

Medical Training Review Panel
19th Report

May 2016

Medical Training Review Panel 19th Report

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Australian Government
Department of Health

Medical Training Review Panel

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

Dear Minister

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

The report covers the three levels of medical training in Australia, providing data on all trainees in undergraduate, postgraduate and vocational training programs in 2015. It also provides information on graduates and college fellows for 2014. Additional information on doctors who were trained overseas, their education level and the countries in which they undertook their studies is also included.

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

Australians have access to a world-class health care system that is the envy of many other countries. One of the keys to this success is that patients have access to a highly motivated and skilled medical workforce working in hospital and community settings, and general practice.

The MTRP 19th report presents a comprehensive picture of medical education and training in our country and the supply of medical practitioners from overseas.

Medical workforce training in Australia follows independently set standards that require students, postgraduate and vocational trainees to work in accredited, fully supervised training positions that enable them to get the experience they need to provide high quality care to the community.

In 2015, there were 16,959 medical students studying in Australian universities. Over three-quarters of all places were Commonwealth-supported.

Of the total medical students, 3,777 were in the first year of their medical studies and 3,210 or 85% of these were domestic students. Domestic students with a rural background comprised just over a quarter of all commencing domestic students.

Overall international students occupied 2,535 or 14.9% of places. These students were studying onshore in Australia as private or sponsored students and were not Australian citizens, permanent residents or New Zealand citizens.

In 2014, a total of 3,437 students graduated from Australian medical schools. Of these, 2,968 or 86.4% were domestic students.

There were also 3,305 trainees commencing their postgraduate year 1 training in 2015. This was a slight increase of 18 (0.5%) from 2014.

The number of vocational medical trainees (20,069) in 2015 was almost three times the number reported in 2000.

There were 2,993 new college fellows in 2014, of these nearly half (46.7%) were females.

In 2014, a total of 53,098 medical practitioners were fellows of medical colleges, over one-third of all fellows were females.

In 2014–15, there were 2,820 visas granted to medical practitioners across the two main subclasses – 457 and 442/402. Over one-third of visas under the main classes were granted to applicants from the United Kingdom.

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

The production of the MTRP annual report was managed with involvement of representatives from the key stakeholders in medical workforce training, with oversight by the National Medical Training Advisory Network (NMTAN). These representatives bring different insights into the way medical education and training can deal with the challenges of increasing student and trainee numbers, produce a workforce with the skills that match the future needs of the Australian community and ensure that Australian doctors are held in the highest regard throughout the world.

Yours sincerely



David Hallinan
Chair
Medical Training Review Panel

30 March 2016

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

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

RACP-AFRM	Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine
RACP-AM	Royal Australasian College of Physicians – Adult Medicine Division
RACP-PCH	Royal Australasian College of Physicians – Paediatrics and Child Health
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RLRP	Rural Locum Relief Program
RMO	Resident Medical Officer
RRMA	Rural, Remote and Metropolitan Areas (Classification System)
RTP	Regional Training Provider
RVTS	Remote Vocational Training Scheme
RWA	Rural Workforce Agency
SET	Surgical Education and Training
TMO	Trainee Medical Officer
TROMPs	Temporary Resident Other Medical Practitioners Program
UG	Undergraduate
UNE	University of New England
UNSW	University of New South Wales
UQ	University of Queensland
UWA	University of Western Australia
UWS	University of Western Sydney

Symbols and other usages

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

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Executive Summary

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

In 2015, National Medical Training Advisory Network (NMTAN) took over the MTRP function to produce an annual report on medical education and training. More details on the transfer are provided in Chapter 1.

The nineteenth annual report of the MTRP was compiled by the Australian Government Department of Health, with oversight by the NMTAN. This report provides information on university, prevocational and vocational medical training positions, students and trainees, college fellows and overseas trained medical practitioners.

Data were provided by the Medical Deans Australia and New Zealand Inc. (Medical Deans), state and territory health departments, specialist medical colleges, the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Medical Council (AMC). Selected administrative data from the Australian Government Department of Health and the Australian Government Department of Immigration and Border Protection have also been included.

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

University Medical Training

In Australia, professional entry level medical education is provided by university medical schools as four to six year bachelor degree or largely four year postgraduate master level degree courses. There are 18¹ universities with accredited medical schools, and a number of these were established in the last ten years. The University of Melbourne was the first to commence a Doctor of Medicine (MD) program in 2011 and had the first cohort of postgraduate degree graduates in 2014.

In 2015, there were 16,959 medical students studying in Australian universities. This was an increase of less than one percent (122 or 0.7%) from 2014. Almost half (8,420 or 49.6%) of these students were undertaking a four-year course. This was slightly higher than in 2014 (8,132 or 48.3%).

1 There are currently 18 universities involving 19 medical schools. Newcastle/UNE is considered one medical school.

Over three-quarters of all places in 2015 were Commonwealth-supported (13,364 or 78.8%). This is similar to previous years, with 79.3% of students receiving Commonwealth support in 2014 and 78.4% in 2013. Figure 1 shows that the majority of these students (9,692 or 72.5%) received support through the Higher Education Contribution Scheme – Higher Education Loan Program (HECS-HELP) only. The remaining students were in bonded places receiving assistance through the Bonded Medical Places (BMP) Scheme and the Medical Rural Bonded Scholarship (MRBS) Scheme.

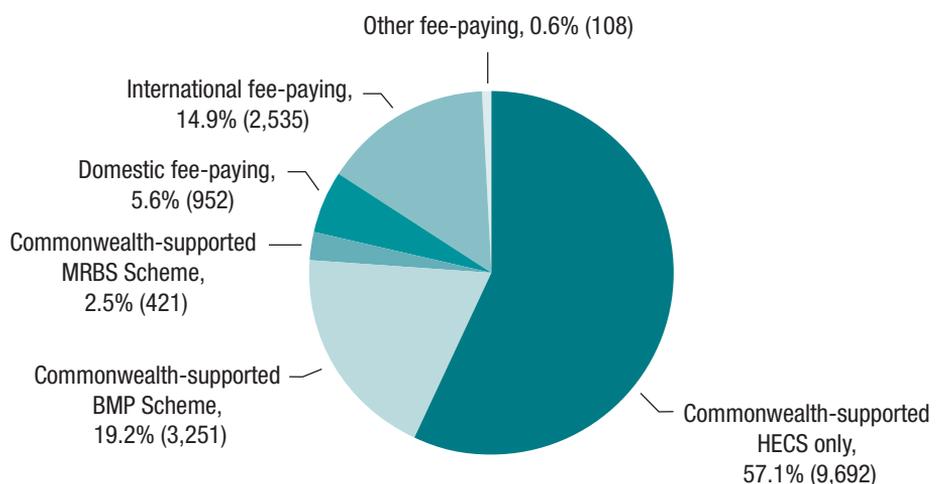
Students participating in the BMP Scheme have a return of service obligation to work in a District of Workforce Shortage (DWS) as identified by the Commonwealth, for a period of time equal to the length of the medical degree. However, up to half of the return of service obligation can be met while completing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

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

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

Overall, international students occupied 2,535 or 14.9% of places. These students were studying as private or sponsored students and were not Australian citizens, permanent residents or New Zealand citizens. A small proportion of Australian citizens (952 or 5.6% of medical students) also pay fees.

Figure 1: Medical students by type of student place: Number and proportion of places, 2015

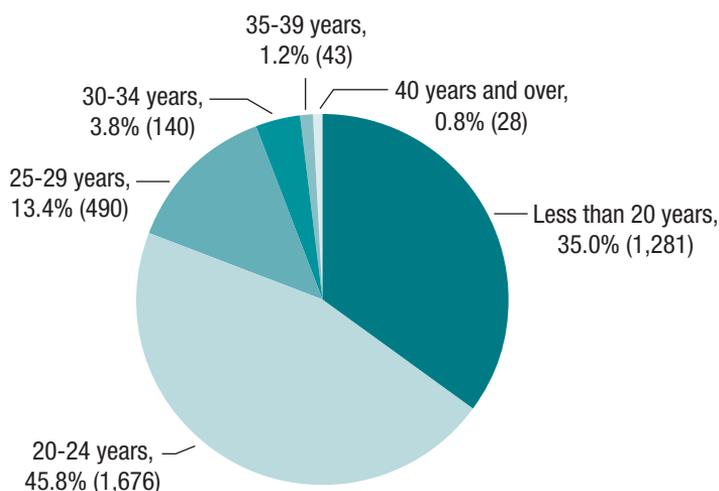


Source: Medical Deans Australia and New Zealand Inc

In 2015, 265 medical students identified that they were of Aboriginal or Torres Strait Islander descent. This is over two-and-a-half times the number of students who identified themselves as Aboriginal and/or Torres Strait Islander people(s) in 2006 (99).

Of the total medical students, 3,777 were in the first year of their medical studies and 3,210 or 85% of these were domestic students. Most students were under the age of 25 years when they commenced their medical studies. Data from 2014 shows that about four-fifths (80.8%) of students were under 25 years (Figure 2). A further 13.4% were aged between 25 and 29 years and 5.8% were 30 years or older. Over half (60.8%) of the medical students commencing in 2014 began their studies after finishing another degree.

Figure 2: Commencing medical students by age groups, 2014



Source: Medical Schools Outcomes Database

Adult medicine/internal medicine, surgery and general practice were among the most preferred types of future medical practice for students in their final year of medical school.

Domestic students with a rural background comprised just over a quarter of all commencing domestic students (832 or 25.9%).

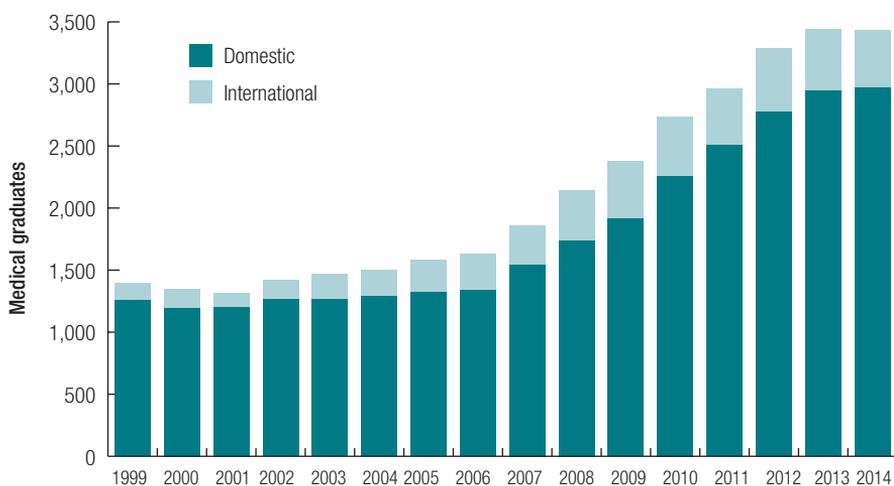
Over the last decade, the total number of commencing medical students has almost doubled, with the intake increasing by 1,446 or 62% from 2,331 in 2005 to 3,777 in 2015. This was primarily due to increases in the number of commencing domestic students, which rose by 71.6% compared with an increase of 23.3% for international students.

These increases are mirrored in the number of medical graduates each year. In 2014 there were 3,437 medical graduates, over double the 1,400 graduates in 1999 (Figure 3). This figure has stabilised since 2012, when there were 3,284 graduates.

The trend is somewhat different between graduating domestic and international students. International students constituted just 10.3% (or 144 of 1,400 graduates) in 1999, the first year this graduate data were published. Since then the number has more than trebled, rising to 469 graduating international students in 2014. The number has also increased as a proportion of all medical graduates, reaching a peak of 19.5% in 2009. Since 2009, the proportion of international medical graduates has seen a downward trend, decreasing to 13.6% of all medical graduates in 2014. The number of domestic students graduating each year increased from 1,256 in 1999 to 2,968 in 2014.

In 2014, 2,730 or 79.4% of medical graduates were Commonwealth-supported, with the majority of these in HECS-HELP only places. Almost two-thirds of fee-paying graduates were international students (67.1%).

Figure 3: Domestic and international medical graduates, 1999–2014



Source: Medical Deans Australia and New Zealand Inc

From 2013 to 2014, the actual number of graduates decreased slightly from 3,441 to 3,437. It is projected that there will be 3,715 medical graduates in 2016, with a small decrease anticipated in 2017 (to 3,698). This is then expected to reach 3,774 medical graduates by 2018 (Figure 4).

Figure 4: Projections of domestic and international medical graduates, 2014–2018



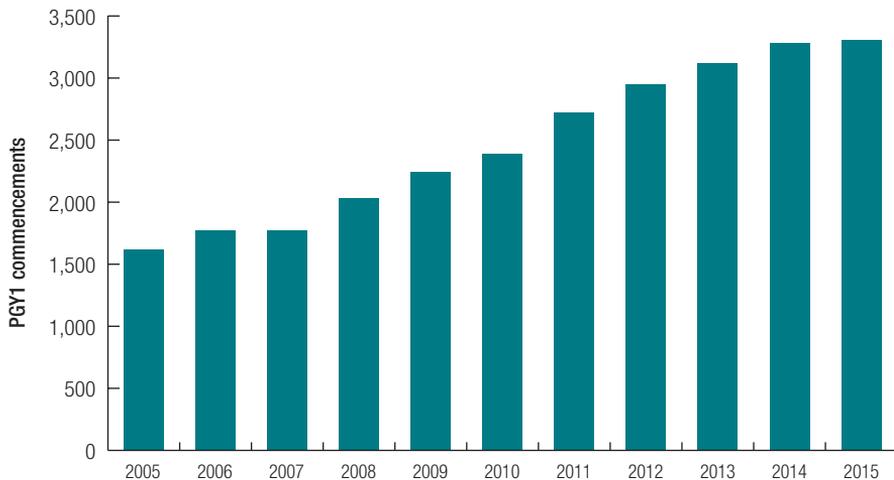
Source: Medical Deans Australia and New Zealand Inc

Prevocational Medical Training

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

In 2015, there were 3,305 trainees commencing PGY1 (Figure 5), which was similar to the number in 2014 (3,287). Over four-fifths (2,718 or 82.2%) of all PGY1 trainees commenced training in the state or territory where they completed their medical degree. Since 2005 the number of PGY1 commencements has increased by 1,683 or 103.8%.

Figure 5: Postgraduate year 1 commencements, 2005–2015



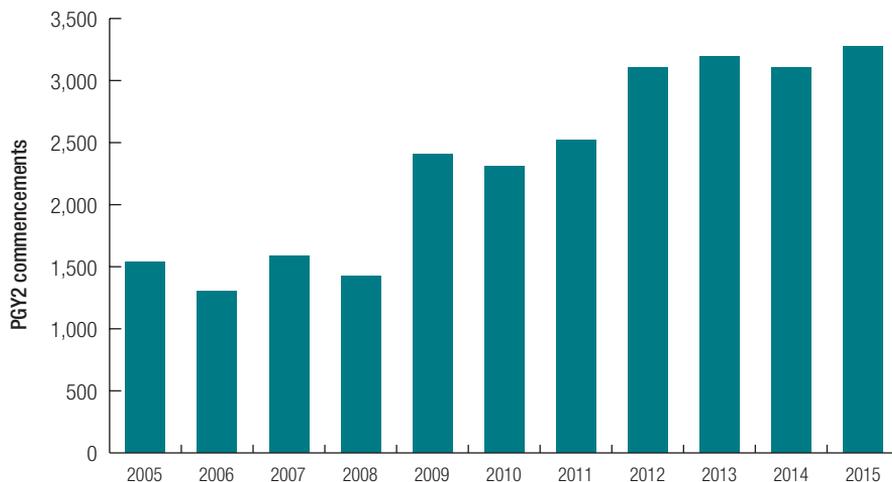
Source: State and territory government health departments

In 2015, there were 3,275 doctors who were identified as commencing in postgraduate year 2 (PGY2) supervised medical training positions across Australia. This was an increase of 168 or 5.4% from the previous year (Figure 6). This is likely to be an underestimate of the true numbers of doctors undertaking their second year of prevocational training, as the numbers recruited by health services are unknown.

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

Over three-quarters (2,531 or 77.3%) of all Australian trained PGY2 doctors commenced their second year of training in the state or territory in which they were trained in previously, compared with 364 or 11.1% who came from interstate.

Figure 6: Postgraduate year 2 commencements, 2005–2015



Source: State and territory government health departments

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

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

Vocational Medical Training

Most junior doctors seek entry into specialist or vocational training, which leads to a fellowship from an accredited specialist medical college.

In 2014–15, training was provided through the specialist medical colleges, and until the end of 2014 the Australian General Practice Training (AGPT) program was managed by General Practice Education and Training Ltd (GPET). This organisation was funded by the Australian Government to deliver training to the standards set by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). In December 2014, GPET was abolished and its functions were transferred to the Australian Government Department of Health.

Vocational training programs are accredited by the Australian Medical Council (AMC). Each medical college has its own training program and requirements.

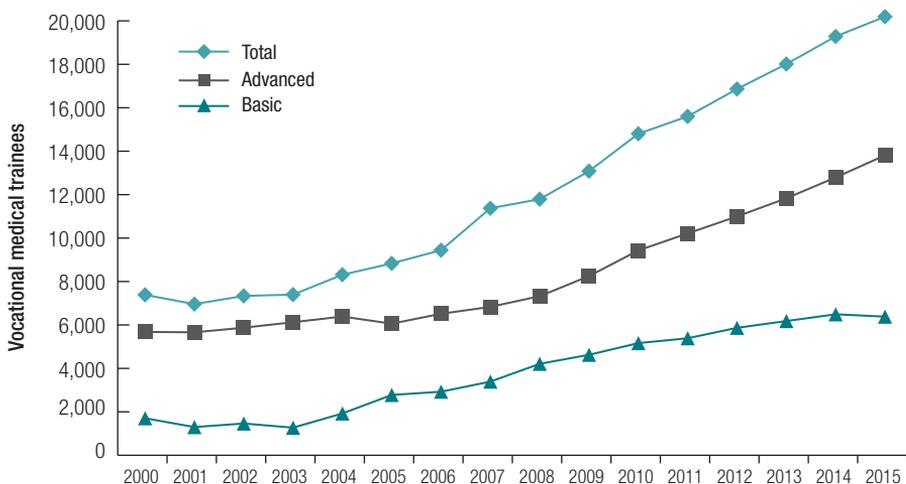
Data covers all Australian trainees, as well as international medical graduates who were registered vocational trainees and who were working or training in an accredited training position, post, facility or program.

There were 20,069 vocational trainees in 2015 (Figure 7). This is over two and a half times the number reported in 2000 (7,262 vocational trainees).

In 2015, there were 6,259 basic trainees, representing one-third (31.2%) of all trainees. There has been a constant increase in the number of basic trainees since 2005, mainly due to some colleges having introduced basic training as a pre-requisite to entry into their advanced training programs. Of the total number of basic trainees, 1,955 or 31.2% were in their first year.

In total, there were 13,810 advanced trainees in 2015, making up a larger proportion (68.8%) of the total number of trainees. The increase in basic trainees has resulted in advanced trainees declining as a proportion of all trainees. However, total advanced trainee numbers have risen by 127.9% since 2005.

Figure 7: Vocational medical trainees, 2000–2015

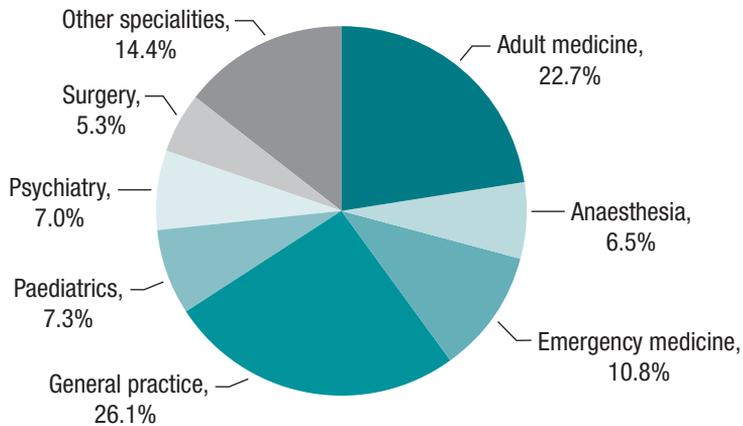


Source: State and territory government health departments

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

Over one-quarter (26.1%) of all vocational trainees positions were in specialties related to general practice, governed by colleges such as the RACGP and the ACCRM. Adult medicine and emergency made up 22.7% and 10.8% respectively of the cohort (Figure 8).

