportion of females by medical specialty, 2000–2010

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
						Proportion (%)					
Addiction medicine	..	..	..	..	..	..	..	..	..	50.0	33.3
Adult medicine	42.1	34.1	41.8	42.3	38.4	36.8	36.8	38.3	41.6	35.8	37.6
Anaesthesia	18.9	32.5	30.9	27.8	28.9	43.0	43.0	31.3	35.0	29.4	32.5
Anaesthesia - Pain medicine	..	..	..	..	..	40.0	40.0	0	9.1	33.3	29.4
Dermatology	37.5	42.9	33.3	33.3	66.7	42.9	42.9	34.8	90.9	90.9	53.8
Emergency medicine	25.7	29.5	25.0	39.0	42.5	31.3	30.8	33.3	36.8	36.6	44.2
General practice											
– RACGP	59.2	56.8	47.9	47.7	46.8	46.8	46.8	50.0	44.8	43.3	56.0
– ACRRM	..	..	..	..	..	..	..	14.3	31.8	27.5	39.3
Intensive care	18.2	18.2	10.0	20.0	20.0	8.7	8.7	13.9	25.8	23.8	23.3
Medical administration	22.2	28.6	66.7	50.0	53.3	30.8	30.8	27.3	50.0	11.1	27.8
Obstetrics and Gynaecology	44.4	59.2	56.5	56.1	51.7	46.9	46.9	58.7	62.1	62.5	56.6
Occupational and Environmental medicine	0	0	16.7	25.0	0	33.3	33.3	16.7	45.5	9.1	20.0
Ophthalmology	24.0	19.0	20.0	13.3	50.0	31.3	31.3	50.0	35.7	36.4	30.8
Paediatrics	77.5	53.7	64.7	55.1	64.9	45.2	45.2	57.4	56.1	47.4	57.1
Palliative medicine	..	..	..	..	..	..	..	..	..	62.5	66.7
Pathology	45.2	42.9	45.9	37.2	45.0	65.2	65.2	53.2	51.5	46.9	47.6
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	48.4
Psychiatry	32.5	45.7	42.7	42.9	45.9	48.1	54.4	43.1	42.2	42.4	46.8
Public health medicine	63.6	45.5	30.8	66.7	62.5	85.7	84.6	80.0	69.2	58.3	53.3
Radiation oncology	35.7	41.7	50.0	66.7	50.0	55.6	55.6	50.0	36.4	44.4	53.8
Radiodiagnosis	19.6	38.5	22.2	25.0	37.8	33.8	33.8	24.1	25.9	40.9	24.1

Medical specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Rehabilitation medicine	15.4	60.0	61.5	75.0	40.0	63.2	63.2	62.5	52.4	69.2	59.1
Sexual health medicine	..	..	..	..	..	..	..	..	..	100.0	..
Sport and exercise medicine	..	..	..	..	..	..	..	..	..	..	..
Surgery	7.2	12.6	13.0	13.7	6.1	13.5	13.5	16.5	15.2	19.5	14.1
Total	**40.3**	**41.8**	**41.1**	**41.3**	**44.0**	**40.7**	**41.2**	**40.7**	**41.0**	**39.0**	**44.0**

Source: Medical colleges

Table D29: New fellows: Proportion of females by state/territory, 2000–2010

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
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
2009	41.3	42.7	37.8	42.3	40.0	61.7	44.0	34.1	39.2
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1

Source: Medical colleges

Appendix E

DATA SPECIFICATIONS

To assist in preparation of data inputs data templates and specifications were first developed for the MTRP 12th report. In order to improve data comparability and quality these were refined for the 13th report and the specifications further expanded to cover the prevocational and vocational levels, and international medical graduates and overseas trained specialists for the MTRP 14th and 15th reports.

The data specifications used in compilation of the 15th report are as follows. These were sent to all jurisdictions, the medical colleges, Medical Deans Australia and New Zealand Inc, Australian General Practice Training Ltd and the Australian Medical Council as relevant to the data each provides.