Figure 8: Vocational trainee positions by medical specialty, 2015



Source: Medical colleges and the Australian Government Department of Health

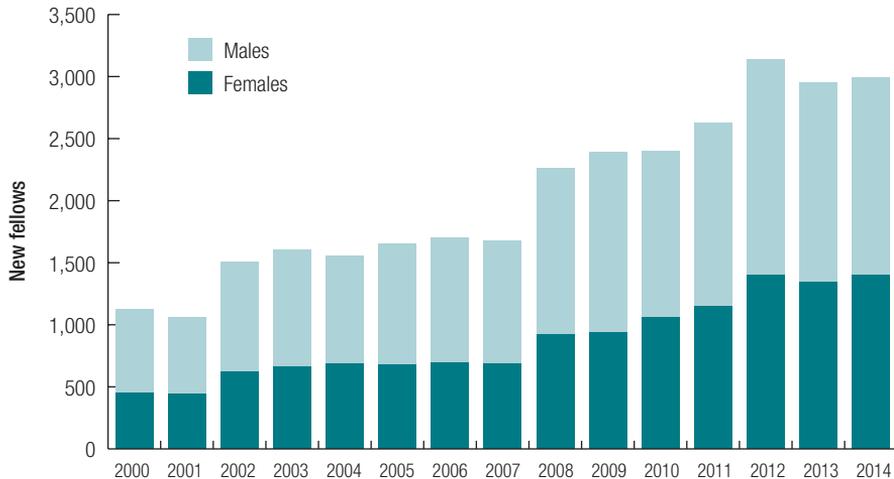
Fellowship

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

There were 2,993 new college fellows in 2014 (Figure 9). This is a significant increase since 2000, when the data were first collected, with the number of new fellows increasing by 165.8% from 1,126. The numbers of new fellows reported in 2013 and 2014 slightly decreased from 2012, as new fellows who live overseas have been excluded from the total. In 2014, over two-fifths (1,399 or 46.7%) of all new fellows were females.

Approximately one-fifth (557 or 18.6%) of new fellows were overseas trained specialists who had completed the requirements of the specialist medical colleges and were deemed substantially comparable with specialists trained by the medical college in Australia.

Figure 9: New fellows by gender, 2000–2014



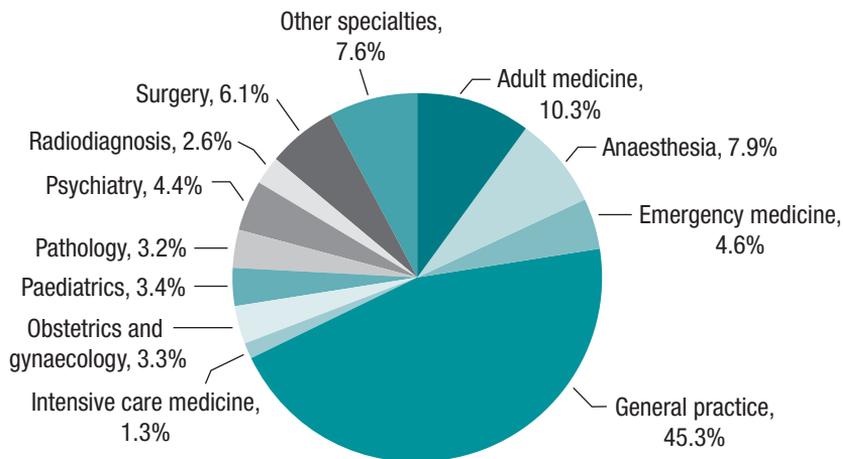
Source: Medical colleges

The proportion of new fellows in each medical specialty is shown in Figure 10. Overall, new fellows represented 5.6% of all college fellows in 2014. The proportion of each college's fellows who were new fellows varied greatly across specialties, with the largest proportion of new fellows in general practice (45.3%), adult medicine (10.3%) and anaesthesia (7.9%).

The proportionate split has remained approximately the same across the specialties over recent years, with two-fifths of all new fellows in general practice. General practice had the largest increase over the last five years in terms of absolute numbers, with 494 more new fellows in 2014 than in 2010. In terms of proportional increases, the number of new fellows in palliative medicine increased by five and a half times (550%) during the same period.

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. In 2014, there were 53,098 fellows of medical colleges reported as actively practising in their specialty.

Figure 10: Proportion of new fellows by medical specialty, 2014



Source: Medical colleges

Female Medical Education and Training

In 2015, females comprised approximately half of the students commencing medical studies (51.9% domestic and 48.9% international). Slightly different proportions of females (51.4% domestic and 48.2% international) were reported for medical graduates in 2014.

The proportion of female medical graduates decreased slightly (52.3%) from 2013 to 51.0% in 2014. In vocational training, 54.5% of all basic trainees and 53.6% of advanced trainees were females in 2015. This proportion was far higher in some specialties, with females comprising two-thirds or more of advanced vocational trainees in obstetrics and gynaecology (79.7%), paediatrics (74.9%) and public health medicine (68.8%). A few specialties had a relatively low proportion of female trainees, with females comprising less than one-third of advanced vocational trainees in oral and maxillofacial surgery, intensive care and surgery.

The proportion of females who became new fellows in 2014 was higher than in previous years, increasing from 40.8% in 2005 to 1,399 new female fellows in 2014 (46.7%). In 2014, 19,086 or 35.9% of all college fellows were females.

International Supply of Medical Practitioners

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

In 2014–15, there were 2,820 visas granted to medical practitioners across the main subclasses – 422, 457, 442/402. Over two-fifths (40.3%) of visas under the main classes were granted to applicants from the United Kingdom and Republic of Ireland. Just 5.2% and 2.3% 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 2014–15, roughly one-third (29.3%) of all applications were granted to medical practitioners from Malaysia (8.6%), India (7.7%), Sri Lanka (4.7%), Singapore (3.7%), Iran (2.3%), and Pakistan (2.3%).

During 2012, the House of Representatives Standing Committee on Health and Ageing published *Lost in the Labyrinth*, a report on the inquiry into registration processes and support for overseas trained doctors. In response to this report, the Australian Medical Council (AMC) together with the Medical Board of Australia (MBA) and the specialist medical colleges reviewed the processing of applications for assessment under the Competent Authority and Specialist pathways to remove any unnecessary obstacles or impediments to the efficient processing of assessments leading to registration. As a result, new procedures were implemented from 1 July 2014 with assessments through the Competent Authority Pathway processed by the Australian Health Practitioner Regulation Agency (AHPRA) directly, while applications for specialist assessment are processed by the medical colleges directly with the AMC undertaking the primary source verification of qualifications only.

Data for the period from 1 January 2014 to 30 June 2014 were provided by the AMC and for the period from 1 July 2014 to 31 December 2014 by the AHPRA. Data for the two six month periods are presented separately for the AMC and the AHPRA because of the differences in approaches to collection.

Competent Authority Pathway

Through the Competent Authority Pathway, from 1 January 2014 to 30 June 2014, the Australian Medical Council issued 503 AMC Certificates. The majority of Certificates were granted to international medical graduates from the United Kingdom (75.7%). Graduates from Ireland represented the next highest group (12.1%), followed by graduates from India (4.8%).

From 1 July 2014 to 31 December 2014, the AHPRA granted provisional registration to 440 competent authority pathway applicants. Of the international medical graduates who were granted provisional registration, 329 international medical graduates were from the United Kingdom (74.8%) and 49 from Ireland (11.1%).

Standard Pathway

Doctors who are not eligible for either the Competent Authority or Specialist pathways are assessed through the Standard Pathway. In 2014, a total of 1,379 applicants passed the Multiple Choice Questionnaire and 697 applicants passed the clinical AMC examinations.

Specialist Pathway

Under the Specialist Pathway, from 1 January 2014 to 30 June 2014, a total of 1,708 overseas trained specialists applied for recognition as a specialist in Australia through the AMC. A total 571 applicants were deemed to be substantially comparable and therefore had their application approved. The majority of approved applicants were trained in the United Kingdom and Ireland. An additional 162 applicants were deemed to be partially comparable requiring further training and/or examinations to gain an approval.

For the period of 1 July 2014 to 31 December 2014, 637 overseas trained specialists applied for recognition as a specialist in Australia. During this period, 219 overseas trained specialists were recognised as substantially comparable, with a further 172 considered partially comparable through the assessment process administered directly by the specialist colleges and reported to the MBA/AHPRA.

Overseas Trained Doctors with Section 19AB Exemptions

As of 30 June 2015, there were a total of 12,495 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. This represents a 12.2% increase from the 11,138 overseas trained doctors with section 19AB exemptions at 30 June 2014.

Chapter 1

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Introduction

The nineteenth annual report of the Medical Training Review Panel (MTRP) documents the availability of training places at the undergraduate, prevocational and vocational levels in Australia, as well as changes in trends across these areas. The MTRP report is tabled annually in Parliament and distributed to stakeholders and jurisdictions to make it available to all interested parties and the wider community².

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

Medical Training Review Panel Structure and Responsibilities

The MTRP was established as a time-limited committee in June 1997 by the then Minister for Health and Family Services under section 3GC of the *Health Insurance Act 1973 (the Act)*. The MTRP was made a permanent body in 2001 to ensure that the monitoring and reporting function continued in the future. In 2009, a review of the functions of the MTRP was undertaken. This reaffirmed the important role that the MTRP plays, both as a forum bringing together key stakeholders in medical education and training and also as an advisory group informing work in relation to medical education and training in Australia.

Member organisations of the MTRP were appointed by Ministerial determination and included Medical Deans Australia and New Zealand Inc. (Medical Deans), the accredited specialist medical colleges, the Australian Medical Council (AMC), the Australian Medical Students' Association (AMSA), the Confederation of Postgraduate Medical Education Councils (CPMEC), the Australian Medical Association Council of Doctors-in-Training (AMACDT), the Australian General Practice Network (AGPN), Rural Doctors Association of Australia (RDAA), Australian Salaried Medical Officers Federation (ASMOF), Australian General Practice Training, state and territory health departments and the Commonwealth. It was chaired by the Australian Government Department of Health.

To assist with carrying out its duties, the MTRP was empowered to establish subcommittees as needed. The Clinical Training Subcommittee, the Data Subcommittee and the Rural Subcommittee were established.

- The Clinical Training Subcommittee was formed to monitor and report on the activities and progress being made to ensure that there are adequate clinical training positions for the increasing number of new medical graduates.

² Reports are available on the Australian Government Department of Health website <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp>

- The Data Subcommittee provided advice in relation to the content of previous annual reports and the specifications of the data that these covered.
- The Rural Subcommittee was established to consider rural medical training issues.

Transfer to the National Medical Training Advisory Network

In April 2012, Health Workforce Australia (HWA) released *Health Workforce 2025: Doctors, nurses and midwives (HW2025)* report as HW2025 Volumes 1 and 2. A further report, Volume 3 – Medical specialties, was released in November 2012.

As one of the policy responses to the findings of the HW2025 report, Health Ministers established the National Medical Training Advisory Network (NMTAN). The purpose of NMTAN was to improve the coordination of medical training by working with trainees, employers, professional bodies and government. One of the key functions of NMTAN was to produce a series of national medical training plans across the training pipeline, from university through to vocational training, to inform governments and the health and education sectors.

On 6 August 2014, Health Workforce Australia was closed, and its national program of health workforce activities was transferred to the Australian Government Department of Health. The NMTAN has been transitioned to the Department as part of the closure.

At the MTRP meeting on 24 October 2014, members identified an overlap between MTRP functions and that of the NMTAN and agreed that the MTRP could cease with the NMTAN taking over its function to produce an annual report on medical education and training.

At the NMTAN meeting on 17 February 2015, members agreed to assume the functions of the MTRP. These functions have been included in the NMTAN terms of reference. It was decided that a national report on medical education and training will continue to be produced every year and published on the Departmental website, allowing state and territory governments, universities, medical colleges and other stakeholders to have continued access to the data.

A NMTAN Data Subcommittee has been established to oversee the development of data to be included in an annual report on medical education and training, with support from the Australian Government Department of Health. The MTRP Data Subcommittee members were invited to participate on the NMTAN Data Subcommittee in order to retain their expertise.

The MTRP 19th report has been compiled by the Australian Government Department of Health, with oversight by the NMTAN.

The Australian Government Department of Health has requested that the Office of Parliamentary Counsel draft amendments to repeal section 3GC of *the Act* to abolish the MTRP. Repealing section 3GC of *the Act* is consistent with the Government's deregulation policy and is in line with the 2014 Mid-year Economic and Fiscal Outlook Cabinet decision.

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 four years. Some data on students commencing medical studies collected through the Medical Schools Outcomes Database (MSOD) project have been included to provide additional information on the characteristics of students.

Prevocational Medical Training

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

Vocational Medical Training

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

International Supply

Chapter 5 presents information on international medical graduates, applying to work and working as medical practitioners in Australia. It provides a description of the process of assessment, and the number of overseas trained doctors and specialists seeking to practise medicine in Australia and the country in which they trained. Data are presented on approved working visas 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 Special Purpose Training Programs established under section 3GA of *the Act*. Section 3GA programs target particular workforce requirements. These include vocational training, vocational recognition and other training needs. Special Purpose Training Programs also provide for those doctors seeking vocational recognition, but who are not involved in a specialist training program.

Appendices

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

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

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

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

Notes on the Data and its Preparation

Data Sources

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

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

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

In 2015, vocational training data relating to doctors pursuing specialist training were provided by each of the specialist medical colleges. The Australian Government Department of Health, 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, additional efforts have been made to ensure that there is no double counting of trainees.

Administrative data for Chapter 5 on international supply were sourced from the:

- Australian Government Department of Immigration and Border Protection;
- Australian Medical Council;
- Australian Health Practitioner Regulation Agency; and
- Australian Government Department of Health.

Data Quality Issues

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

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

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

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

Reporting Periods

Given the differing collection methodologies for different data, the year for which data are reported varies. The majority of data presented in the report are for 2015 with most data reported as at 30 June 2015.

The exceptions to these are data on college examinations, new and total college fellows, which are reported for the previous calendar year, 2014.

Data on medical graduates and overseas trained specialists are also reported for 2014, however, where data are for 2015, this is noted.

Data on university medical education are mainly from 2015.

Examination of Trends

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

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

Medical College Acronyms and Specialties

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

Table 1.1: Medical colleges: Acronyms, names and specialties

Acronym	College name	Specialty
ACD	Australasian College of Dermatologists	Dermatology
ACEM	Australasian College for Emergency Medicine	Emergency medicine
ACRRM	Australian College of Rural and Remote Medicine	General practice
ACSP	Australasian College of Sports Physicians	Sport and exercise medicine
ANZCA	Australian and New Zealand College of Anaesthetists <i>Faculty of Pain Medicine</i>	Anaesthesia <i>Pain medicine</i>
CICM	College of Intensive Care Medicine of Australia and New Zealand	Intensive care medicine
RACDS	Royal Australasian College of Dental Surgeons	Oral and maxillofacial surgery
RACGP	Royal Australian College of General Practitioners	General practice
RACMA	Royal Australasian College of Medical Administrators	Medical administration
RACP	Royal Australasian College of Physicians <i>Australasian Faculty of Occupational and Environmental Medicine</i> <i>Australasian Faculty of Public Health Medicine</i> <i>Australasian Faculty of Rehabilitation Medicine</i> <i>Adult Medicine Division</i> <i>Paediatrics and Child Health Division</i> <i>Australasian Chapter of Addiction Medicine</i> <i>Australasian Chapter of Palliative Medicine</i> <i>Australasian Chapter of Sexual Health Medicine</i>	<i>Occupational and environmental medicine</i> <i>Public health medicine</i> <i>Rehabilitation medicine</i> <i>Adult medicine</i> <i>Paediatrics</i> <i>Addiction medicine</i> <i>Palliative medicine</i> <i>Sexual health medicine</i>
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 <i>Faculty of Radiation Oncology</i> <i>Faculty of Clinical Radiology</i>	Radiodiagnosis Radiation oncology Clinical radiology
RCPA	Royal College of Pathologists of Australasia	Pathology

Chapter 2

University Medical Education and Training

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University Medical Education and Training

The latest data on medical students studying at Australian universities are presented in this chapter which analyses trends over the last five years. Additional data, where available, are presented in Appendix D.

Medical Students

In Australia, university medical schools accredited by the Australian Medical Council provide professional entry level medical education. There are 18³ universities with accredited medical schools in Australia, and a number of these were established in the last ten years.

In May 2015, the Australian Government agreed to support the establishment of the Curtin University medical school in Western Australia (WA), commencing in 2017. The establishment of the Curtin University medical school was contingent on the WA government's agreement to provide ongoing funding for adequate clinical training, internships and specialist training places, and thus increase the clinical training capacity in WA. This medical school will be the only undergraduate, direct-entry medical program in WA. Once operational, this will bring the total number of Commonwealth-supported Australian universities with medical schools to 19.

The Curtin University Medical School will provide 60 commencing Commonwealth supported medical places in 2017 and will reach full capacity of 550 places per year in 2026. There will also be an intake of 10 full-fee paying international students per year. The school is expected to select and train students who are more likely to practise in geographic areas and specialties of need, including primary care (GP training) and outer metropolitan and rural health.

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

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

3 There are currently 18 universities involving 19 medical schools. Newcastle/UNE is considered one medical school.

With the combination of graduate entry and Doctor of Medicine programs, over 60% of medical schools⁴ in Australia require seven years of tertiary study to attain a professional entry level medical qualification, which accounts for nearly 60% of commencing domestic students. This change is consistent with trends in other health professional programs moving into post graduate courses.

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

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

Current Data

In 2015, there were 16,959 medical students studying in Australian universities (Table 2.1). Of these, 4,182 (24.7%) were undertaking a six-year course, 4,357 (25.7%) were undertaking a five-year course and 8,420 (49.6%) were undertaking a four-year course.

⁴ Some of these schools also offer additional entry pathways resulting in shorter tertiary education periods.

Table 2.1: Medical students in Australian universities, 2015

University	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	149	136	146	200	175	170	976
James Cook	200	199	214	192	179	178	1,162
Melbourne UG ^(a)	0	0	4	7	0	0	11
UNSW	272	309	269	279	265	296	1,690
UWA UG ^(b)	0	0	0	6	174	163	343
Subtotal	621	644	633	684	793	807	4,182
5-year course							
Bond ^(c)	100	95	90	92	79	..	456
Monash UG ^(d)	310	311	299	321	299	..	1,540
Newcastle/UNE	200	196	217	228	199	..	1,040
Tasmania	119	119	123	107	104	..	572
UWA PG ^{(b),(c)}	0	0	4	62	64	..	130
UWS	129	126	119	127	118	..	619
Subtotal	858	847	852	937	863	..	4,357
4-year course							
ANU	87	90	99	91	..	..	367
Deakin	137	127	136	140	..	..	540
Flinders	171	157	169	148	..	..	645
Griffith	155	149	149	148	..	..	601
Melbourne MD ^(a)	362	346	320	323	..	..	1,351
Monash PG ^(d)	90	78	80	87	..	..	335
Notre Dame Sydney	122	119	120	110	..	..	471
Notre Dame Fremantle	110	106	112	82	..	..	410
Queensland ^(e)	419	407	425	461	..	..	1,712
Sydney	321	284	290	297	..	..	1,192
UWA MD ^(b)	242	228	0	0	..	..	470
Wollongong	82	78	81	85	..	..	326
Subtotal	2,298	2,169	1,981	1,972	..	..	8,420
Total	3,777	3,660	3,466	3,593	1,656	807	16,959

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

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

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

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

(e) Excludes all offshore programs, including UQ Ochsner. Master (MD) program commenced in 2014.

Source: Medical Deans Australia and New Zealand Inc

In 2015, 14,424 or 85.1% of all students were domestic students (Table 2.2). A domestic student is defined as being an Australian or New Zealand citizen, or an Australian permanent resident. Of these, 3,393 (23.5%) students were undertaking a six-year course, 3,706 (25.7%) were undertaking a five-year course and 7,325 (50.8%) were undertaking a four-year course.

Table 2.2: Domestic medical students in Australian universities, 2015

University	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	121	110	115	166	156	146	814
James Cook	170	166	181	170	164	152	1,003
Melbourne UG ^(a)	0	0	3	7	0	0	10
UNSW	188	232	215	216	195	237	1,283
UWA UG ^(b)	0	0	0	5	142	136	283
Subtotal	479	508	514	564	657	671	3,393
5-year course							
Bond ^(c)	100	95	89	91	78	..	453
Monash UG	247	243	245	256	254	..	1,245
Newcastle/UNE	173	176	180	194	176	..	899
Tasmania	97	104	95	81	84	..	461
UWA PG ^{(b),(c)}	0	0	3	55	64	..	122
UWS	109	107	95	111	104	..	526
Subtotal	726	725	707	788	760	..	3,706
4-year course							
ANU	86	87	91	84	..	..	348
Deakin	134	123	128	137	..	..	522
Flinders	154	143	143	130	..	..	570
Griffith	150	146	145	142	..	..	583
Melbourne MD ^(a)	310	302	289	290	..	..	1,191
Monash PG	80	74	73	82	..	..	309
Notre Dame Sydney	122	119	120	110	..	..	471
Notre Dame Fremantle	110	106	112	82	..	..	410
Queensland	327	313	317	332	..	..	1,289
Sydney	245	223	224	226	..	..	918
UWA MD ^(b)	211	207	0	0	..	..	418
Wollongong	76	73	72	75	..	..	296
Subtotal	2,005	1,916	1,714	1,690	..	..	7,325
Total	3,210	3,149	2,935	3,042	1,417	671	14,424

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

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

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

Source: Medical Deans Australia and New Zealand Inc

In 2015, 2,535 or 14.9% of all students were international students (Table 2.3). An international student is defined as a student studying onshore in Australia as a private or sponsored student who is not an Australian or New Zealand citizen, or permanent resident. Of these, 789 (31.1%) were undertaking a six-year course, 651 (25.7%) were undertaking a five-year course and 1,095 (43.2%) were undertaking a four-year course.