Prevocational training

Definition:	Postgraduate training undertaken by junior doctors who enter the medical workforce. **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. **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.
Data source:	States and territories health departments
Scope:	All junior doctors undertaking postgraduate prevocational training in Australia. This includes all junior doctors who accepted their applications to commence their training either at the beginning of the academic year or during additional intakes during the given year of data collection. It also includes International Medical Graduates (IMGs) who have completed the Australian Medical Council (AMC) multiple choice questions (MCQ) and clinical examinations and who must complete a supervised year of training to be eligible for general medical registration.
Statistical unit:	Number of trainees/doctors
Collection period:	Academic year 2011
Guide for use	
State/Territory:	This is the state/territory where training is being provided. It is not the place of residence of trainees undertaking the vocational training.

Prevocational medical training 2011

Prevocational medical training

Data items	Values
Commencing PGY1 trainees	
Type of graduate	Australian trained local (own state) – Commonwealth supported – Full-fee paying
	Australian trained local (interstate) – Commonwealth supported – Full-fee paying
	New Zealand medical graduates
	Australian trained international medical graduates – Own state – Interstate
	Australian Medical Council graduates
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
Commencing PGY2 doctors	
Type of graduate	Australian trained local (own state)
	Australian trained local (interstate)
	New Zealand medical graduates
	Australian trained international medical graduates
	Australian Medical Council graduates
	Other/Unspecified
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT

Vocational training

Definition:	**Vocational trainee** Trainees who were successful in their application and are undertaking training in a position supervised by a member of the accredited specialist medical college or other vocational training provider.
Data source:	Medical colleges General Practice Education and Training Limited
Scope:	The scope includes Australian medical school graduates who are: – undertaking basic or advanced training; – undertaking their training overseas; and – undertaking research programs. New Zealand and other international medical graduates who are working/training in an accredited training position/post within Australia are to be included. Whereas non-Australian medical school graduates who are being trained overseas through an Australian medical college are to be excluded. The scope includes those who are undertaking training on a part-time basis or who have interrupted their training through approved extended leave. It excludes those who have withdrawn from their training either on a voluntary basis or have been discontinued by the college or other vocational training provider.
Statistical unit:	Number of trainees
Collection period:	Calendar year 2011 Latest available data for trainees who are undertaking basic or advanced training in 2011. Calendar year 2010 Examination/assessment outcome data, new fellow and fellow data are to be reported for the previous year, 2010.
Definition:	**Overseas trained specialist (OTS)** A doctor whose specialist medical qualifications were acquired in a country other than Australia.
Data source:	Medical colleges
Scope:	All overseas trained specialists who have applied to the Australian Medical Council for recognition of their specialty qualifications and who have been referred to the relevant medical college for assessment of the comparability of their qualifications to Australian standards.
Statistical unit:	Number of overseas trained specialists
Collection period:	Calendar year 2010

Guide for use	
Basic training	A period of defined training required by some specialist medical colleges to be undertaken in order the 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/or to practise as a specialist. This may be preceded by completion of basic training requirements. Some colleges have an integrated training program and do not have separate basic and advance components. Data on these programs should be included under advanced training.
State/Territory	This is the state/territory in which the vocational training is provided by the accredited specialist medical college/faculty or other vocational training provider. This is not the place of residence of trainees undertaking the vocational training.
State/Territory of fellow	This is the place of residence of fellows. It includes fellows who have been trained overseas and are accepted by the college to practise in Australia. It excludes fellows who are residing overseas.
Accreditation approach	Approach that is adopted by a college or other vocational training provider whereby a college determines whether its specified requirements for the clinical experience, infrastructure and educational support required of a hospital/training position are met. Accreditation varies depending upon whether positions or posts, sites, facilities, units or programs are accredited.
Training discontinuation	A trainee is considered discontinued either when he or she has officially withdrawn from the training program or the medical college has terminated or dismissed a trainee in accordance with the college regulations or employment conditions. Trainees who have been given approved extended leave are excluded.
Part-time training	Trainees who have been given approval to undertake training for a period at less than full time during the year of data collection.
Examination outcome	The total number of trainees who have sat an examination and the number who have sat and passed the examination. Data excludes examination results from overseas medical practitioners wishing to practise in Australia. Examination results for international medical graduates who have been assessed as being partially comparable are not to be included.
Examination name	This refers to the name of the college training programs for which vocational trainees are being examined as part of their medical college training requirements.
Rural pathway	Rural Pathway registrars undertake their training in rural and remote areas. These areas were previously defined as Rural, Remote and Metropolitan Area (RRMA) classification as areas 3–7. Since 1 January 2010 rural areas have been defined using the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) as Remoteness Areas 2–5.