Table 2.3: International medical students in Australian universities, 2015

University ^(a)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
6-year course							
Adelaide	28	26	31	34	19	24	162
James Cook	30	33	33	22	15	26	159
Melbourne UG ^(b)	0	0	1	0	0	0	1
UNSW	84	77	54	63	70	59	407
UWA UG ^(c)	0	0	0	1	32	27	60
Subtotal	142	136	119	120	136	136	789
5-year course							
Bond ^(d)	0	0	1	1	1	..	3
Monash UG ^(e)	63	68	54	65	45	..	295
Newcastle/UNE	27	20	37	34	23	..	141
Tasmania	22	15	28	26	20	..	111
UWA PG ^{(c),(d)}	0	0	1	7	0	..	8
UWS	20	19	24	16	14	..	93
Subtotal	132	122	145	149	103	..	651
4-year course							
ANU	1	3	8	7	..	..	19
Deakin	3	4	8	3	..	..	18
Flinders	17	14	26	18	..	..	75
Griffith	5	3	4	6	..	..	18
Melbourne MD ^(b)	52	44	31	33	..	..	160
Monash PG ^(e)	10	4	7	5	..	..	26
Notre Dame Sydney	0	0	0	0	..	..	0
Notre Dame Fremantle	0	0	0	0	..	..	0
Queensland ^(f)	92	94	108	129	..	..	423
Sydney	76	61	66	71	..	..	274
UWA MD ^(c)	31	21	0	0	..	..	52
Wollongong	6	5	9	10	..	..	30
Subtotal	293	253	267	282	..	..	1,095
Total	567	511	531	551	239	136	2,535

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

- (a) International students are those studying onshore in Australia as private or sponsored students who are not Australian or New Zealand citizens, or permanent residents.
- (b) Undergraduate program last intake was in 2008. Master (MD) program commenced in 2011.
- (c) There were no enrolments into UWA PG or UG courses. All students now enrol into UWA MD course from 2014.
- (d) These courses are slightly less than 5 years in duration – Bond 4.8 years and UWA PG 4.7 years.
- (e) Excludes all offshore programs, including Monash Malaysia.
- (f) Excludes all offshore programs, including UQ Ochsner. Master (MD) program commenced in 2014.

Source: Medical Deans Australia and New Zealand Inc

There were an additional 1,019 international students in 2015, studying in Australian offshore programs⁵ (Table 2.4). This represented 28.7% of the total international students.

A total 571 or 16.1% of international students were studying in Monash Malaysia and 422 or 11.9% were in Ochsner (USA) program of Queensland University.

Table 2.4: International students studying in Australian offshore programs, 2015

University	Total	Proportion of total international students (%)
International Medical University (IMU)	26	0.7
Monash Malaysia	571	16.1
Queensland University Ochsner (USA)	422	11.9
Total	1,019	28.7

Source: Medical Deans Australia and New Zealand Inc

Types of Student Places

In Australia a student undertaking medical studies may occupy either:

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

Commonwealth-supported medical students may also be participating in the Bonded Medical Places (BMP) Scheme or have received scholarships through the Medical Rural Bonded Scholarship (MRBS) Scheme, which commenced in 2004 and 2001 respectively.

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

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

⁵ While these programs are primarily delivered offshore, the majority of these students spend limited educational time in Australia during their degree.

Another unique program, the Northern Territory Medical Program (NTMP), supports medical training in the Northern Territory. This program is jointly funded by the Australian and Northern Territory governments. NTMP graduates must participate in a return of service obligation program operated by the Northern Territory Government.

Table 2.5 provides detailed information on the number and types of places available at each university in 2015. Over three-quarters of all university places each year are Commonwealth-supported. In 2015, there were 13,364 Commonwealth-supported places or 78.8% of all places. Approximately one-fifth (20.6%) of all medical students were fee-paying in 2015, of these 2,535 (72.7%) were international students.

Table 2.5: Medical students by type of student place and university, 2015

University	Commonwealth-supported places	Fee-paying			Total
		Domestic	International ^(a)	Other ^(b)	
Adelaide	810	4	162	0	976
ANU	348	0	19	0	367
Bond	0	453	3	0	456
Deakin	522	0	18	0	540
Flinders	470	1	75	99	645
Griffith	583	0	18	0	601
James Cook	999	4	159	0	1,162
Melbourne MD	1,013	178	160	0	1,351
Melbourne UG	10	0	1	0	11
Monash PG	304	5	26	0	335
Monash UG	1,243	2	295	0	1,540
Newcastle/UNE	899	0	141	0	1,040
Notre Dame Sydney	238	233	0	0	471
Notre Dame Fremantle	400	10	0	0	410
Queensland	1,264	16	423	9	1,712
Sydney	895	23	274	0	1,192
Tasmania	461	0	111	0	572
UNSW	1,270	13	407	0	1,690
UWA MD	418	0	52	0	470
UWA PG	122	0	8	0	130
UWA UG	283	0	60	0	343
UWS	516	10	93	0	619
Wollongong	296	0	30	0	326
Total	13,364	952	2,535	108	16,959

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

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

Source: Medical Deans Australia and New Zealand Inc

Table 2.6 shows the number and types of places available at each university in 2015 for commencing students. Just over three-quarters of all university places for commencing students were Commonwealth supported. Of the 3,777 commencing medical students in 2015, 2,952 students or 78.2% were in these Commonwealth-supported places.

Table 2.6: Commencing medical students by type of student place and university, 2015

University	Commonwealth-supported places	Fee-paying			Total
		Domestic	International ^(a)	Other ^(b)	
Adelaide	120	1	28	0	149
ANU	86	0	1	0	87
Bond	0	100	0	0	100
Deakin	134	0	3	0	137
Flinders	126	0	17	28	171
Griffith	150	0	5	0	155
James Cook	170	0	30	0	200
Melbourne MD ^(c)	255	55	52	0	362
Monash PG	80	0	10	0	90
Monash UG	247	0	63	0	310
Newcastle/UNE	173	0	27	0	200
Notre Dame Sydney	60	62	0	0	122
Notre Dame Fremantle	101	9	0	0	110
Queensland ^(c)	327	0	92	0	419
Sydney	244	1	76	0	321
Tasmania	97	0	22	0	119
UNSW	187	1	84	0	272
UWA MD ^(c)	211	0	31	0	242
UWS	108	1	20	0	129
Wollongong	76	0	6	0	82
Total	2,952	230	567	28	3,777

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

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

(c) University of Melbourne, University of Queensland and University of Western Australia now only admit students to their MD programs.

Source: Medical Deans Australia and New Zealand Inc

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

In 2015, the majority of Commonwealth-supported students occupied HECS-HELP only places (9,692 places or 72.5% of Commonwealth-supported places), whereas 3,672 or 27.5% of Commonwealth-supported students had a return of service obligation under either the MRBS Scheme or BMP Scheme, in addition to contributing to the cost of their education under HECS-HELP.

Twelve years after the commencement of the BMP Scheme, there were 3,251 students in BMP Scheme places. This was a decrease from 2014 by 76 students. However, from 2011 to 2015 the number of students supported through this scheme has been at the same levels.

The number of students in the MRBS Scheme slightly decreased from 2014 by 16 students. Overall, the number of students in MRBS Scheme places remained relatively constant since 2011, with 459 students participating in this scheme in 2011 to 421 students in 2015. The number of MRBS Scheme students as a proportion of all student places decreased from 2.8% in 2011 to 2.5% in 2015. The number of BMP Scheme students as a proportion of all students also remained constant from 18.9% in 2011 to 19.2% in 2015.

The proportion of domestic fee-paying students increased slightly from 2011 (5.0% of all students in 2011 to 5.6% of all students in 2015).

Over the last five years, the absolute number of international fee-paying students plateaued, but the proportion decreased from 15.4% in 2011 to 14.9% in 2015.

Table 2.7: Medical students by type of student place: Number and proportion of places, 2011–2015

Type of student place	2011	2012	2013	2014	2015
Medical students					
Commonwealth-supported	13,016	13,289	13,315	13,351	13,364
HECS-HELP only	9,435	9,538	9,621	9,587	9,692
BMP Scheme	3,122	3,282	3,278	3,327	3,251
MRBS Scheme	459	469	416	437	421
Fee-paying	3,364	3,492	3,598	3,389	3,487
Domestic	829	801	871	936	952
International ^(a)	2,535	2,691	2,727	2,453	2,535
Other^(b)	111	87	81	97	108
Total	16,491	16,868	16,994	16,837	16,959
Proportion of places (%)					
Commonwealth-supported	78.9	78.8	78.4	79.3	78.8
HECS-HELP only	57.2	56.5	56.6	56.9	57.1
BMP Scheme	18.9	19.5	19.3	19.8	19.2
MRBS Scheme	2.8	2.8	2.4	2.6	2.5
Fee-paying	20.4	20.7	21.2	20.1	20.6
Domestic	5.0	4.7	5.1	5.6	5.6
International ^(a)	15.4	16.0	16.0	14.6	14.9
Other^(b)	0.7	0.5	0.5	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0

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

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

Source: Medical Deans Australia and New Zealand Inc

Student Characteristics

Data in Tables 2.8 and 2.9 are from the Medical Schools Outcomes Database (MSOD) questionnaires completed by commencing students and students in their final year of a medical degree. It provides insights into medical student characteristics. Whilst the MSOD will continue administering the final year questionnaires, the commencing questionnaire has ceased from 2014 onwards.

Data for commencing students questionnaire were collected from 3,658 students who completed the questionnaire in 2014. This was 97.9% of the total number of commencing students (3,737) that year.

Over four-fifths (80.8%) of students commencing their medical studies in 2014 were under the age of 25 years (Table 2.8).

Table 2.8: Commencing medical students by sex and age, 2014

Age group	Male	Female	Proportion female (%)	Total	Proportion of total (%)
Less than 20 years	550	731	57.1	1,281	35.0
20–24 years	834	842	50.2	1,676	45.8
25–29 years	249	241	49.2	490	13.4
30–34 years	83	57	40.7	140	3.8
35–39 years	18	25	58.1	43	1.2
40 years and over	16	12	42.9	28	0.8
Total	1,750	1,908	52.2	3,658	100.0

Source: Medical Schools Outcomes Database

Information on the preferred type of medical practice in 2014, as reported in the MSOD questionnaire by students in their final year of a medical degree, is provided in Table 2.9

The most popular preferred types of medical practice among graduates were adult medicine/internal medicine and surgery, followed by general practice (476, 394 and 392 respectively).

Table 2.9: Preferred type of medical practice in final year of medical degree, 2010–2014

Specialty ^(a)	2010		2011		2012		2013		2014	
	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)
Addiction medicine	..	..	14	0.6	6	0.2	3	0.1	3	0.1
Adult medicine/internal medicine	287	16.3	430	19.1	444	17.7	456	16.6	476	19.5
Anaesthesia	170	9.6	171	7.6	213	8.5	193	7.0	183	7.5
Dermatology	31	1.8	35	1.6	48	1.9	44	1.6	42	1.7
Emergency medicine	135	7.6	195	8.7	211	8.4	229	8.3	186	7.6
General practice	218	12.3	282	12.6	370	14.7	469	17.0	392	16.1
Indigenous health	2	0.1	4	0.2	7	0.3	4	0.1	..	..
Intensive care medicine	57	3.2	53	2.4	53	2.1	59	2.1	64	2.6
Medical administration (e.g. managing a hospital)	2	0.1	10	0.4	5	0.2	1	0	2	0.1
Non-specialist hospital practice (e.g. career as a medical officer in a hospital)	3	0.2	1	0	1	0	5	0.2	4	0.2
Obstetrics and gynaecology	107	6.1	136	6.1	170	6.8	167	6.1	182	7.5
Occupational and environmental medicine	2	0.1	..	..	..	..	1	0	1	0
Ophthalmology	41	2.3	59	2.6	51	2.0	55	2.0	69	2.8
Oral and maxillofacial surgery	..	..	10	0.4	10	0.4	8	0.3	..	..
Paediatrics and child health	152	8.6	222	9.9	256	10.2	264	9.6	250	10.3

Specialty ^(a)	2010		2011		2012		2013		2014	
	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)	Medical students	Proportion of total (%)
Pain medicine	..	..	1	0	2	0.1	2	0.1	2	0.1
Palliative medicine	..	..	6	0.3	8	0.3	13	0.5	6	0.2
Pathology	19	1.1	21	0.9	14	0.6	15	0.5	18	0.7
Psychiatry	46	2.6	48	2.1	67	2.7	82	3.0	74	3.0
Public health medicine	7	0.4	12	0.5	5	0.2	11	0.4	6	0.2
Radiation oncology	..	..	8	0.4	4	0.2	14	0.5	12	0.5
Radiology	40	2.3	37	1.6	53	2.1	51	1.9	54	2.2
Rehabilitation medicine	2	0.1	4	0.2	1	0	5	0.2	4	0.2
Rural and remote medicine	33	1.9	61	2.7	56	2.2	57	2.1	..	..
Sexual health medicine	..	..	2	0.1	6	0.2	4	0.1	4	0.2
Sport and exercise medicine	2	0.1	5	0.2	11	0.4	13	0.5	9	0.4
Surgery	407	23.0	406	18.1	436	17.3	440	16.0	394	16.2
Other	3	0.2	14	0.6	6	0.2	90	3.3	..	..
Total	1,766	100.0	2,247	100.0	2,514	100.0	2,755	100.0	2,437	100.0

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

Source: Medical Schools Outcomes Database

In 2015, a total of 567 international students of the 3,777 commencing medical students reported that they held temporary or other entry permits to Australia (Table 2.10). The highest numbers of international students came from Singapore (31.7%), Canada (20.5%), Malaysia (12%) and China (4.6%).

Table 2.10: International commencing medical students holding temporary or ‘other’ entry permits by place of birth, 2015

Country of birth	Students	Proportion (%)
Singapore	180	31.7
Canada	116	20.5
Malaysia	68	12.0
China	26	4.6
Indonesia	22	3.9
United States	18	3.2
Hong Kong	17	3.0
South Korea	15	2.6
Sri Lanka	15	2.6
All other (where n≤10)	90	15.9
Total	567	100.0

Source: Medical Deans Australia and New Zealand Inc

Aboriginal and/or Torres Strait Islander Students

The number and proportion of commencing medical students reporting that they are of Aboriginal and/or Torres Strait Islander descent have risen over the years from 44 or 1.3% of students in 2008, to 65 or 1.7% in 2015 (Table 2.11).

Table 2.11: Commencing medical students by Aboriginal and/or Torres Strait Islander status, 2008–2015

Student type	2008	2009	2010	2011	2012	2013	2014	2015
Aboriginal and/or Torres Strait Islander students	44	38	50	80	70	75	81	65
Non-Aboriginal and/or Torres Strait Islander students	3,389	3,404	3,418	3,690	3,616	3,593	3,656	3,712
Total	3,433	3,442	3,468	3,770	3,686	3,668	3,737	3,777
Proportion of Aboriginal and/or Torres Strait Islander students (%)	1.3	1.1	1.4	2.1	1.9	2.0	2.2	1.7

Source: Medical Deans Australia and New Zealand Inc

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

In 2015, there was a total of 265 medical students studying in Australian universities who reported being of Aboriginal and/or Torres Strait Islander descent (Table 2.12), an increase of 167.7% over the nine years from 2006.

Table 2.12: Aboriginal and/or Torres Strait Islander medical students studying in Australian universities, 2006–2015

Student type	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Aboriginal and/or Torres Strait Islander students	99	125	129	137	161	218	226	261	275	265
Annual change (%)		26.3	3.2	6.2	17.5	35.4	3.7	15.5	5.4	-3.6

Source: Medical Deans Australia and New Zealand Inc

Rural Exposure

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

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

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

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

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

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

In 2015, 832 or 25.9% of commencing domestic students reported that they had lived in a rural or remote area prior to commencing their medical studies (Table 2.13). The proportion of domestic students with a rural background was roughly one quarter in each state and territory.

Table 2.13: Commencing domestic students with a rural background by state/territory, 2015

University ^(a)	Commonwealth or State supported			Full-fee paying			Proportion of all domestic students with a rural background (%) ^{(a),(h)}
	Males	Females	Total	Males	Females	Total	
New South Wales							
Newcastle/UNE	17	18	35	0	0	0	20.2
Notre Dame Sydney	3	14	17	6	8	14	25.4
Sydney	33	29	62	0	0	0	25.3
UNSW	20	28	48	0	0	0	25.5
UWS ^(b)	3	3	6	0	0	0	5.5
Wollongong	19	30	49	0	0	0	64.5
Total NSW	95	122	217	6	8	14	25.3
Victoria							
Deakin	18	24	42	0	0	0	31.3
Melbourne MD ^(c)	21	28	49	3	4	7	18.1
Monash PG ^(d)	7	20	27	0	0	0	33.8
Monash UG ^(d)	23	35	58	0	0	0	23.5
Total VIC	69	107	176	3	4	7	23.7
Queensland							
Bond ^{(e),(f)}	0	0	0	0	0	0	0
Griffith ^(e)	6	9	15	0	0	0	10.0
Queensland	59	40	99	0	0	0	30.3
James Cook	27	47	74	0	0	0	43.5
Total QLD	92	96	188	0	0	0	25.2
Western Australia							
Notre Dame Fremantle ^(g)	8	15	23	0	0	0	20.9
UWA MD	23	30	53	0	0	0	25.1
Total WA	31	45	76	0	0	0	23.7
South Australia							
Adelaide	11	18	29	0	0	0	24.0
Flinders	20	23	43	0	0	0	27.9
Total SA	31	41	72	0	0	0	26.2

University ^(a)	Commonwealth or State supported			Full-fee paying			Proportion of all domestic students with a rural background (%) ^{(a),(h)}
	Males	Females	Total	Males	Females	Total	
Tasmania							
Tasmania	22	35	57	0	0	0	58.8
Australian Capital Territory							
ANU	14	11	25	0	0	0	29.1
Total	354	457	811	9	12	21	25.9

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

- (a) Rural background is based on residency for at least five years from the commencement of primary school in an area classified as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.
- (b) University of Western Sydney is not subject to the RCTS rural origin target.
- (c) University of Melbourne achieved a rural origin proportion of 22.0% against the RCTS program criteria, see footnote (h) below.
- (d) Monash University achieved a rural origin proportion of 28.7% across their entire cohort.
- (e) Bond and Griffith Universities do not participate in the Commonwealth RCTS program.
- (f) Bond University does not collect data on rurality.
- (g) University of Notre Dame Fremantle achieved a rural origin proportion of 24.7% against the RCTS program criteria, see footnote (h) below.
- (h) The Rural Clinical Training and Support (RCTS) program requires that a number of Australian medical students equal to at least 25% of the University's medical student CSP allocation must come from a rural background.

Source: Medical Deans Australia and New Zealand Inc

Attrition Rates

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

In 2014, of 3,185 only 68 (2.1%) commencing domestic students (27 male and 41 female students) discontinued their medical degree in the first year (Table 2.14).

Table 2.14: Commencing domestic medical students: Attrition rates, 2014

University	Males	Females	Total	Proportion of total commencing domestic students who ceased candidature (%)
New South Wales				
Newcastle/UNE	4	3	7	10.3
Notre Dame Sydney	1	0	1	1.5
Sydney	3	0	3	4.4
UNSW	1	2	3	4.4
UWS	1	1	2	2.9
Wollongong	1	0	1	1.5
Total NSW	11	6	17	25.0
Victoria				
Deakin	1	4	5	7.4
Melbourne MD	4	4	8	11.8
Monash PG	2	0	2	2.9
Monash UG	1	6	7	10.3
Total VIC	8	14	22	32.4
Queensland				
Bond	1	1	2	2.9
Griffith	3	3	6	8.8
Queensland	1	2	3	4.4
James Cook	1	6	7	10.3
Total QLD	6	12	18	26.5
Western Australia				
Notre Dame Fremantle	0	0	0	0
UWA MD	2	2	4	5.9
UWA PG	0	0	0	0
UWA UG	0	0	0	0
Total WA	2	2	4	5.9
South Australia				
Adelaide	0	2	2	2.9
Flinders	0	3	3	4.4
Total SA	0	5	5	7.4
Tasmania				
Tasmania	0	0	0	0
Australian Capital Territory				
ANU	0	2	2	2.9
Total	27	41	68	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

Source: Medical Deans Australia and New Zealand Inc

In 2014, a total of 11 out of 552 (2%) commencing international students (6 male and 5 female students) discontinued their medical degree in the first year (Table 2.15).

Table 2.15: Commencing international medical students: Attrition rates, 2014

University ^(a)	Males	Females	Total	Proportion of total commencing international students who
				ceased candidature (%)
New South Wales				
Newcastle/UNE	0	0	0	0
Notre Dame Sydney	0	0	0	0
Sydney	1	0	1	9.1
UNSW	2	1	3	27.3
UWS	0	0	0	0
Wollongong	0	0	0	0
Total NSW	3	1	4	36.4
Victoria				
Deakin	0	0	0	0
Melbourne MD	0	1	1	9.1
Monash PG	0	0	0	0
Monash UG	0	0	0	0
Total VIC	0	1	1	9.1
Queensland				
Bond	0	0	0	0
Griffith	0	0	0	0
Queensland	1	0	1	9.1
James Cook	0	1	1	9.1
Total QLD	1	1	2	18.2
Western Australia				
Notre Dame Fremantle	0	0	0	0
UWA MD	0	0	0	0
UWA PG	0	0	0	0
UWA UG	0	0	0	0
Total WA	0	0	0	0
South Australia				
Adelaide	2	1	3	27.3
Flinders	0	0	0	0
Total SA	2	1	3	27.3
Tasmania				
Tasmania	0	1	1	9.1

University ^(a)	Males	Females	Total	Proportion of total commencing international students who
				ceased candidature (%)
Australian Capital Territory				
ANU	0	0	0	0
Total	6	5	11	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

Source: Medical Deans Australia and New Zealand Inc

The attrition numbers and proportions over the period 2008–2014 have differed for international and domestic students (Table 2.16). A higher proportion of commencing domestic students have discontinued their degree compared with commencing international students. The changes in female attrition rates have also varied between the years reported.

Table 2.16: Commencing medical students: Attrition rates, 2008–2014

Student type ^(a)	2008	2009	2010	2011	2012	2013	2014	Change 2008–2014 (%)
Domestic	75	53	70	63	84	48	68	-9.3
Proportion domestic (%)	78.1	71.6	78.7	70.8	83.2	73.8	86.1	10.2
Proportion female (%)	54.7	64.2	48.6	42.9	53.6	52.1	60.3	10.2
International	21	21	19	26	17	17	11	-47.6
Proportion international (%)	21.9	28.4	21.3	29.2	16.8	26.2	13.9	-36.3
Proportion females (%)	42.9	52.4	36.8	42.3	29.4	47.1	45.5	6.0
Total	96	74	89	89	101	65	79	-17.7
Annual change		-22	15	0	12	-36	14	
Annual change (%)		-22.9	20.3	0	13.5	-35.6	21.5	

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

Source: Medical Deans Australia and New Zealand Inc

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

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

In 2014, 118 of 11,119 (1.1%) continuing domestic students (59 male and 59 female students) discontinued their medical degree beyond the commencing period (Table 2.17).

Table 2.17: Continuing domestic medical students: Attrition rates, 2014

University	Males	Females	Total	Proportion of total continuing domestic students who ceased candidature (%)
New South Wales				
Newcastle/UNE	2	3	5	4.2
Notre Dame Sydney	1	1	2	1.7
Sydney	6	1	7	5.9
UNSW	5	5	10	8.5
UWS	1	1	2	1.7
Wollongong	0	0	0	0
Total NSW	15	11	26	22.0
Victoria				
Deakin	2	4	6	5.1
Melbourne MD	1	4	5	4.2
Melbourne UG	0	0	0	0
Monash PG	2	0	2	1.7
Monash UG	1	3	4	3.4
Total VIC	6	11	17	14.4
Queensland				
Bond	1	0	1	0.8
Griffith	1	2	3	2.5
Queensland	1	3	4	3.4
James Cook	6	5	11	9.3
Total QLD	9	10	19	16.1
Western Australia				
Notre Dame Fremantle	2	2	4	3.4
UWA MD	0	0	0	0
UWA PG	1	2	3	2.5
UWA UG	3	4	7	5.9
Total WA	6	8	14	11.9
South Australia				
Adelaide	22	17	39	33.1
Flinders	1	1	2	1.7
Total SA	23	18	41	34.7

University	Males	Females	Total	Proportion of total continuing domestic students who ceased candidature (%)
Tasmania				
Tasmania	0	0	0	0
Australian Capital Territory				
ANU	0	1	1	0.8
Total	59	59	118	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

Source: Medical Deans Australia and New Zealand Inc

In comparison to domestic students, 26 of 1,901 (1.4%) continuing international students (15 male and 11 female students) discontinued their medical degree beyond the commencing period in 2014 (Table 2.18).

Table 2.18: Continuing international medical students: Attrition rates, 2014

University ^(a)	Males	Females	Total	Proportion of total continuing international students who ceased candidature (%)
New South Wales				
Newcastle/UNE	0	1	1	3.8
Notre Dame Sydney	0	0	0	0
Sydney	2	3	5	19.2
UNSW	4	2	6	23.1
UWS	1	1	2	7.7
Wollongong	0	0	0	0
Total NSW	7	7	14	53.8
Victoria				
Deakin	0	0	0	0
Melbourne MD	0	0	0	0
Monash PG	0	0	0	0
Monash UG	0	0	0	0
Total VIC	0	0	0	0
Queensland				
Bond	0	0	0	0
Griffith	0	0	0	0
Queensland	0	0	0	0
James Cook	1	0	1	3.8
Total QLD	1	0	1	3.8

University ^(a)	Males	Females	Total	Proportion of total continuing international students who ceased candidature (%)
Western Australia				
Notre Dame Fremantle	0	0	0	0
UWA MD	0	0	0	0
UWA PG	1	0	1	3.8
UWA UG	4	2	6	23.1
Total WA	5	2	7	26.9
South Australia				
Adelaide	1	1	2	7.7
Flinders	1	1	2	7.7
Total SA	2	2	4	15.4
Tasmania				
Tasmania	0	0	0	0
Australian Capital Territory				
ANU	0	0	0	0
Total	15	11	26	100.0

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

Source: Medical Deans Australia and New Zealand Inc

The attrition numbers for continuing medical students over the period 2008–2014 also changed between the years (Table 2.19). A higher proportion of continuing domestic students discontinued their degree compared with continuing international students. The changes in female attrition rates also varied between the years reported.

Table 2.19: Continuing medical students: Attrition rates, 2008–2014

Student type ^(a)	2008	2009	2010	2011	2012	2013	2014	Change 2008–2014 (%)
Domestic	75	82	75	81	110	65	118	57.3
Proportion domestic (%)	87.2	77.4	80.6	77.1	79.7	71.4	81.9	-6.0
Proportion female (%)	50.7	48.8	54.7	64.2	50.0	58.5	50.0	-1.4
International	11	24	18	24	28	26	26	136.4
Proportion international (%)	12.8	22.6	19.4	22.9	20.3	28.6	18.1	41.2
Proportion females (%)	36.4	50.0	38.9	33.3	50.0	26.9	42.3	16.2
Total^(b)	86	106	93	105	138	91	144	67.4
Annual change		20	-13	12	33	-47	53	
Annual change (%)		23.3	-12.3	12.9	31.4	-34.1	58.2	

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

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

This does not include students who have deferred study or transferred to other Medical Schools.

Source: Medical Deans Australia and New Zealand Inc

Trends

The number of commencing medical students remained relatively steady over the last five years, increasing from 3,770 in 2011 to 3,777 in 2015 (Table 2.20).

The proportion of female domestic and international students commencing medical studies also remained relatively stable over the last five years – around half the number of all commencing medical students were females.

Table 2.20: Commencing medical students: Domestic, international and proportion of females, 2011–2015

Student type ^(a)	2011	2012	2013	2014	2015
Domestic	3,241	3,035	3,033	3,185	3,210
Proportion female (%)	50.9	48.1	51.2	52.3	51.9
International ^{(b),(c)}	529	651	636	552	567
Proportion female (%)	47.6	47.5	45.6	50.4	48.9
Total	3,770	3,686	3,669	3,737	3,777
Annual change		-84	-17	68	40
Annual change (%)		-2.2	-0.5	1.9	1.1

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

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

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

Source: Medical Deans Australia and New Zealand Inc

Projections suggest that 3,768 medical students will commence their studies in Australian universities in 2016 (Table 2.21). Of these, 3,173 (84.2%) are expected to be domestic students and 595 (15.8%) international students.

Table 2.21: Commencing medical student projections, 2016

University ^(a)	Domestic	International ^(b)	Total
Adelaide	121	28	149
ANU	90	8	98
Bond	96	-	96
Deakin	130	-	130
Flinders	135	20	155
Griffith	150	20	170
James Cook	181	27	208
Melbourne	306	45	351
Monash	330	77	407
Newcastle/UNE	170	32	202
Notre Dame Sydney	120	-	120
Notre Dame Fremantle	110	-	110
Queensland	320	90	410
Sydney	228	80	308
Tasmania	100	20	120
UNSW	198	80	278
UWA	209	30	239
UWS	105	26	131
Wollongong	74	12	86
Total	3,173	595	3,768

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

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

Source: Medical Deans Australia and New Zealand Inc

Between 2011 and 2015, there was a slight increase of 468 students (2.8%) of the total number of medical students studying in Australian universities (Table 2.22). In this period, the number of domestic students increased by only 3.4% to 14,424 students, whereas the number of international students remained stable.

Table 2.22: Medical students: Domestic, international and proportion of females, 2011–2015

Student type ^(a)	2011	2012	2013	2014	2015
Domestic	13,956	14,177	14,267	14,384	14,424
Proportion female (%)	53.0	51.5	51.2	51.3	51.6
Annual change (%)	7.8	1.6	0.6	0.8	0.3
International ^(b)	2,535	2,691	2,727	2,453	2,535
Proportion female (%)	49.1	48.7	47.3	48.8	48.0
Annual change (%)	3.4	6.2	1.3	-10.0	3.3
Total	16,491	16,868	16,994	16,837	16,959
Annual change		377	126	-157	122
Annual change (%)		2.3	0.7	-0.9	0.7

(a) Data covers all years of study.

(b) From 2009 to 2013 data include the UQ Ochsner cohort. From 2014 data exclude all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Medical Graduates

Current Data

In 2014, a total of 2,968 domestic students graduated from Australian medical schools (Table 2.23). From 2010 to 2014 the number of domestic medical graduates increased in each state and territory. The greatest increases were in New South Wales and Victoria by 68.2% and 66.9% respectively.

Table 2.23: Domestic medical school graduates in Australian universities, by state/territory, 2010–2014

University	2010	2011	2012	2013	2014	Change 2010–2014	Change 2010–2014 (%)
New South Wales							
Newcastle/UNE	104	70	140	147	171	67	64.4
Notre Dame Sydney	..	103	106	107	109	..	..
Sydney	221	222	237	231	256	35	15.8
UNSW	166	187	198	203	219	53	31.9
UWS	..	86	91	108	104	..	..
Wollongong	63	67	66	72	73	10	15.9
Total NSW	554	735	838	868	932	378	68.2

University	2010	2011	2012	2013	2014	Change 2010–2014	Change 2010–2014 (%)
Victoria							
Deakin	..	109	123	136	115	..	..
Melbourne	212	234	231	240	297	85	40.1
Monash	181	219	290	297	244	63	34.8
Total VIC	393	562	644	673	656	263	66.9
Queensland							
Bond	74	81	69	85	78	4	5.4
Griffith	151	133	150	144	138	-13	-8.6
Queensland	332	290	307	314	311	-21	-6.3
James Cook	94	88	92	136	160	66	70.2
Total QLD	651	592	618	679	687	36	5.5
Western Australia							
Notre Dame Fremantle	86	98	104	114	95	9	10.5
UWA	207	172	165	183	179	-28	-13.5
Total WA	293	270	269	297	274	-19	-6.5
South Australia							
Adelaide	94	97	111	127	137	43	45.7
Flinders	102	109	113	111	110	8	7.8
Total SA	196	206	224	238	247	51	26.0
Tasmania							
Tasmania	89	67	97	104	85	-4	-4.5
Australian Capital Territory							
ANU	83	75	87	85	87	4	4.8
Total	2,259	2,507	2,777	2,944	2,968	709	31.4
Annual change		248	270	167	24		
Annual change (%)		11.0	10.8	6.0	0.8		

Source: Medical Deans Australia and New Zealand Inc

The number of international students graduating from Australian medical schools fluctuated over the period 2010–2014 with a slight decrease of 5 graduates or 1.1% (Table 2.24).

Table 2.24: International medical school graduates in Australian universities by state/territory, 2010–2014

University	2010	2011	2012	2013	2014	Change 2010–2014	Change 2010–2014 (%)
New South Wales							
Newcastle/UNE	21	20	29	23	32	11	52.4
Notre Dame Sydney	..	..	..	0	0	..	..
Sydney	35	32	38	48	43	8	22.9
UNSW	55	36	46	58	53	-2	-3.6
UWS	..	..	9	7	23	..	..
Wollongong	4	10	11	8	5	1	25.0
Total NSW	115	98	133	144	156	41	35.7
Victoria							
Deakin	..	0	1	4	2	..	..
Melbourne	90	89	83	86	21	-69	-76.7
Monash	94	70	67	62	63	-31	-33.0
Total VIC	184	159	151	152	86	-98	-53.3
Queensland							
Bond	1	1	1	2	2	1	100.0
Griffith	0	0	..	0	0	0	..
Queensland	77	98	130	114	94	17	22.1
James Cook	3	2	3	2	20	17	566.7
Total QLD	81	101	134	118	116	35	43.2
Western Australia							
Notre Dame Fremantle	0	0	0	0	0	0	..
UWA	25	27	21	28	30	5	20.0
Total WA	25	27	21	28	30	5	20.0
South Australia							
Adelaide	40	21	24	24	29	-11	-27.5
Flinders	14	19	19	11	18	4	28.6
Total SA	54	40	43	35	47	-7	-13.0
Tasmania							
Tasmania	11	28	16	12	25	14	127.3
Australian Capital Territory							
ANU	4	4	9	8	9	5	125.0
Total^(a)	474	457	507	497	469	-5	-1.1

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

Source: Medical Deans Australia and New Zealand Inc

Trends

Each year the number of total medical graduates increased, except for 2014 where there was a slight decrease. The decrease was 0.1% from 2013 to 2014, however, there was an overall increase of 31.4% in domestic graduates across the last five years from 2010 to 2014 (Table 2.25). Also approximately half of all medical graduates, both domestic and international, were females (51.4% for domestic and 48.2% for international in 2014).

Table 2.25: Medical graduates: Domestic, international and proportions of females, 2010–2014

Student type	2010	2011	2012	2013	2014	Change 2010–2014 (%)
Domestic	2,259	2,507	2,777	2,944	2,968	31.4
Proportion domestic (%)	82.7	84.6	84.6	85.6	86.4	4.5
Proportion female (%)	54.1	55.0	53.2	52.8	51.4	-4.9
International ^(a)	474	457	507	497	469	-1.1
Proportion international (%)	17.3	15.4	15.4	14.4	13.6	-21.3
Proportion females (%)	54.2	51.6	52.9	49.1	48.2	-11.1
Total	2,733	2,964	3,284	3,441	3,437	25.8
Annual increase (%)		8.5	10.8	4.8	-0.1	

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

Source: Medical Deans Australia and New Zealand Inc

In 2014, 79.4% of all medical graduates were Commonwealth-supported. Of these, 73.7% were HECS-HELP funded students (Table 2.26). From the years 2012–2014, there was a decrease in those Commonwealth-supported students in the MRBS Scheme (-26%), and for fee-paying students there was an increase in number of domestic students (47.4%).

Table 2.26: Medical graduates by type of student place: Number and proportions of places, 2012–2014

Type of student place	2012	2013	2014	Change 2012–2014	Change 2012–2014 (%)
Medical Graduates					
Commonwealth-supported	2,612	2,765	2,730	118	4.5
HECS-HELP only	1,879	1,931	2,012	133	7.1
BMP Scheme	633	733	644	11	1.7
MRBS Scheme	100	101	74	-26	-26.0
Fee-paying	663	667	699	36	5.4
Domestic	156	170	230	74	47.4
International ^(a)	507	497	469	-38	-7.5
Other	9	9	8	-1	-11.1
Total	3,284	3,441	3,437	153	4.7
Proportion of places (%)					
Commonwealth-supported	79.5	80.4	79.4		
HECS-HELP only	57.2	56.1	58.5		
BMP Scheme	19.3	21.3	18.7		
MRBS Scheme	3.0	2.9	2.2		
Fee-paying	20.2	19.4	20.3		
Domestic	4.8	4.9	6.7		
International	15.4	14.4	13.6		
Other	0.3	0.3	0.2		

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

Source: Medical Deans Australia and New Zealand Inc

Projected Numbers of Graduates

Table 2.27 shows the projected number of domestic medical graduates until 2018. These figures are based on current and planned enrolments as of 2015. Attrition has not been factored into these figures.

The number of domestic medical graduates is projected to rise from 3,128 in 2015 to 3,241 in 2018. This is an overall increase of 3.6% over the four years from 2015 to 2018.

Table 2.27: Domestic medical students expected to graduate from Australian universities: Projected numbers by state/territory, 2015–2018

University	2015	2016	2017	2018
New South Wales				
Newcastle/UNE	176	194	180	176
Notre Dame Sydney	110	120	119	122
Sydney	226	224	223	245
UNSW	237	195	216	215
UWS	104	111	95	107
Wollongong	75	72	73	76
Total NSW	928	916	906	941
Victoria				
Deakin	137	128	123	134
Melbourne MD	290	289	302	310
Melbourne PG	0	0	0	0
Melbourne UG	7	3	0	0
Monash PG	82	73	74	80
Monash UG	254	256	245	243
Total VIC	770	749	744	767
Queensland				
Bond	78	91	89	95
Griffith	142	145	146	150
Queensland	332	317	313	327
James Cook	152	164	170	181
Total QLD	704	717	718	753
Western Australia				
Notre Dame Fremantle	82	112	106	110
UWA PG	64	55	3	0
UWA UG	136	142	5	0
UWA MD	0	0	207	211
Total WA	282	309	321	321
South Australia				
Adelaide	146	156	166	115
Flinders	130	143	143	154
Total SA	276	299	309	269
Tasmania				
Tasmania	84	81	95	104
Australian Capital Territory				
ANU	84	91	87	86
Total^(a)	3,128	3,162	3,180	3,241

UG – undergraduate

PG – postgraduate

MD – Doctor of Medicine

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

Source: Medical Deans Australia and New Zealand Inc

The number of international students expected to graduate from Australian universities is also projected to increase, rising by 2.3% from 521 in 2015 to 533 in 2018 (Table 2.28).

Table 2.28: International medical students expected to graduate from Australian universities: Projected numbers by state/territory, 2015–2018

University ^(a)	2015	2016	2017	2018
New South Wales				
Newcastle/UNE	23	34	37	20
Notre Dame Sydney	0	0	0	0
Sydney	71	66	61	76
UNSW	59	70	63	54
UWS	14	16	24	19
Wollongong	10	9	5	6
Total NSW	177	195	190	175
Victoria				
Deakin	3	8	4	3
Melbourne MD	33	31	44	52
Melbourne PG	0	0	0	0
Melbourne UG	0	1	0	0
Monash PG	5	7	4	10
Monash UG	45	65	54	68
Total VIC	86	112	106	133
Queensland				
Bond	1	1	1	0
Griffith	6	4	3	5
Queensland	129	108	94	92
James Cook	26	15	22	33
Total QLD	162	128	120	130
Western Australia				
Notre Dame Fremantle	0	0	0	0
UWA PG	0	7	1	0
UWA UG	27	32	1	0
UWA MD	0	0	21	31
Total WA	27	39	23	31
South Australia				
Adelaide	24	19	34	31
Flinders	18	26	14	17
Total SA	42	45	48	48

University ^(a)	2015	2016	2017	2018
Tasmania				
Tasmania	20	26	28	15
Australian Capital Territory				
ANU	7	8	3	1
Total^(b)	521	553	518	533

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

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

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

Source: Medical Deans Australia and New Zealand Inc

Table 2.29 summarises the number of domestic and international students projected to graduate from Australian universities between 2015 and 2018.

In total, 3,774 medical students are expected to graduate in 2018, 3.4% (125) more than predicted for 2015.

Table 2.29: Medical students expected to graduate from Australian universities: Projected number of domestic and international students, 2015–2018

Student type ^(a)	2015	2016	2017	2018	Change 2015–2018 (%)
Domestic	3,128	3,162	3,180	3,241	3.6
International ^(b)	521	553	518	533	2.3
Total	3,649	3,715	3,698	3,774	3.4
Change from previous year		66	-17	76	
Change from previous year (%)		1.8	-0.5	2.1	

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

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

Source: Medical Deans Australia and New Zealand Inc



Chapter 3

Prevocational Medical Training

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Prevocational Medical Training

This chapter details the number of junior doctors undertaking postgraduate prevocational training across Australia. Data is provided by state and territory health departments and the Australian Government Department of Health, and covers training activities up to June 2015.