Guide for use	
New fellow	A fellow who has been admitted to the medical college in the specified year. This includes trainees who have completed their training in Australia or overseas.
Fellow	A medical practitioner, who has been granted fellowship of the medical college through completion of a college training program or by other mechanisms. This includes active fellows who have been trained overseas and who either successfully completed assessment or were exempted from assessments for admission into the college. It excludes those who hold life membership by virtue of their age and those who are retired.
Substantially comparable	Medical colleges assess overseas trained specialist to determine whether they meet Australian standards to practise their specialty within Australia. Overseas trained specialists who are assessed as substantially comparable are eligible to become fellows of the relevant medical college without further examination but may require a period of up to 12 months oversight and peer review prior to admission to Fellowship.
Partially comparable	Partially comparable overseas trained specialists require up to two years additional training and/or supervision and formal assessments, prior to being considered to be eligible to become fellows.

Vocational medical training
Medical colleges

Accreditation approach

Data item	Values
Accreditation approach	
Specialty	As defined by the medical college
Accreditation approach	Positions/Posts
	Facilities/Programs

Vocational training

Data item	Values
Basic and advanced training	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
Part-time status	
Training discontinuation	
Country of primary medical qualification	Australia, New Zealand, UK and Ireland, India, United States, Canada, South Africa, Malaysia, Iran, Philippines, Sri Lanka and Other
Examination type	Written
	Clinical
	Oral
	Fellowship
	Viva
	Other
Examination outcome	Number sitting examination
	Number passing examination
Examination name	

Data item	Values
Basic training –first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
Advanced training – first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
GPET – first year trainees	
Regional Training Provider	
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
GPET – all trainees	
Regional Training Provider	
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT

Data item	Values
Rural pathway – all trainees	
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
Subspecialty – all vocational trainees	
Subspecialty	As defined by medical college
Sex	Female

College fellows

Data item	Values
New fellows	
Specialty	As defined by medical college
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT
Subspecialty – new fellows	
Subspecialty	As defined by medical college
Sex	Female
Fellows	
Specialty	As defined by medical college
Sex	Female
State/Territory	NSW
	Vic
	Qld
	SA
	WA
	Tas
	NT
	ACT

Subspecialty –fellows	
Subspecialty	As defined by medical college
Sex	Female

Overseas trained specialists

Data item	Values
Recognition/Fellowship	
Specialty	As represented by colleges
Type of OTS assessment	Substantially comparable
	Partially comparable
	Not comparable
Fellows	
Specialty	As represented by colleges
Sex	Female

International medical graduates
Overseas trained specialists

Definition:	**International medical graduate (IMG)** A doctor whose basic medical qualifications were acquired in a country other than Australia. **Overseas trained specialist (OTS)** A doctor whose specialist medical qualifications were acquired in a country other than Australia.
Data source:	AMC for pathway data relating to international medical graduates Medical colleges.
Scope:	The scope includes IMGs who have applied and whose qualification have been assessed as suitable for entering into the training program to allow them eligibility for fellowship by the college. It also includes OTSs who have applied to the college and who were assessed as being exempted from any assessment or requiring further assessment to allow them eligibility for fellowship by the college.
Statistical unit:	Number of international medical graduates. Number of overseas trained specialists.
Collection period:	Calendar year 2010. Latest available data at a specified time of data collection for IMGs and OTSs.

International medical graduate
Overseas trained specialist 2010

Data item	Values
International medical graduate and overseas trained specialist	
AMC pathways for IMGs	Competent authority
	Standard pathway (AMC examination)
	Standard pathway (workplace based assessment)
	Specialist assessment
Type of OTS assessment	Substantially comparable
	Partially comparable
	Not comparable
OTS assessment	Initial processing
	Application deferred
	Further training and/or examinations
	Application lapsed
	Assessed as non-comparable by college
	Approved
	Withdrawn

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All information in this publication is correct as at February 2012