Background

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

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

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

Generally, training at the prevocational level involves rotating between clinical departments in regional and urban public hospitals with some training in community settings, including general practice. Rural locations are also available. The rotations are intended to give junior doctors experience of a broader range of clinical settings, and meet service delivery needs. After introduction of Additional Medical Internships initiative in 2013, intern training was extended to the private sector.

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

Not all doctors will enter vocational specialist training in their fourth postgraduate year (PGY4). Some may enter vocational training specialty at a later stage (PGY5+), but others may leave the medical workforce, pursue a research career, choose to work as locums or continue to work in hospital settings in a non-vocational career role, typically as Career Medical Officers (CMOs).

Most CMOs work in hospital settings, and a number of CMOs acquire other postgraduate qualifications related to their roles, such as early management of severe trauma, advanced paediatric life support or emergency life support.

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

Modified Monash Model

On 24 May 2015, Senator the Honourable Fiona Nash, Assistant Minister for Health, announced the launch of the Modified Monash Model (MMM) as a new classification system for use in health workforce programs.

The MMM is derived from research by the Monash University as to how locations relate to key GP workforce indicators. That research showed that the remoteness and population size of a town provides a reliable and accurate measure to determine how attractive it would be for a medical practitioner to want to work and live in that area.

The MMM is based on the Australian Bureau of Statistics' (ABS) Australian Statistical Geography Standard – Remoteness Areas, with locations in Inner and Outer Regional Australia being further classified by the local town size.

To recognise that larger towns have a functional service area wider than their town boundaries, “buffer zones” have been used to define a large city’s area of influence. The “buffer zones” are based on road distance calculations provided by the Australian Population and Migration Research Centre. The sizes of the “buffer zones” were agreed to by the Rural Classification Technical Working Group, which comprised key stakeholders and technical experts.

The resulting classification is described in Table 3.1. The public can determine their Modified Monash Model classification through the use of an online locator on the DoctorConnect website http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator

Table 3.1: Modified Monash Model Classification

Modified Monash Model (MMM) Classification	Description
MM 1	All areas categorised ASGS-RA1
MM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with population >50,000
MM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000
MM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000
MM 5	All other areas in ASGS-RA 2 and 3
MM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore
MM 7	All other areas – that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore

Postgraduate Year 1

Current Data

In 2015, there were 3,305 trainees commencing PGY1. Of these, over half (51.2%) were females (Table 3.2).

Over four-fifths (2,718 or 82.2%) of all PGY1 trainees commenced training in the state or territory in which they completed their medical degree. A further 254 trainees (7.9%) were trained in Australia, but commenced their PGY1 training in another state or territory.

International students who graduated from an Australian medical school occupied 250 (7.8%) of the PGY1 positions. The number of PGY1 positions in each state and territory approximately matched the distribution of the population as a whole.

The Commonwealth provided funding for additional medical internship positions in 2015 through the Commonwealth Medical Internships (CMI) initiative. This initiative builds new clinical training networks and increases the nation's capacity to train medical interns in the private hospital sector and rural and regional Australia, where traditionally there are fewer internship opportunities.

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

Table 3.2: Commencing postgraduate year 1 trainees or supervised training positions: Total, females and proportion of females by doctor category and state/territory, 2015

	NSW ^(b)	VIC ^(c)	QLD ^(d)	SA	WA	TAS	NT	ACT	AUS
All commencing PGY1 trainees									
Australian trained local (own state)	868	648	581	209	261	67	8	76	2,718
– Commonwealth-supported	802	na	526	206	260	53	0	67	^(e) 1,914
– Full-fee paying	66	na	55	3	1	14	0	9	^(e) 148
Australian trained local (interstate)	57	28	61	23	24	12	33	16	254
– Commonwealth-supported	40	na	61	20	19	6	0	10	^(e) 156
– Full-fee paying	17	na	0	3	5	6	0	6	^(e) 37
New Zealand medical graduates	0	0	1	0	0	0	0	0	1
International students who graduated from an Australian medical school	54	85	58	22	28	0	3	0	250
– Own state	54	^(d) 83	57	22	28	0	0	0	244
– Interstate	0	2	1	0	0	0	3	0	6
Australian Medical Council graduates	0	1	0	0	0	0	0	0	1
Total state/territory funded trainees	979	762	701	254	313	79	44	92	3,224
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(a)									
	9	..	65	..	7	..	..	..	81
Total	988	762	766	254	320	79	44	92	3,305
Proportion of total trainees (%)	29.9	23.1	23.2	7.7	9.7	2.4	1.3	2.8	100.0
Females									
Australian trained local (own state)	435	345	269	107	153	27	3	41	1,380
– Commonwealth-supported	398	na	241	106	153	22	0	38	^(e) 958
– Full-fee paying	37	na	28	1	0	5	0	3	^(e) 74
Australian trained local (interstate)	30	15	41	9	13	11	23	9	151
– Commonwealth-supported	21	na	41	7	10	5	0	5	^(e) 89
– Full-fee paying	9	na	0	2	3	6	0	4	^(e) 24
New Zealand medical graduates	0	0	0	0	0	0	0	0	0
International students who graduated from an Australian medical school	32	42	27	10	10	0	3	0	124

	NSW ^(b)	VIC ^(c)	QLD ^(d)	SA	WA	TAS	NT	ACT	AUS
– Own state	32	^(e) 42	26	10	10	0	0	0	120
– Interstate	0	0	1	0	0	0	3	0	4
Australian Medical Council graduates	0	0	0	0	0	0	0	0	0
Total state/territory funded trainees	497	402	337	126	176	38	29	50	1,655
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(a)	5	..	27	..	4	..	..	..	36
Total	502	402	364	126	180	38	29	50	1,691
	Proportion females (%)								
Australian trained local (own state)	50.1	53.2	46.3	51.2	58.6	40.3	37.5	53.9	50.8
– Commonwealth-supported	49.6	na	45.8	51.5	58.8	41.5	0	56.7	^(e) 50.1
– Full-fee paying	56.1	na	50.9	33.3	0	35.7	0	33.3	^(e) 50.0
Australian trained local (interstate)	52.6	53.6	67.2	39.1	54.2	91.7	69.7	56.3	59.4
– Commonwealth-supported	52.5	na	67.2	35.0	52.6	83.3	0	50.0	^(e) 57.1
– Full-fee paying	52.9	na	0	66.7	60.0	100.0	0	66.7	^(e) 64.9
New Zealand medical graduates	0	0	0	0	0	0	0	0	0
International students who graduated from an Australian medical school	59.3	49.4	46.6	45.5	35.7	0	100.0	0	49.6
– Own state	59.3	50.6	45.6	45.5	35.7	0	0	0	49.2
– Interstate	0	0	100.0	0	0	0	100.0	0	66.7
Australian Medical Council graduates	0	0	0	0	0	0	0	0	0
Total state/territory funded trainees	50.8	52.8	48.1	49.6	56.2	48.1	65.9	54.3	51.3
Eligible international students who graduated from an onshore Australian medical school and were placed by the Commonwealth ^(a)	55.6	..	41.5	..	57.1	..	..	..	44.4
Total	50.8	52.8	47.5	49.6	56.3	48.1	65.9	54.3	51.2

(a) Includes PGY1 positions funded by the Commonwealth Government under the Commonwealth Medical Internships Initiative 2015.

(b) For 2015 clinical year, NSW had 980 intern positions. NSW also funds 5 positions in Southern NSW (Bega and Goulburn) that are filled via the ACT Prevocational Training Network. Victoria does not collect data regarding the fee status of domestic students studying in Victoria or interstate.

(c) Victoria international own state students include 15 graduates of an Australian Medical Council Accredited Overseas University (Monash Malaysia).

(d) Victoria international own state students includes 8 female graduates of an Australian Medical Council Accredited Overseas University (Monash Malaysia).

(e) Queensland does not collect data regarding the fee status of domestic students studying interstate.

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

Internship in Rural Location

Tables 3.3a and 3.3b present data on internship in rural location using the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system and a new Modified Monash Model (MMM).

Rural areas were classified as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas system. Under the new Modified Monash Model there are more specific classifications, and MMM3–MMM7 will be considered rural locations for the purpose of this report.

In 2015, there were 684 rural intern positions (Table 3.3a) where PGY1 trainees could undertake the majority of their internship in a rural location. The largest number of positions was 261 in Queensland, followed by Victoria (159) and New South Wales (129). Under the new Modified Monash Model there were 231 rural intern positions in 2015 (Table 3.3b), with the majority being located in New South Wales (100) and Victoria (86).

There were 649 PGY1 trainees undertaking a rural internship, a type of internship when all or majority of it is undertaken in an RA2–RA5 hospital. The new Modified Monash Model classified 202 PGY1 trainees as undertaking rural internships in the MMM3 to MMM7 classifications.

In addition, in 2015 there were 156 rotational positions in rural hospitals in Australia. The highest number of rural based intern positions filled on rotation by PGY1 trainees from a metropolitan hospital was in Victoria (64), followed by New South Wales (37). According to the Modified Monash Model this would equate to 149 rotational positions in rural hospitals.

Table 3.3a: Commencing postgraduate year 1 trainees (RA2–RA5)^(a) by state/territory, 2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Rural intern positions where postgraduate year 1 trainees can undertake majority of their internship in a rural location	^(d) 129	159	261	6	6	79	44	..	684
Postgraduate year 1 trainees undertaking rural internship (RA2–RA5) ^(b)	^(e) 94	159	261	6	6	79	44	..	649
Rotational positions (RA2–RA5) ^(c)	37	64	na	17	33	na	na	^(f) 5	156

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

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

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

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

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

(f) These positions are located in NSW and funded by NSW but filled by interns from the ACT Prevocational Training Network.

Source: State and territory government health departments

Table 3.3b: Commencing postgraduate year 1 trainees (MMM3–MMM7)^(a) by state/territory, 2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Rural intern positions where postgraduate year 1 trainees can undertake majority of their internship in a rural location ^(d)	100	86	5	6	6	12	16	..	231
Postgraduate year 1 trainees undertaking rural internship (MMM3–MMM7) ^(b)	71	86	5	6	6	12	16	..	202
Rotational positions (MMM3–MMM7) ^(c)	37	60	na	17	30	na	na	^(e) 5	149

- (a) MMM3 to MMM7 under the Modified Monash Model comprises of rural areas outside of towns with greater than 50,000 people.
- (b) Rural internship is a type of internship when all or majority of it is undertaken in an MMM3–MMM7 hospital.
- (c) Rotational positions are the rural based intern positions that are filled on rotation by doctors from a metropolitan hospital.
- (d) Two hospitals classified as MMM1 had 23 positions and a MM2 hospital had 5 positions, but they were filled as part of the Rural Preferential recruitment process. These have not been included in total. Vacant positions were filled by interns on rotation.
- (e) These positions were located in NSW and funded by NSW but filled by interns from the ACT Prevocational Training Network.

Source: State and territory government health departments

Trends

The number of PGY1 commencements increased by 21.4%, with 582 additional interns commencing their training in 2015 compared with 2011 (Table 3.4).

The increase in number of trainees commencing their first year of prevocational training appear to be considerably greater in some jurisdictions over the period of 2011 to 2015, in particular New South Wales and Victoria with 29.5% and 21.9% increases in numbers respectively.

Table 3.4: Commencing postgraduate year 1 trainees by state/territory, 2011–2015

	2011	2012	2013	2014	2015	Change 2011–2015 (%)
New South Wales	756	^(c) 849	^(d) 923	^(e) 957	^(f) 979	29.5
Victoria	625	698	707	753	762	21.9
Queensland ^(a)	644	663	678	695	701	8.9
South Australia	247	256	276	278	254	2.8
Western Australia	267	282	300	312	313	17.2
Tasmania	71	73	75	76	79	11.3
Northern Territory	35	41	44	44	44	25.7
Australian Capital Territory	78	88	93	96	92	17.9
Commonwealth Funded ^(b)	..	..	22	76	81	..
Australia	2,723	2,950	3,118	3,287	3,305	21.4
Change from previous year (%)		8.3	5.7	5.4	0.5	

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

(b) Includes PGY1 positions funded by the Commonwealth Government under the Commonwealth Medical Internships Initiative 2015.

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

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

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

(f) Total number of intern positions available for 2015 was 980.

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

Postgraduate Year 2

Current Data

There were 3,275 doctors in postgraduate year 2 (PGY2) training positions in 2015. Over half of these (53.5%) were females. Data on the doctors commencing PGY2 training are provided in Table 3.5.

Over three-quarters (77.3%) of doctors had commenced their second year of prevocational medical training in the state or territory in which they were trained previously, compared with 11.1% from interstate.

International students who completed their medical degree in Australia occupied 251 or 7.7% of all PGY2 positions and a further 96 or 2.9% of positions were occupied by Australian Medical Council certificate holders.

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

Table 3.5: Commencing doctors in postgraduate year 2 training positions: Total, females and proportion of females by doctor category and state/territory, 2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
All commencing PGY2 doctors									
Australian trained local (own state)	802	624	585	157	267	30	0	66	2,531
Australian trained local (interstate)	114	59	77	33	28	0	36	17	364
New Zealand medical graduates	1	0	1	0	0	0	0	0	2
International students who graduated from an Australian medical school	46	75	93	34	3	0	0	0	251
Australian Medical Council graduates	53	5	4	1	11	11	11	0	96
Other/unspecified	11	1	0	0	12	0	2	5	31
Total	^(a) 1,027	^(b) 764	760	^(c) 225	321	41	49	88	3,275
Females									
Australian trained local (own state)	421	344	284	79	155	15	0	32	1,330
Australian trained local (interstate)	52	32	51	18	18	0	29	12	212
New Zealand medical graduates	0	0	0	0	0	0	0	0	0
International students who graduated from an Australian medical school	28	41	43	18	1	0	0	0	131
Australian Medical Council graduate	33	4	4	1	4	10	4	0	60
Other/unspecified	5	0	0	0	7	0	4	4	20
Total	539	421	382	116	185	25	37	48	1,753
Proportion females (%)									
Australian trained local (own state)	52.5	55.1	48.5	50.3	58.1	50.0	0	48.5	52.5
Australian trained local (interstate)	45.6	54.2	66.2	54.5	64.3	0	80.6	70.6	58.2
New Zealand medical graduates	0	0	0	0	0	0	0	0	0
International students who graduated from an Australian medical school	60.9	54.7	46.2	52.9	33.3	0	0	0	52.2

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Australian Medical Council graduates	62.3	80.0	100.0	100.0	36.4	90.9	36.4	0	62.5
Other/unspecified	45.5	0	0	0	58.3	0	200.0	80.0	64.5
Total	52.5	55.1	50.3	51.6	57.6	61.0	75.5	54.5	53.5

- (a) NSW offers interns two year contracts. Data includes continuing interns into PGY2 position and additional PGY2 doctors recruited.
- (b) This figure only reflects the number of PGY2 positions advised by health services to include in the Victorian hospital medical offer match. Health services recruited at least 28 positions outside of the match.
- (c) Data based on the number of job offers made to PGY2 doctors via the SA MET centralised process. Additional employment occurs outside this process.

Source: State and territory government health departments

Trends

During the last five years, the number of PGY2 commencements reported has increased by 754 or 29.9% (Table 3.6), rising from 2,521 trainees in 2011 to 3,275 in 2015. Comparisons across years and between states and territories should be undertaken with caution due to data quality issues.

From 2011 to 2015 commencements appear to have increased in some states and territories and decreased in others. The biggest increases over the period 2011 to 2015 were in New South Wales (66.5%), and the Australian Capital Territory (51.7%). The biggest decreases over the same period were in Tasmania with a 60.2% reduction and Northern Territory with a 23.4% reduction. However, it should be noted that the ability to extract the data accurately from the various administrative systems may lead to certain limitations of the data.

Table 3.6: Postgraduate year 2 commencements by state/territory, 2011–2015

States and Territories	2011	2012	2013	2014	2015	Change 2011–2015 (%)
New South Wales	617	803	881	912	1,027	66.5
Victoria	^(a) 585	^(d) 644	^(f) 742	742	^(h) 764	30.6
Queensland	^(b) 575	^(b) 734	683	671	760	32.2
South Australia	^(c) 189	^(e) 244	^(e) 356	^(e) 238	^(e) 225	19.0
Western Australia	330	469	^(g) 308	333	321	-2.7
Tasmania	103	87	104	71	41	-60.2
Northern Territory	64	47	56	55	49	-23.4
Australian Capital Territory	58	73	64	85	88	51.7
Australia	2,521	3,101	3,194	3,107	3,275	29.9
Change from previous year (%)		23.0	3.0	-2.7	5.4	

- (a) 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.
- (b) Commencement data is approximate and is based upon the total number of acceptances registered in the eRecruitment system.
- (c) Includes only the number of PGY2 commencing who completed internship in SA.
- (d) A total of 667 HMO2 positions were included in the computer matching process and 644 positions were matched. Of the 644 matched positions, 18 candidates declined their Victorian offer. All HMO positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service. This figure is based on incomplete data and only reflects the number of PGY2 positions advised by health services to include in the Victorian HMO match. Health services are able to exempt positions from the matching process, so the number is an underestimate.
- (e) Data based on number of job offers made to PGY2 doctors via SA MET centralised process. Additional employment occurs outside of this process.
- (f) A total of 708 HMO2 positions were included in the HMO Computer Match and of these, 689 positions were matched. 17 of the 689 matched candidates subsequently declined their offer. A further 36 candidates were offered and accepted a HMO2 position. In addition, 34 positions were directly recruited by health services.
- (g) New data checking processing has enabled cleaner data and ensures the capture of PGY2 only.
- (h) This figure only reflects the number of PGY2 positions advised by health services to include the Victorian hospital medical offer match. Health services recruited at least 28 positions outside of the match.

Source: State and territory government health departments.

Chapter 4

Vocational Medical Training

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Vocational Medical Training

This chapter reports on vocational training. It presents data on the number of vocational medical training places in 2015 and the results of college examinations held in 2014 for each of the specialty areas. All data were current as at July 2015 unless stated otherwise.

The data have been provided by all of the specialist medical colleges and associated faculties and the Australian Government Department of Health.

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

Vocational Medical Training in Australia

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

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

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

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

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

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

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

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

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

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

General Practice Training

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

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

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

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

More details about these programs are included in Chapter 6.

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

The Overseas Trained Doctor National Education and Training (OTDNET) program was delivered from 2013 to 2015. Enrolments ceased as of 19 May 2015, with a view to streamline numerous support programs for Overseas Trained Doctors (OTDs) being managed by the Australian Government Department of Health for implementation in early 2016. There are doctors still enrolled on the program who will continue to be supported to the completion of their learning plans.

OTDNET provided OTDs access to education and training which supported the learning needs of the individual towards gaining general medical registration and/or Specialist (General Practitioner) Registration. In essence, the OTDNET program was designed to help OTDs prepare for the relevant Australian Medical Council (AMC) or General Practice College exams.

The OTDNET program offered OTDs working in a general practice environment the opportunity to participate in general practice education and training by aligning the individual with a training provider in their region. When enrolled in the OTDNET program, the doctor undertook learning needs assessment as conducted by the training provider, who provided access to a tailored training program. The assessment and tailored training were designed to support the individual towards gaining their Specialist (General Practitioner) Registration.

As places on the OTDNET program were limited nationally, there were some eligibility requirements and preferences in terms of the doctor's workplace location. Meeting the eligibility requirements did not guarantee that the application would be successful for enrolment into the OTDNET program. First preference was given to those eligible doctors practising in Australian Standard Geographical Classification Remoteness Area (ASGC-RA) 2–5 locations, followed by those in Districts of Workforce Shortage, in ASGC-RA 1 locations.

The time required to complete the OTDNET program varied between individuals. The OTDNET program was based on the establishment of a learning needs assessment package, which included an agreed learning plan between the participant and their training provider. The agreed learning plan reflected the individual general practice education and training needs of the doctor.

Changes to College Training in Australia

Australian and New Zealand College of Anaesthetists

The training requirement for the Faculty of Pain Medicine is now 2 years full-time. Training can commence following completion of at least 3 years of a primary specialist qualification.

Australasian College for Emergency Medicine

In 2015, workplace-based assessments were introduced as a requirement of training in all Emergency Medicine Terms. From 1 January 2016, PGY1 and PGY2 will no longer be part of the college Training Program structure.

College of Intensive Care Medicine of Australia and New Zealand

In 2015, the College of Intensive Care Medicine of Australian and New Zealand classified all training (years 1 to 6) as advanced. Total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of anaesthesia, 12 months of medicine (including 6 months of emergency or acute medicine) and 6 months in an elective placement. Trainees are also required to complete a term in paediatrics in an approved unit and at least 3 months of training must be undertaken in a rural hospital (paediatric and rural requirements may be completed in a discipline other than intensive care medicine).

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

Accredited Training

Tables 4.1 and 4.2 present data on basic and advanced accredited training available in 2015. Medical colleges differ in their approaches to accrediting training as colleges can accredit by positions or posts and facilities or programs. For some medical colleges all positions or posts will be filled, while for others the number of accredited positions or posts equates with the possible number of trainees that could occupy the identified places available at the beginning of the year. Some medical colleges accredit facilities, including hospitals, laboratories and other sites, to undertake training, or accredit programs that can be run in a number of sites. Medical colleges can accredit using a combination of methods as outlined in Table 4.1.

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

Table 4.1: Basic training: Positions/posts and facilities/programs by medical specialty, 2015

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Adult medicine	RACP ^(b)	^(c) 2,732	182
Anaesthesia	ANZCA	..	106
Anaesthesia – pain medicine	ANZCA	..	29
Dermatology ^(a)	ACD	^(d) 68	^(d) 45
Emergency medicine	ACEM	..	^(f) 136
Obstetrics and gynaecology	RANZCOG	^(e) 385	100
Ophthalmology	RANZCO	53	..
Paediatrics	RACP ^(b)	^(c) 754	100
Psychiatry	RANZCP	..	19

(a) Positions are not designated basic or advanced. Trainees are placed by the Director of Training in each state.

Figures do not include overseas postings.

(b) The RACP accredits hospitals for basic training, not positions.

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

(d) There are 5 IMG or Area of Need designated positions across 6 facilities and 4 Mohs designated positions across 3 facilities.

(e) RANZCOG refers to basic training as CORE Training (Years 1–4) of the FRANZCOG Training Program.

(f) Includes training facilities available in NZ open to all trainees (119 available training sites in Australia).

Source: Medical colleges

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

Table 4.2: Advanced training: Positions/posts and facilities/programs by medical specialty, 2015

Medical specialty	College	Accreditation approach	
		Positions/Posts	Facilities/Programs
Addiction medicine	RACP	..	28
Adult medicine	RACP	..	⁽ⁱ⁾ 251
Anaesthesia	ANZCA	..	110
Anaesthesia – pain medicine	ANZCA	..	29
Dermatology ^(a)	ACD	^(c) 68	^(c) 45
Emergency medicine	ACEM	..	⁽ⁱ⁾ 136
General practice	RACGP	..	^(k) 2,416
	ACRRM	683	..
Intensive care medicine	CICM	^(d) 100	..
Medical administration	RACMA	^(e) 94	..
Obstetrics and gynaecology	RANZCOG	153	^(l) ..
Occupational and environmental medicine	RACP	⁽ⁱ⁾ 89	..
Ophthalmology	RANZCO	^(g) 59	..
Oral and maxillofacial surgery	RACDS	40	..
Paediatrics	RACP	..	^(m) 157
Palliative medicine ^(b)	RACP	..	..
Pathology	RCPA	307	348
Pathology and RACP (jointly)	RCPA/RACP	248	..
Psychiatry	RANZCP	..	61
Public health medicine	RACP	^(h) 145	100
Radiation oncology	RANZCR	108	45
Radiodiagnosis	RANZCR	428	110
Rehabilitation medicine	RACP	..	113
Sexual health medicine	RACP	..	28
Sport and exercise medicine	ACSP	41	..
Surgery	RACS	1,149	164

(a) Positions are not designated basic or advanced. Trainees are placed by the Director of training in each state. Figures do not include overseas postings.

(b) Palliative medicine sites are included with those from adult medicine.

(c) There are 9 IMG or Area of Need designated positions across 6 facilities and 3 Mohs designated positions across 3 facilities.

(d) Includes paediatric units.

- (e) Excludes Accelerated Pathway Candidates who are not required to undertake supervised training in an accredited position/post.
- (f) Training settings are not currently formally accredited for Occupational and Environmental Medicine however training positions are approved prospectively.
- (g) Includes year 3 and 4 trainees only who are in accredited posts. Trainees in year 5 (final year) do not have to be in accredited posts, instead they must have an individual program of training approved that is specific to their training needs or interests. This is often a Fellowship position in Australia or overseas.
- (h) Not all accredited public health medicine positions are currently occupied.
- (i) Number of individual sites/hospitals accredited. Each site may be accredited for a number of programs.
- (j) Includes training facilities available in NZ open to all trainees (119 available training sites in Australia).
- (k) Number of accredited General Practice facilities in 2015 training year. Some of these facilities may not have active trainees for whole or part of the training year. The number excludes non General Practice facilities like hospitals, speciality practices etc., where some AGPT registrars are placed for training. Figures were current as of 31 August 2015.
- (l) Advanced training posts are not officially accredited other than prospective approval of the post.
- (m) Number of individual sites/hospitals accredited. Each site may be accredited for a number of programs.

Source: Medical colleges and the Australian Government Department of Health

Vocational Training Data

In 2015, there were 20,069 vocational training positions/trainees (Table 4.3). The largest number was in general practice, which had 5,228 training positions/trainees. The second largest group was in adult medicine (4,554), followed by emergency medicine (2,172), paediatrics (1,467) and psychiatry (1,402).

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

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

Table 4.3: Vocational training positions/trainees by medical specialty, 2015

Medical specialty	Basic trainees	Advanced trainees	Total college trainees
Addiction medicine	..	20	20
Adult medicine	2,732	1,822	4,554
Anaesthesia	539	697	1,236
Anaesthesia – pain medicine	39	27	66
Dermatology ^(a)	46	^(a) 62	108
Emergency medicine	711	1,461	2,172
General practice			
– AGPT Program ^(b)	..	4,936	4,936
– ACRRM Independent Pathway	..	179	179
– RVTS ^(b)	..	113	113
Intensive care	..	383	383
Medical administration	..	104	104
Obstetrics and gynaecology	385	153	^(c) 538
Occupational and environmental medicine	..	89	89
Ophthalmology	53	^(d) 91	144
Oral and maxillofacial surgery	..	39	39
Paediatrics	754	713	1,467
Palliative medicine ^(c)	..	36	36
Pathology	..	307	307
Pathology and RACP (jointly)	..	248	248
Psychiatry	^(d) 1,000	^(a) 402	1,402
Public health medicine	..	77	77
Radiation oncology	..	108	108
Radiodiagnosis	..	428	428
Rehabilitation medicine	..	205	205
Sexual health medicine	..	13	13
Sport and exercise medicine	..	41	41
Surgery	..	^(b) 1,056	1,056
Total	6,259	13,810	20,069

- (a) Excludes trainees who have interrupted their training. Some positions are job shared between trainees.
- (b) Counts include both basic and advanced trainees together. Figures are for those enrolled in the 2015 training year and include those now withdrawn or fellowed. All figures were current as of 31 August 2015.
- (c) Includes Chapter trainees only. Excludes Chapter trainees in Clinical Diploma in Palliative Medicine as the training program is not leading to fellowship of RACP or AChPM.
- (d) Includes 472 in the 2003 Fellowship Program and 528 in Stage 1 and Stage 2 of the 2012 Fellowship Program.
- (e) Includes IMGs who are considered to be advanced trainees and trainees who are considered Post Training Candidates. Post Training Candidates do not hold a training position. However, they are considered trainees.
- (f) Includes 5th year trainees, 12 of which are completing their final year overseas.
- (g) Includes 231 fellows completing advanced training certificates post Fellowship.
- (h) Data excludes 54 trainees on approved interruption to training.
- (i) Includes trainees on leave from the training program. Figure does not include Overseas Trained Specialists – referred to as Specialist International Medical Graduates (SIMGs) by RANZCOG.

Source: Medical colleges and the Australian Government Department of Health

Basic Training

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

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

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

There were 6,259 basic trainees (Table 4.3), representing 31.2% of all vocational trainees in 2015. This represents a 1.7% decrease on the 6,367 basic vocational trainees in 2014, as all trainees from the College of Intensive Care Medicine of Australia and New Zealand (CICM) are now reported in the sections relating to advanced trainees.

Growth of over 123% from the 2,803 trainees undertaking basic vocational training in 2006 was mainly related to the introduction by many colleges of additional basic training as a pre-requisite of entry to advanced training as well as the requirement for RACP trainees in their first year of training to register with the college.

In 2015, adult medicine had the largest number (2,732) of basic trainees (Table 4.4).

Of the total number of basic trainees, 1,955 were in their first year. Over two-fifths (825 or 42.2%) of these basic trainees were in their first year of adult medicine. Nearly one-sixth (311 or 15.9%) were commencing their first year of basic training in emergency medicine and 14.6% (285) were commencing in psychiatry.

Table 4.4: Basic trainees and first-year basic trainees by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
All basic trainees									
Adult medicine	778	781	571	207	260	50	22	63	2,732
Anaesthesia	197	114	118	38	42	16	4	10	539
Anaesthesia – pain medicine	8	12	7	3	3	5	0	1	39
Dermatology	17	13	9	4	3	^(d) 0	^(d) 0	^(d) 0	46
Emergency medicine	235	159	155	41	82	18	8	13	711
Obstetrics and gynaecology	135	107	78	20	26	7	3	9	385
Ophthalmology	21	14	6	3	4	2	2	1	53
Paediatrics	227	184	155	55	96	16	9	12	754
Psychiatry	310	262	212	68	88	21	12	27	1,000
Total	1,928	1,646	1,311	439	604	135	60	136	6,259
First-year basic trainees									
Adult medicine ^(a)	254	259	180	51	46	11	7	17	825
Anaesthesia ^(b)	72	48	41	10	18	5	3	2	199
Anaesthesia – pain medicine ^(b)	8	12	7	3	3	5	0	1	39
Dermatology	9	4	3	0	3	^(d) 0	^(d) 0	^(d) 0	19
Emergency medicine	100	66	77	17	34	8	4	5	311
Obstetrics and gynaecology	31	25	17	6	6	2	0	3	90
Ophthalmology	11	7	2	1	2	2	2	0	27
Paediatrics ^(a)	39	37	37	9	29	2	3	4	160
Psychiatry ^(c)	86	77	60	24	23	6	1	8	285
Total	610	535	424	121	164	41	20	40	1,955

(a) First-year includes all trainees who have undertaken less than 12 months certified units.

(b) First-year basic trainees are counted by ANZCA as Introductory trainees. The introductory training period lasts six months and is followed by 1.5 years of basic training.

(c) The total number of first year trainees reflects the intake up until 31 July 2015 in Stage 1 of the 2012 Fellowship Program (FP). This is not the intake of new first-year trainees in 2015 but the overall number of trainees classified as being in Stage 1 of the 2012 FP.

(d) Trainees for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

Source: Medical colleges

In 2015, just over half (3,413 or 54.5%) of all basic trainees were females (Table 4.5). The specialty with the largest number of females was adult medicine, with 1,374 female basic trainees. However, the proportion of females was much higher in three particular specialties, obstetrics and gynaecology (81.6%), dermatology (76.1%) and paediatrics (73.3%).

Table 4.5: Female basic trainees by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Female basic trainees									
Adult medicine	399	427	251	106	127	18	12	34	1,374
Anaesthesia	91	47	52	18	19	7	0	5	239
Anaesthesia – pain medicine	2	6	3	2	1	2	0	0	16
Dermatology	13	8	7	4	3	0	0	0	35
Emergency medicine	119	80	77	19	42	6	4	6	353
Obstetrics and gynaecology	112	91	58	17	20	6	2	8	314
Ophthalmology	6	3	3	1	1	1	1	0	16
Paediatrics	165	135	116	43	68	10	8	8	553
Psychiatry	138	142	113	36	49	12	5	18	513
Total	1,045	939	680	246	330	62	32	79	3,413
Proportion of all basic trainees (%)									
Adult medicine	51.3	54.7	44.0	51.2	48.8	36.0	54.5	54.0	50.3
Anaesthesia	46.2	41.2	44.1	47.4	45.2	43.8	0	50.0	44.3
Anaesthesia – pain medicine	25.0	50.0	42.9	66.7	33.3	40.0	0	0	41.0
Dermatology	76.5	61.5	77.8	100.0	100.0	0	0	0	76.1
Emergency medicine	50.6	50.3	49.7	46.3	51.2	33.3	50.0	46.2	49.6
Obstetrics and gynaecology	83.0	85.0	74.4	85.0	76.9	85.7	66.7	88.9	81.6
Ophthalmology	28.6	21.4	50.0	33.3	25.0	50.0	50.0	0	30.2
Paediatrics	72.7	73.4	74.8	78.2	70.8	62.5	88.9	66.7	73.3
Psychiatry	44.5	54.2	53.3	52.9	55.7	57.1	41.7	66.7	51.3
Total	54.2	57.0	51.9	56.0	54.6	45.9	53.3	58.1	54.5

Source: Medical colleges

Trends in Basic Vocational Training

The figures are not comparable across years due to training program changes. This includes the introduction and removal of basic training in some specialties prior to commencing advanced training.

The total number of basic trainees decreased in 2015 from 2014, as the CICM no longer classifies their trainees as basic. Table 4.6 also shows that the proportion of female basic trainees has increased every year since 2011.

Table 4.6: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2011–2015

	Total college trainees	Basic training positions/trainees	Female basic trainees	Proportion female (%)	First-year basic trainees	Proportion first-year trainees (%)
2011	15,478	5,264	2,672	50.8	1,425	27.1
2012	16,740	5,744	2,962	51.6	1,805	31.4
2013	17,888	6,056	3,235	53.4	1,669	27.6
2014	19,158	6,367	3,433	53.9	1,666	26.2
2015	20,069	6,259	3,413	54.5	1,955	31.2
Change 2011–2015 (%)	29.7	18.9	27.7	7.4	37.2	15.4

Source: Medical colleges

The total number of basic trainees increased every year between 2011 and 2014 (Table 4.7). However, the number of basic trainees decreased in 2015 as the CICM no longer classifies their trainees as basic.

Three medical specialities in particular had large increases in the number of basic trainees between 2011 and 2015. These include psychiatry (51.3%), paediatrics (42.3%) and adult medicine (40%). Ophthalmology and dermatology remained relatively stable over the past five years.

Since 2012, there have not been any ACRRM Independent Pathway trainees recorded in Table 4.7 under basic training. This is due to doctors on this pathway being experienced and awarded recognised prior learning for the first year of training. Therefore, all data relating to ACRRM Independent Pathway trainees are reported in the sections related to advanced training.

Table 4.7: Basic training positions/trainees by medical specialty, 2011–2015

Medical specialty	2011	2012	2013	2014	2015	Change 2011–2015 (%)
Adult medicine	1,951	2,197	2,475	2,699	2,732	40.0
Anaesthesia	617	615	555	543	539	-12.6
Anaesthesia – pain medicine	na	na	na	na	39	..
Dermatology	44	42	46	45	^(c) 46	4.5
Emergency medicine	785	821	727	756	711	-9.4
General practice						
– ACRRM Independent Pathway ^(a)	141	0	0	0	..	..
Intensive care medicine	152	192	199	208	^(d)..	..
Obstetrics and gynaecology	330	354	356	376	385	16.7
Ophthalmology	53	55	53	54	53	0
Paediatrics	530	664	812	818	754	42.3
Psychiatry	661	804	833	^(b) 868	^(e) 1,000	51.3
Total	5,264	5,744	6,056	6,367	6,259	18.9

(a) In 2011 ACRRM reported those in Primary Rural and Remote Training as basic trainees, now reported as advanced trainees.

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

(c) Excludes trainees who have interrupted their training.

(d) From 2015, all intensive care medicine trainees are classified as advanced.

(e) Includes trainees who are considered Post Training Candidates. Post Training Candidates do not hold a training position, however, they are considered trainees.

Source: Medical colleges

The basic trainee numbers by states and territories (Table 4.8) show that numerically the increases in 2015 compared with 2011 were greatest in New South Wales (420) and Victoria (258). As a proportion, the growth was greatest in Northern Territory (42.9%), followed by New South Wales (27.9%) and the Australian Capital Territory (27.1%).

The number of basic trainees in all jurisdictions increased each year between 2011 and 2015, though the size of the increase varies according to jurisdiction size and available training capacity. Some of these increases have been minor, particularly in small jurisdictions, however, these increases are consistent with their size and available training capacity.

Table 4.8: Basic training positions/trainees by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
2012	1,607	1,548	1,285	478	537	134	46	109	5,744
2013	1,710	1,603	1,382	469	583	132	53	124	6,056
2014	1,824	1,650	1,414	476	644	146	66	147	6,367
2015	1,928	1,646	1,311	439	604	135	60	136	6,259
Change 2011–2015 (%)	27.9	18.6	10.3	4.8	25.6	3.8	42.9	27.1	18.9

Source: Medical colleges

The number of first-year basic trainees grew steadily for most medical specialities between 2011 and 2015. Adult medicine increased its intake of first-year basic trainees by over two-fifths from 583 in 2011 to 825 in 2015 (Table 4.9).

Table 4.9: First-year basic trainees by medical specialty, 2011–2015

Medical specialty	2011	2012	2013	2014	2015	Change 2011–2015 (%)
First-year basic trainees						
Adult medicine	583	610	585	662	^(a) 825	41.5
Anaesthesia	321	314	215	201	199	-38.0
Anaesthesia – pain medicine	na	na	na	na	39	..
Dermatology	20	26	22	26	^(b) 19	-5.0
Emergency medicine	..	240	241	277	311	..
Intensive care medicine	7	9	28	5	^(c) ..	..
Obstetrics and gynaecology	87	83	89	88	90	3.4
Ophthalmology	26	28	25	23	27	3.8
Paediatrics	142	181	151	168	^(a) 160	12.7
Psychiatry	239	314	313	216	285	19.2
Total	1,425	1,805	1,669	1,666	1,955	37.2

(a) First-year includes all trainees that have undertaken less than 12 months of certified units.

(b) Excludes trainees who have interrupted their training.

(c) From 2015 all intensive care trainees are classified as advanced.

Source: Medical colleges

Table 4.10 shows the numbers of first-year basic trainees in each state and territory for the period 2011 to 2015. Overall, first year basic trainees have increased by over a third from 1,425 in 2011 to 1,955 in 2015, an increase of 37.2%.

Table 4.10: First-year basic trainees by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
First-year basic trainees									
2011	387	410	298	124	130	39	15	22	1,425
2012	407	545	420	146	190	50	17	30	1,805
2013	397	494	402	132	154	38	15	37	1,669
2014	391	505	397	122	153	47	15	36	1,666
2015	610	535	424	121	164	41	20	40	1,955
Change 2011–2015 (%)	57.6	30.5	42.3	-2.4	26.2	5.1	33.3	81.8	37.2

Source: Medical colleges

Table 4.11 reports on proportion of female basic trainees in each specialty. The table highlights the fluctuations in the number of female basic trainees in specialties from one year to another. The overall proportion of female basic trainees has increased year on year from 2011 to 2015. Since 2011 the proportion of female basic trainees has comprised over half of all basic trainees.

Table 4.11: Proportion of female basic trainees by medical specialty, 2011–2015

Medical specialty	2011	2012	2013	2014	2015	Change 2011–2015 (%)
Proportion female (%)						
Adult medicine	49.9	48.9	49.5	49.2	50.3	0.8
Anaesthesia	45.9	46.0	45.8	44.2	44.3	-3.4
Anaesthesia – pain medicine	na	na	na	na	41.0	..
Dermatology	63.6	45.2	56.5	66.7	^(c) 76.1	19.7
Emergency medicine	39.4	42.4	42.9	45.4	49.6	26.0
General practice – ACRRM Independent Pathway ^(a)	16.3	..	..	..	..	..
Intensive care medicine	24.3	32.2	40.2	40.4	^(d)..	..
Obstetrics and gynaecology	77.6	79.0	80.6	81.6	81.6	5.1
Ophthalmology	43.4	41.8	34.0	35.2	30.2	-30.4
Paediatrics	70.6	72.7	71.4	72.9	73.3	3.9
Psychiatry	55.4	53.4	54.5	^(b) 56.1	51.3	-7.4
Total	50.8	51.6	53.4	53.9	54.5	7.3
Total female trainees	2,672	2,962	3,235	3,433	3,413	27.7

- (a) In 2011, ACRRM reported those in Primary Rural and Remote Training as basic trainees, now they are reported as advanced trainees.
- (b) Includes Stage 1 and Stage 2 trainees that started in the 2012 Fellowship program.
- (c) Excludes trainees who have interrupted their training.
- (d) From 2015, all intensive care trainees are classified as advanced.

Source: Medical colleges

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

Table 4.12: Proportion of female basic trainees by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8
2012	51.9	55.6	46.9	51.5	52.0	44.0	52.2	51.4	51.6
2013	53.6	57.0	48.8	53.9	53.9	45.5	58.5	58.9	53.4
2014	53.3	56.3	49.9	57.4	53.6	54.1	63.6	59.2	53.9
2015	54.2	57.0	51.9	56.0	54.6	45.9	53.3	58.1	54.5

Source: Medical colleges

Advanced Training

In 2015, there were 13,810 advanced vocational training positions/trainees in programs in Australia (Table 4.13). This constitutes two-thirds (68.8%) of the total number of vocational training positions/trainees. General practice had the highest number of advanced trainees (5,228), followed by adult medicine (1,822), emergency medicine (1,461) and surgery (1,056).

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, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	10	1	3	2	4	0	0	0	20
Adult medicine	580	536	320	154	135	38	19	40	1,822
Anaesthesia	188	186	168	45	76	11	7	16	697
Anaesthesia – pain medicine	10	6	6	2	1	1	0	1	27
Dermatology ^(a)	17	22	13	5	5	^(a) 0	^(a) 0	^(a) 0	62
Emergency medicine	426	353	353	98	170	21	22	18	1,461

Medical speciality	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
General practice									
– AGPT Program ^(b)	1,601	950	1,140	403	541	146	155	^(f) ..	4,936
– ACRRM Independent Pathway	57	15	74	4	19	4	6	0	179
– RVTS ^(b)	44	9	27	3	18	5	7	0	113
Intensive care medicine	124	100	71	30	43	4	6	5	383
Medical administration	29	24	27	1	14	3	3	3	104
Obstetrics and gynaecology	35	48	34	16	13	3	3	1	153
Occupational and environmental medicine	26	11	20	6	20	2	2	2	89
Ophthalmology	38	24	11	8	6	2	1	1	^(g) 91
Oral and maxillofacial surgery	7	12	8	4	4	1	1	2	39
Paediatrics	233	186	132	61	81	7	6	7	713
Palliative medicine ^(c)	5	16	8	3	3	1	0	0	36
Pathology	112	77	54	16	31	6	2	9	307
Pathology and RACP (jointly)	88	70	36	19	20	3	2	10	248
Psychiatry	150	109	74	29	27	7	2	4	^(h) 402
Public health medicine	18	19	8	5	9	3	5	10	77
Radiation oncology	46	21	22	8	5	2	0	4	108
Radiodiagnosis	135	107	87	41	40	7	0	11	428
Rehabilitation medicine	89	46	39	14	8	4	2	3	205
Sexual health medicine	5	4	1	1	2	0	0	0	13
Sport and exercise medicine	14	15	6	1	3	0	1	1	41
Surgery ^(d)	377	267	190	76	95	18	10	23	1,056
Total	4,464	3,234	2,932	1,055	1,393	299	262	171	13,810

(a) Excludes trainees who have interrupted their training. Includes IMGs who are considered to be advanced trainees and trainees who are considered Post Training Candidates. Post Training Candidates do not hold a training position, however, they are considered trainees.

(b) Counts include both basic and advanced trainees together. Figures are for those enrolled in the 2015 training year and include those now withdrawn or followed. All figures were current as of 31 August 2015.

(c) Includes Chapter trainees only. Excludes Chapter trainees in Clinical Diploma in Palliative Medicine as the training program is not leading to fellowship of RACP or AChPM.

(d) Excludes 54 trainees on approved interruption to training.

(e) Trainees for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

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

(g) Includes 12 trainees who are completing their final year of training overseas.

(h) Includes 231 fellows completing advanced training certificates post fellowship.

Source: Medical colleges and the Australian Government Department of Health

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

Table 4.14: Proportion of advanced training positions/trainees by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
	Proportion (%)							
Addiction medicine	50.0	5.0	15.0	10.0	20.0	0	0	0
Adult medicine	31.8	29.4	17.6	8.5	7.4	2.1	1.0	2.2
Anaesthesia	27.0	26.7	24.1	6.5	10.9	1.6	1.0	2.3
Anaesthesia – pain medicine	37.0	22.2	22.2	7.4	3.7	3.7	0	3.7
Dermatology	27.4	35.5	21.0	8.1	8.1	0	0	0
Emergency medicine	29.2	24.2	24.2	6.7	11.6	1.4	1.5	1.2
General practice								
– AGPT Program ^(a)	32.4	19.2	23.1	8.2	11.0	3.0	3.1	^(d) ..
– ACRRM Independent Pathway	31.8	8.4	41.3	2.2	10.6	2.2	3.4	0
– RVTS ^(a)	38.9	8.0	23.9	2.7	15.9	4.4	6.2	0
Intensive care medicine	32.4	26.1	18.5	7.8	11.2	1.0	1.6	1.3
Medical administration	27.9	23.1	26.0	1.0	13.5	2.9	2.9	2.9
Obstetrics and gynaecology	22.9	31.4	22.2	10.5	8.5	2.0	2.0	0.7
Occupational and environmental medicine	29.2	12.4	22.5	6.7	22.5	2.2	2.2	2.2
Ophthalmology	41.8	26.4	12.1	8.8	6.6	2.2	1.1	1.1
Oral and maxillofacial surgery	17.9	30.8	20.5	10.3	10.3	2.6	2.6	5.1
Paediatrics	32.7	26.1	18.5	8.6	11.4	1.0	0.8	1.0
Palliative medicine ^(b)	13.9	44.4	22.2	8.3	8.3	2.8	0	0
Pathology	36.5	25.1	17.6	5.2	10.1	2.0	0.7	2.9
Pathology and RACP (jointly)	35.5	28.2	14.5	7.7	8.1	1.2	0.8	4.0
Psychiatry	37.3	27.1	18.4	7.2	6.7	1.7	0.5	1.0
Public health medicine	23.4	24.7	10.4	6.5	11.7	3.9	6.5	13.0
Radiation oncology	42.6	19.4	20.4	7.4	4.6	1.9	0	3.7
Radiodiagnosis	31.5	25.0	20.3	9.6	9.3	1.6	0	2.6
Rehabilitation medicine	43.4	22.4	19.0	6.8	3.9	2.0	1.0	1.5
Sexual health medicine	38.5	30.8	7.7	7.7	15.4	0	0	0

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Sport and exercise medicine	34.1	36.6	14.6	2.4	7.3	0	2.4	2.4
Surgery	35.7	25.3	18.0	7.2	9.0	1.7	0.9	2.2
Total	32.3	23.4	21.2	7.6	10.1	2.2	1.9	1.2
Population proportion (%) ^(c)	32.0	24.9	20.1	7.2	10.9	2.2	1.0	1.6

(a) Counts include both basic and advanced trainees together. Figures are for those enrolled in the 2015 training year and include those now withdrawn or followed. All figures were current as of 31 August 2015.

(b) Includes Chapter trainees only. Excludes Chapter trainees in Clinical Diploma in Palliative Medicine as the training program is not leading to fellowship of RACP or AChPM.

(c) Population data from ABS. 3101.0 – Australian Demographics Statistics, March 2015. Released 24/09/2015.

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

Source: Medical colleges and the Australian Government Department of Health

First-year Advanced Trainees

In 2015, there were 3,904 first-year advanced vocational training positions/trainees (Table 4.15). The specialty with the most first-year advanced vocational training places was general practice (1,563), followed by adult medicine (700) and paediatrics (312).

Table 4.15: First-year advanced positions/trainees by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine ^(a)	3	0	1	0	0	0	0	0	4
Adult medicine ^(a)	225	197	137	55	52	12	7	15	700
Anaesthesia	56	48	42	13	20	4	2	6	191
Anaesthesia – pain medicine	10	6	6	2	1	1	0	1	27
Dermatology	4	10	5	0	2	0	0	0	21
Emergency medicine	80	35	73	14	26	6	6	2	242
General practice									
– AGPT Program ^(b)	485	282	353	140	174	36	59	^(d) ..	1,529
– ACRRM Independent Pathway ^(c)	..	..	..	.	..	..	..	..	..
– RVTS ^(b)	18	3	4	1	4	3	1	0	34
Intensive care medicine	6	8	8	2	4	1	2	1	32
Medical administration ^(d)	12	11	9	0	4	1	1	1	39
Obstetrics and gynaecology	19	30	18	9	7	1	3	0	87

Medical speciality	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Occupational and environmental medicine ^(a)	1	1	6	1	6	0	0	1	16
Ophthalmology	12	6	7	2	2	2	0	0	31
Oral and maxillofacial surgery	2	0	1	1	1	0	0	1	6
Paediatrics ^(a)	113	82	57	20	33	2	1	4	312
Palliative medicine ^(e)	2	8	3	3	1	0	0	0	17
Pathology	24	12	13	1	13	0	0	2	65
Pathology and RACP (jointly)	20	19	11	2	4	1	1	4	62
Psychiatry	29	9	15	2	8	0	0	2	65
Public health medicine ^(a)	9	6	1	2	6	1	2	3	30
Radiation oncology	7	5	3	1	4	1	0	1	22
Radiodiagnosis	31	19	13	9	8	4	0	0	84
Rehabilitation medicine ^(a)	23	9	16	5	3	3	2	2	63
Sexual health medicine ^(a)	1	0	1	0	1	0	0	0	3
Sport and exercise medicine	2	5	1	0	2	0	0	1	11
Surgery ^(f)	63	55	50	15	17	3	0	8	211
Total	1,257	866	854	300	403	82	87	55	3,904

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

(b) Counts include both basic and advanced trainees together. Figures are for those enrolled in the 2015 training year and include those now withdrawn or followed. All figures were current as of 31st August 2015.

(c) Figures cannot be provided due to the individual training requirements for these registrars following recognition of prior learning.

(d) Includes trainees in the Accelerated Program (1 year program).

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

(f) Excludes 14 trainees who deferred training commencement in 2014.

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

Source: Medical colleges and the Australian Government Department of Health

Female Trainees

Over half (7,399 or 53.6%) of all advanced vocational trainees were females (Table 4.16). This proportion was far higher in some specialties, with females comprising two-thirds or more of advanced vocational trainees in obstetrics and gynaecology (79.7%), paediatrics (74.9%) and public health medicine (68.8%).

A few specialties had a relatively low proportion of female trainees, with females comprising less than one-third of advanced vocational trainees in oral and maxillofacial surgery, intensive care and surgery.

Table 4.16: Female advanced trainees by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	5	0	1	1	1	0	0	0	8
Adult medicine	307	300	145	82	64	20	8	22	948
Anaesthesia	90	99	76	24	32	4	1	7	333
Anaesthesia – pain medicine	5	3	1	1	1	1	0	0	12
Dermatology ^(a)	5	15	7	2	4	^(b) 0	^(b) 0	^(b) 0	33
Emergency medicine	185	138	155	31	82	8	14	5	618
General practice									
– AGPT Program ^(b)	1,051	610	686	256	378	104	97	^(a) ..	3,182
– ACRRM Independent Pathway	16	7	12	0	5	1	4	0	45
– RVTS ^(b)	14	5	10	1	5	2	3	0	40
Intensive care medicine	39	37	24	9	12	0	1	1	123
Medical administration	11	11	9	1	7	1	1	2	43
Obstetrics and gynaecology	25	41	26	13	10	3	3	1	122
Occupational and environmental medicine	7	5	8	2	10	0	2	2	36
Ophthalmology	13	10	3	3	6	1	0	1	37
Oral and maxillofacial surgery	1	2	2	0	1	0	0	1	7
Paediatrics	181	141	88	51	57	4	5	7	534
Palliative medicine ^(c)	4	8	5	3	1	1	0	0	22
Pathology	68	50	32	12	22	3	2	9	198
Pathology and RACP (jointly)	54	47	20	13	7	2	1	7	151
Psychiatry ^(d)	75	58	33	18	17	1	0	1	203
Public health medicine	13	12	3	5	8	3	5	4	53
Radiation oncology	26	11	10	5	4	0	0	1	57

Medical speciality	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Radiodiagnosis	49	41	30	12	14	2	0	6	154
Rehabilitation medicine	49	32	26	10	5	4	2	2	130
Sexual health medicine	4	1	0	1	1	0	0	0	7
Sport and exercise medicine	5	5	2	0	1	0	0	1	14
Surgery ^(e)	109	76	51	21	17	3	5	7	289
Total	2,411	1,765	1,465	577	772	168	154	87	7,399

(a) Excludes trainees who have interrupted their training. Includes IMGs and trainees considered Post Training Candidates.

(b) Counts include both basic and advanced trainees together. Figures are for those enrolled in the 2015 training year and include those now withdrawn or followed. All figures were current as of 31 August 2015.

(c) Includes Chapter trainees only. Excludes Chapter trainees in Clinical Diploma in Palliative Medicine as the training program is not leading to fellowship of RACP or AChPM.

(d) Includes fellows completing advanced training certificates post fellowship.

(e) Excludes 25 trainees with approved interruption to training.

(f) Trainees for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

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

Source: Medical colleges and the Australian Government Department of Health

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 2015, there were 2,239 part-time advanced trainees across specialties. This represents nearly one-sixth (16.2%) of all advanced trainees (Table 4.17).

Part-time training was most common in sexual health medicine (76.9%), addiction medicine (45%) and general practice (29.6%) with over one-quarter of advanced vocational trainees undertaking part-time training.

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

Table 4.17: Advanced trainees undertaking part-time training by medical specialty and state/territory, 2015

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	5	1	1	0	2	0	0	0	9
Adult medicine	24	16	6	6	5	2	0	2	61
Anaesthesia	11	3	10	2	4	0	0	1	31
Anaesthesia – pain medicine	1	1	0	1	0	0	0	0	3
Dermatology	0	1	0	0	1	0	0	0	2
Emergency medicine	96	66	76	32	35	3	4	2	314
General practice									
– AGPT Program ^(a)	502	260	352	101	197	71	54	^(c) ..	1,537
– ACRRM Independent Pathway	0	0	0	0	0	0	0	0	0
– RVTS	4	1	2	0	1	0	2	0	10
Intensive care medicine	7	5	4	3	1	0	1	0	21
Medical administration	10	3	5	0	3	0	3	1	25
Obstetrics and gynaecology	4	6	2	3	3	1	1	0	20
Occupational and environmental medicine	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	1	0	1	0	0	0	2
Oral and maxillofacial surgery	0	0	0	0	0	0	0	0	0
Paediatrics	24	30	9	6	7	0	1	0	77
Palliative medicine ^(b)	0	3	2	1	0	0	0	0	6
Pathology	5	6	3	0	2	0	1	1	18
Pathology and RACP (jointly)	5	2	0	4	0	0	0	0	11
Psychiatry	6	9	5	3	5	0	0	0	28
Public health medicine	1	5	2	1	1	1	1	0	12
Radiation oncology	3	0	1	0	1	0	0	0	5
Radiodiagnosis	8	1	1	3	0	0	0	0	13
Rehabilitation medicine	7	3	3	2	0	2	0	0	17

Medical speciality	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Sexual health medicine	4	2	1	1	2	0	0	0	10
Sport and exercise medicine	0	1	0	0	0	0	0	0	1
Surgery	4	0	0	1	0	0	1	0	6
Total	731	425	486	170	271	80	69	7	2,239

(a) Registrars are part-time if their training time fell below 89% of a full-time equivalent registrar in either of the semesters for that training year. Figures are for those enrolled in the 2015 training year and include those now withdrawn or fellowed.

All figures were current as of 31st August 2015.

(b) Includes Chapter trainees only. Excludes Chapter trainees in Clinical Diploma in Palliative Medicine as the training program is not leading to fellowship of RACP or AChPM.

(c) ACT data included in NSW figures.

Source: Medical colleges and the Australian Government Department of Health

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 2015, there were 347 advanced trainees who discontinued training (Table 4.18), a slight decrease in the number of discontinuations from the previous year.

Table 4.18: Advanced trainee discontinuations by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2011	42	31	22	8	6	3	3	0	115
2012	^(a) 39	21	21	12	6	0	0	4	103
2013	^(a) 63	37	49	12	20	2	3	4	190
2014	^(a) 136	81	73	26	35	4	3	8	366
2015	^(a) 113	55	88	24	40	8	10	9	347

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

Source: Medical colleges and the Australian Government Department of Health

Subspecialty Training

Obstetrics and Gynaecology Subspecialties

In 2015, there were 19 trainees undertaking additional advanced training in the subspecialty of obstetrics and gynaecology, with the most common subspecialties being maternal and fetal medicine (36.8%), and reproductive endocrinology and infertility (26.3%). Over two-thirds of obstetricians and gynaecologists training in a subspecialty were females (Table 4.19).

Table 4.19: Obstetrics and gynaecology advanced trainees: Total, proportion of total and females by subspecialty, 2015

Subspecialty	Trainees	Proportion (%)	Females
Obstetrics and gynaecology ultrasound	2	10.5	1
Maternal and fetal medicine	7	36.8	6
Reproductive endocrinology and infertility	5	26.3	2
Gynaecological oncology	2	10.5	2
Urogynaecology	3	15.8	2
Total	19	100.0	13

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

Pathology Subspecialties

In 2015, there were 555 advanced trainees (Table 4.20) undertaking training with the Royal College of Pathologists of Australasia (RCPA). Nearly half of these trainees (245 or 44.1%) were within the subspecialty of anatomical pathology and almost a third (177 or 31.9%) in haematology. Over three-fifths (349 or 62.9%) of trainees were female.

Table 4.20: Pathology advanced trainees: Total, proportion of total and females by subspecialty, 2015

Subspecialty	Trainees	Proportion (%)	Females
Anatomical pathology	245	44.1	161
Chemical pathology	26	4.7	16
Forensic pathology	5	0.9	4
General pathology	10	1.8	6
Genetic pathology	6	1.1	0
Haematology	177	31.9	110
Immunopathology	25	4.5	14
Microbiology	60	10.8	38
Oral and maxillofacial pathology	1	0	0
Total	555	100.0	349

Source: Royal College of Pathologists of Australasia

Table 4.21 shows the number of training positions in the pathology subspecialties in each of the states and territories. New South Wales had the largest number of advanced trainees in 2015 (200 or 36%), followed by Victoria (147 or 26.5%).

Table 4.21: Pathology advanced trainees by subspecialty and state/territory, 2015

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Anatomical pathology	92	61	42	13	23	5	2	7	245
Chemical pathology	7	6	5	1	5	1	0	1	26
Forensic pathology	3	1	0	0	1	0	0	0	5
General pathology	5	2	2	0	1	0	0	0	10
Genetic pathology	3	1	0	1	1	0	0	0	6
Haematology	59	59	25	16	10	2	0	6	177
Immunopathology	12	4	2	1	3	0	0	3	25
Microbiology	18	13	14	3	7	1	2	2	60
Oral and maxillofacial pathology	1	0	0	0	0	0	0	0	1
Total	200	147	90	35	51	9	4	19	555

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

In 2015, there were 1,822 advanced physician trainees undertaking training with the Royal Australasian College of Physicians (RACP) in adult medicine (Table 4.22). From all the subspecialties, general medicine (633 or 34.7%) and geriatric medicine (260 or 14.3) had the largest numbers of advanced trainees.

Table 4.22: Physician adult medicine advanced trainees: Total, proportion of total and females by subspecialty, 2015

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	177	9.7	40
Clinical genetics	9	0.5	8
Clinical pharmacology	19	1.0	8
Endocrinology ^(a)	153	8.4	109
Gastroenterology	124	6.8	49
General medicine	633	34.7	281
Geriatric medicine	260	14.3	160
Haematology ^(b)	184	10.1	107
Immunology and allergy ^(c)	40	2.2	21
Infectious diseases ^(d)	154	8.5	102
Medical oncology	172	9.4	98
Nephrology	119	6.5	70
Neurology	100	5.5	48
Nuclear medicine	21	1.2	6
Palliative medicine ^(e)	85	4.7	58
Respiratory and sleep medicine	148	8.1	70
Rheumatology	48	2.6	33
Total^(f)	1,822	100.0	948

(a) Includes trainees in either the endocrinology or the joint endocrinology/chemical pathology training program.

(b) Includes trainees in either the clinical haematology or the joint haematology training program.

(c) Includes trainees in either the clinical immunology/allergy or the joint Immunology/allergy training program.

(d) Includes trainees in either the infectious diseases or the joint infectious diseases/microbiology training program.

(e) Only includes divisional advanced trainees in palliative medicine, does not include Chapter trainees.

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

Source: Royal Australasian College of Physicians

Table 4.23 shows the numbers of advanced training positions in adult medicine subspecialties in each of the states and territories. New South Wales (580 or 31.8%) and Victoria (536 or 29.4%) had the largest numbers and proportions of trainees.

Table 4.23: Physician adult medicine advanced trainees by subspecialty and state/territory, 2015

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiology	64	45	34	12	12	5	0	5	177
Clinical genetics	6	1	1	1	0	0	0	0	9
Clinical pharmacology	4	2	4	7	2	0	0	0	19
Endocrinology ^(a)	48	48	28	11	11	4	2	1	153
Gastroenterology	41	35	20	14	12	0	0	2	124
General medicine	92	230	153	53	52	24	15	14	633
Geriatric medicine	87	81	38	21	24	5	0	4	260
Haematology ^(b)	62	55	28	14	11	4	0	10	184
Immunology and allergy ^(c)	17	7	4	4	8	0	0	0	40
Infectious diseases ^(d)	40	40	39	7	11	8	6	3	154
Medical oncology	64	47	28	14	11	2	0	6	172
Nephrology	39	38	20	5	7	2	4	4	119
Neurology	41	34	9	5	6	1	1	3	100
Nuclear medicine	10	4	3	0	3	0	0	1	21
Palliative medicine ^(e)	31	15	16	9	10	1	1	2	85
Respiratory and sleep medicine	47	40	27	16	10	2	3	3	148
Rheumatology	14	15	6	6	3	1	0	3	48
Total^(f)	580	536	320	154	135	38	19	40	1,822

- (a) Includes trainees training in either the endocrinology or the joint endocrinology/chemical pathology training program.
- (b) Includes trainees training in either the clinical haematology or the joint haematology training program.
- (c) Includes trainees training in either the clinical immunology/allergy or the joint immunology/allergy training program.
- (d) Includes trainees training in either the infectious diseases or the joint infectious disease/microbiology training program.
- (e) Only includes Divisional advanced trainees in palliative medicine, does not include Chapter trainees.
- (f) The totals are not cumulative sums of the figures above as some trainees are enrolled in multiple subspecialties (i.e. dual trainees).

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

In 2015, there were 713 advanced paediatric and child health trainees with the RACP's Paediatrics and Child Health Division (Table 4.24). Nearly three-quarters (534 or 74.9%) of these trainees were female.

The majority (659 or 92.4%) of all trainees were in general paediatrics.

Table 4.24: Physician paediatric and child health advanced trainees: Total, proportion of total and females by subspecialty, 2015

Subspecialty	Trainees	Proportion (%)	Females
Cardiology	14	2.0	3
Clinical genetics	22	3.1	18
Clinical pharmacology	3	0.4	2
Community child health	118	16.5	109
Endocrinology	28	3.9	22
Gastroenterology	14	2.0	10
General paediatrics	659	92.4	497
Haematology	16	2.2	12
Immunology and allergy ^(a)	27	3.8	21
Infectious diseases ^(b)	29	4.1	21
Medical oncology	30	4.2	25
Neonatal/perinatal medicine	99	13.9	59
Nephrology	11	1.5	8
Neurology	19	2.7	14
Nuclear medicine	0	0	0
Paediatric emergency medicine	63	8.8	41
Palliative medicine ^(c)	14	2.0	13
Respiratory and sleep medicine	29	4.1	21
Rheumatology	4	0.6	2
Total^(d)	713	100.0	534

(a) Includes trainees in either the clinical immunology/allergy or the joint immunology/allergy training program.

(b) Includes trainees in either the infectious diseases or the joint infectious diseases/microbiology training program.

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

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

Source: Royal Australasian College of Physicians

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

Table 4.25: Physician paediatric and child health advanced trainees by subspecialty and state/territory, 2015

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiology	2	6	3	1	2	0	0	0	14
Clinical genetics	7	9	2	2	1	0	0	1	22
Clinical pharmacology	0	2	1	0	0	0	0	0	3
Community child health	44	26	18	6	23	1	0	0	118
Endocrinology	9	3	6	3	6	0	0	1	28
Gastroenterology	3	6	3	0	2	0	0	0	14
General paediatrics	225	165	118	46	83	8	7	7	659
Haematology	4	4	4	3	1	0	0	0	16
Immunology and allergy ^(a)	8	5	4	6	4	0	0	0	27
Infectious diseases ^(b)	7	8	2	4	6	0	2	0	29
Medical oncology	8	8	6	6	2	0	0	0	30
Neonatal/perinatal medicine	24	28	18	13	12	1	1	2	99
Nephrology	5	3	2	0	1	0	0	0	11
Neurology	10	3	1	2	3	0	0	0	19
Nuclear medicine	0	0	0	0	0	0	0	0	0
Paediatric emergency medicine	14	18	19	5	4	0	3	0	63
Palliative medicine ^(c)	3	6	3	1	1	0	0	0	14
Respiratory and sleep medicine	14	6	4	1	3	1	0	0	29
Rheumatology	1	1	2	0	0	0	0	0	4
Total^(d)	233	186	132	61	81	7	6	7	713

(a) Includes trainees in either the clinical immunology/allergy or the joint immunology/allergy training program.

(b) Includes trainees in either the infectious diseases or the joint infectious diseases/microbiology training program.

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

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

Source: Royal Australasian College of Physicians

Surgical Subspecialties

In 2015, there were 1,056 surgical advanced trainees undertaking training with the RACS (Table 4.26). Females represented more than one-quarter of trainees (289 or 27.4%).

From the nine subspecialties, general surgery (436 or 41.3%) and orthopaedic surgery (224 or 21.2%) had the highest numbers of trainees.

Table 4.26: Surgical advanced trainees: Total, proportion of total and females by subspecialty, 2015

Subspecialty	Trainees	Proportion (%)	Females
Cardiothoracic surgery	33	3.1	5
General surgery	436	41.3	159
Neurosurgery	51	4.8	11
Orthopaedic surgery	224	21.2	21
Otolaryngology, head and neck surgery	67	6.3	22
Paediatric surgery	25	2.4	14
Plastic and reconstructive surgery	80	7.6	26
Urology	107	10.1	25
Vascular surgery	33	3.1	6
Total^(a)	1,056	100.0	289

(a) Data excludes 54 trainees on approved interruption to training.

Source: Royal Australasian College of Surgeons

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

Table 4.27: Surgical advanced trainees by subspecialty and state/territory, 2015

Subspecialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Cardiothoracic surgery	12	9	4	4	3	1	0	0	33
General surgery	166	115	72	24	37	8	6	8	436
Neurosurgery	18	12	10	3	3	2	0	3	51
Orthopaedic surgery	80	48	42	18	25	4	1	6	224
Otolaryngology, head and neck surgery	21	17	13	7	6	0	1	2	67
Paediatric surgery	9	5	5	2	2	0	1	1	25
Plastic and reconstructive surgery	24	23	13	8	10	1	1	0	80
Urology	35	31	25	6	7	1	0	2	107
Vascular surgery	12	7	6	4	2	1	0	1	33
Total^(a)	377	267	190	76	95	18	10	23	1,056

(a) Data excludes 54 trainees on approved interruption to training.

Source: Royal Australasian College of Surgeons

Trends in Advanced Training

The total number of advanced training positions/trainees increased by over 35% between 2011 and 2015 (Table 4.28). The proportion of female advanced trainees increased across the five years to its highest level of 53.6% in 2015. The number of part-time advanced trainees increased to its highest level in 2015 with 2,229 trainees.

Table 4.28: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 2011–2015

	Total college trainees	Advanced training positions/trainees	Female advanced trainees	Proportion female (%)	Part-time advanced trainees	Proportion part-time (%)
2011	15,478	10,214	5,116	50.1	1,416	13.9
2012	16,740	10,996	5,536	50.3	1,220	11.1
2013	17,888	11,832	6,160	52.1	1,576	13.3
2014	19,158	12,791	6,733	52.6	2,075	16.2
2015	20,069	13,810	7,399	53.6	2,229	16.1
Change 2011–2015 (%)	29.7	35.2	44.6	7.0	57.4	16.4

Source: Medical colleges and the Australian Government Department of Health

Over the five years from 2011 to 2015, training numbers increased in the majority of medical specialities (Table 4.29). The largest increase in the number of advanced trainees was in general practice with an increase of 2,213 trainees. This was followed by emergency medicine and adult medicine, showing increases of 371 and 353 trainees respectively.

Table 4.29: Advanced training positions/trainees by medical specialty, 2011–2015

Medical specialty	2011	2012	2013	2014	2015	Change 2011–2015 (%)
Addiction medicine	13	18	24	22	20	53.8
Adult medicine	1,469	1,468	1,513	1,699	1,822	24.0
Anaesthesia	566	609	657	664	697	23.1
Anaesthesia – pain medicine	58	59	65	66	27	-53.4
Dermatology	54	57	49	54	^(s) 62	14.8
Emergency medicine ^(a)	1,090	1,204	1,339	1,355	1,461	34.0
General practice						
– AGPT Program ^(b)	2,948	3,289	3,932	4,315	4,936	67.4
– ACRIM Independent Pathway	6	^(g) 156	155	171	179	2,883.3
– RVTS	61	71	87	103	113	85.2
Intensive care medicine	312	302	281	336	383	22.8
Medical administration	86	98	⁽ⁱ⁾ 107	⁽ⁱ⁾ 115	⁽ⁱ⁾ 104	20.9
Obstetrics and gynaecology	143	^(h) 133	^(h) 159	^(h) 165	^(h) 153	7.0
Occupational and environmental medicine	80	84	102	92	89	11.3
Ophthalmology	^(d) 86	^(d) 80	^(m) 90	^(p) 90	^(u) 91	5.8
Oral and maxillofacial surgery	..	38	38	38	39	..
Paediatrics ^(a)	640	593	556	662	713	11.4
Palliative medicine	71	24	80	^(q) 28	^(q) 36	-49.3
Pathology	314	314	301	307	307	-2.2
Pathology and RACP (jointly)	173	208	213	236	248	43.4
Psychiatry	^(e) 368	^(l) 417	⁽ⁿ⁾ 418	^(r) 418	^(v) 402	9.2
Public health medicine	72	61	81	81	77	6.9
Radiation oncology	137	141	122	117	108	-21.2
Radiodiagnosis	366	372	364	410	428	16.9
Rehabilitation medicine	162	177	191	202	205	26.5
Sexual health medicine	7	10	20	13	13	85.7
Sport and exercise medicine	27	28	^(o) 30	41	^(w) 41	51.9
Surgery ^(c)	^(f) 966	^(k) 1,094	983	1,094	^(x) 1,056	9.3
Total	10,275	11,105	11,957	12,894	13,810	34.4

- (a) Emergency medicine and paediatrics both account for trainees undertaking paediatric emergency medicine.
- (b) Until the end of 2014, the AGPT program was managed by GPET, which was owned and funded by the Australian Government.
- (c) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
- (d) Includes 6 trainees who were completing their final year of training overseas.
- (e) Includes 170 fellows undertaking subspecialty training.
- (f) Total number of surgical trainees in 2011 was 1,167, including 966 Australian, 180 New Zealand and 21 overseas trainees.
- (g) Excludes 4 trainees living overseas. The definition of what counted as advanced training changed in 2012, hence the significant change in the number of posts.
- (h) Includes advanced Australian trainees who were undertaking FRANZCOG training only and not overseas trained specialists (referred to by the college as SIMG) who were also undertaking RANZCOG advanced training as a requirement to obtain college fellowship.
- (i) Includes 11 trainees who were completing their final year of training overseas.
- (j) Includes 229 fellows in subspecialty training.
- (k) Includes 183 New Zealand, 7 overseas accredited training posts and 7 New Zealand and 2 overseas SET trainees on approved extended leave.
- (l) Excludes New Zealand and Hong Kong advanced trainees.
- (m) Includes 15 trainees who were completing their final year overseas.
- (n) Includes fellows completing advanced training certificates.
- (o) Excludes 9 trainees based overseas.
- (p) Includes 10 trainees who were completing their final year of training overseas.
- (q) Includes Chapter trainees only. Excludes Clinical Diploma Chapter trainees as the training program is not leading to fellowship of RACP or AChPM.
- (r) Includes 215 fellows in subspecialty training.
- (s) Includes IMGs and trainees considered Post Training Candidates.
- (t) Excludes New Zealand and Hong Kong advanced trainees.
- (u) Includes 12 trainees who were completing their final year of training overseas.
- (v) Includes 231 fellows completing advanced training certificates post fellowship.
- (w) Excludes 7 trainees based overseas.
- (x) Data excludes 54 trainees on approved interruption to training.

Source: Medical colleges and the Australian Government Department of Health

Advanced vocational training activity increased in all states and territories from 2011 to 2015 (Table 4.30). The number of trainees in the Australian Capital Territory fluctuated across the five years. It should be noted that the true picture of increases in the Australian Capital Territory is distorted because some specialties report these trainees with New South Wales figures.

Table 4.30: Advanced training positions/trainees by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	^(a) AUS
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
2012	3,580	2,769	2,244	888	983	239	178	151	10,996
2013	3,859	2,916	2,476	914	1,052	250	208	143	11,832
2014	4,203	3,160	2,634	969	1,205	264	203	153	12,791
2015	4,464	3,234	2,932	1,055	1,393	299	262	171	13,810
Change									
2011–2015 (%)	34.7	24.6	43.6	23.8	52.7	44.4	73.5	23.0	35.5

(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 the Australian Government Department of Health

Overall, the proportion of advanced vocational trainees who are females has shown small increases every year from 2011 to 2015. In 2015, over half (53.6%) of all advanced vocational trainees were females (Table 4.31).

The proportion of female advanced trainees has fluctuated over the years in most specialties, particularly those with smaller numbers of trainees. In spite of this variation, there were specialties that consistently had lower proportions of female trainees, such as oral and maxillofacial surgery, sport and exercise medicine, surgery, occupational and environmental medicine and intensive care medicine. In contrast, obstetrics and gynaecology, paediatrics, public health medicine, rehabilitation medicine, general practice and palliative medicine have maintained higher proportions of female advanced trainees of around three-fifths of trainees in most years.

Table 4.31: Proportion of female advanced trainees by medical specialty, 2011–2015

Medical specialty	2011	2012	2013	2014	2015	Change
						2011–2015 (%)
Proportion female (%)						
Addiction medicine	30.8	44.4	46.0	45.5	40.0	29.9
Adult medicine	43.0	45.6	48.0	50.7	52.0	21.0
Anaesthesia	43.1	44.0	44.9	47.6	47.8	10.8
Anaesthesia – pain medicine	27.6	38.9	52.3	42.4	44.4	61.0
Dermatology	61.1	73.7	63.3	50.0	53.2	-12.9
Emergency medicine	41.1	40.9	41.4	40.5	42.3	2.9
General practice						
– AGPT Program ^(a)	65.8	64.9	64.9	64.9	64.5	-2.0
– ACRRM Independent Pathway	33.3	27.5	25.0	18.1	25.1	-24.5
– RVTS	23.0	26.8	26.4	28.2	35.4	53.9
Intensive care medicine	26.9	30.5	32.7	32.1	32.1	19.4
Medical administration	41.9	39.8	40.2	37.4	41.3	-1.3
Obstetrics and gynaecology	60.1	65.4	69.2	74.5	79.7	32.7
Occupational and environmental medicine	21.3	20.2	24.5	31.5	40.4	89.9
Ophthalmology	38.4	23.8	40.0	42.2	40.7	5.9
Oral and maxillofacial surgery	na	7.9	7.9	10.5	17.9	..
Paediatrics	65.9	65.3	67.0	72.8	74.9	13.6
Palliative medicine	63.8	60.0	67.5	57.1	61.1	-4.2
Pathology	59.2	64.3	58.8	62.5	64.5	8.9
Pathology and RACP (jointly)	47.4	35.7	56.3	57.6	60.9	28.5
Psychiatry	63.0	55.6	55.0	50.7	50.5	-19.8
Public health medicine	52.8	67.0	65.0	72.8	68.8	30.4
Radiation oncology	51.8	56.7	53.2	51.3	52.8	1.9
Radiodiagnosis	31.4	46.5	34.0	37.6	36.0	14.6
Rehabilitation medicine	64.8	68.9	69.0	66.3	63.4	-2.1
Sexual health medicine	28.6	80.0	70.0	69.2	53.8	88.3
Sport and exercise medicine	22.2	25.0	20.5	22.0	34.1	53.8
Surgery	^(b) 23.8	25.5	28.1	27.5	27.4	15.0
Total (%)	49.9	50.4	52.0	52.6	53.6	7.4
Total female trainees	5,116	5,536	6,160	6,733	7,399	44.6

(a) Until the end of 2014, the AGPT program was managed by GPET, which was owned and funded by the Australian Government.

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

Source: Medical colleges and the Australian Government Department of Health

The proportion of female advanced trainees (Table 4.32) steadily increased in most state and territories during the five year period.

The Northern Territory consistently had the highest proportion of female trainees, with females making up about three-fifths of trainees in most years. The proportion of female trainees was considerably lower in the Australian Capital Territory compared to the other states and territories.

Table 4.32: Proportion of female advanced trainees by state/territory, 2011–2015

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.2
2012	52.7	50.8	46.8	50.2	50.9	52.7	60.1	35.8	50.3
2013	53.4	52.5	48.8	52.2	54.2	53.6	57.7	39.9	52.1
2014	54.0	53.4	49.4	50.9	53.8	55.3	58.6	45.1	52.6
2015	54.0	54.6	50.0	54.7	55.4	56.2	58.8	50.9	53.6

Source: Medical colleges and the Australian Government Department of Health

The number of part-time advanced trainees increased by 57.8% between 2011 and 2015 (Table 4.33). The number of part-time trainees tends to fluctuate from year to year in some medical specialities.

Table 4.33: Advanced trainees undertaking part-time training by medical speciality, 2011–2015

Medical speciality	2011	2012	2013	2014	2015
Addiction medicine	3	4	5	7	9
Adult medicine	63	55	48	63	61
Anaesthesia	25	45	24	21	31
Anaesthesia – Pain medicine	6	8	10	11	3
Dermatology	2	7	6	4	2
Emergency medicine ^{(a),(b)}	44	105	193	295	314
General practice					
– AGPT Program ^(c)	991	^(e) 715	1,020	1,368	1,537
– ACRRM Independent Pathway	0	0	0	0	0
– RVTS	3	5	5	8	10
Intensive care medicine	3	5	4	6	21
Medical administration	5	4	^(f) 9	25	25
Obstetrics and gynaecology	7	6	8	8	20
Occupational and environmental medicine	0	0	0	0	0
Ophthalmology	0	3	4	2	2

Medical speciality	2011	2012	2013	2014	2015
Oral and maxillofacial surgery	na	na	na	na	0
Paediatrics ^(a)	154	74	75	98	77
Palliative medicine	2	4	11	6	6
Pathology	18	28	15	20	18
Pathology and RACP (jointly)	1	5	9	7	11
Psychiatry	29	82	78	58	28
Public health medicine	17	16	7	23	12
Radiation oncology	2	5	5	8	5
Radiodiagnosis	13	8	11	14	13
Rehabilitation medicine	24	31	25	17	17
Sexual health medicine	4	5	7	5	10
Sport and exercise medicine	0	3	2	3	1
Surgery ^(d)	3	2	0	6	6
Total	1,419	1,225	1,581	2,083	2,239

- (a) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.
- (b) Numbers reflect trainees who have undertaken part-time training at any time during the first half of the year. This does not mean they have been in part-time training for the whole year.
- (c) Until the end of 2014, the AGPT program was managed by GPET, which was owned and funded by the Australian Government. Registrars are part-time if their training time fell below 89% of a full-time equivalent registrar in either of the semesters for that training year.
- (d) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
- (e) Due to a different methodology being used to calculate part-time trainees in the 17th report this figure was changed to 715 from 874 published in the 16th report.
- (f) Excludes the New Zealand and Hong Kong advanced trainees.

Source: Medical colleges and the Australian Government Department of Health

General Practice

General practitioners' training under the AGPT program is provided through 17 regional training providers (Beyond Medical Education and Southern GP Training each serves a territory that crosses over two states). Data from these providers are presented in Table 4.34. Nearly two-thirds of general practice registrars were female.

Table 4.34: General practice trainees: Registrars, first-year registrars and female registrars by state/territory and training consortium, 2015^(a)

Regional training provider	Registrars	Proportion registrars (%)	First-year registrars	Female registrars	Proportion female (%)
New South Wales and Australian Capital Territory					
Beyond Medical Education (NSW) ^(b)	129	8.1	33	81	62.8
CoastCityCountry Training Inc ^(c)	346	21.6	112	217	62.7
General Practice Training – Valley to Coast	232	14.5	61	152	65.5
GP Synergy	491	30.7	160	331	67.4
North Coast NSW General Practice Training Ltd	173	10.8	49	109	63.0
WentWest Ltd	230	14.4	70	161	70.0
Total NSW and ACT	1,601		485	1,051	65.6
Victoria					
Beyond Medical Education (VIC) ^(b)	159	16.7	39	100	62.9
Bogong Regional Training Network	129	13.6	45	70	54.3
Southern GP Training	258	27.2	72	168	65.1
Victorian Metropolitan Alliance	404	42.5	126	272	67.3
Total VIC	950		282	610	64.2
Queensland					
General Practice Training Queensland	611	53.6	176	383	62.7
Queensland Rural Medical Education	267	23.4	92	138	51.7
Tropical Medical Training	262	23.0	85	165	63.0
Total QLD	1,140		353	686	60.2
South Australia					
Adelaide to Outback Training Program	200	49.6	63	135	67.5
Sturt Fleurieu General Practice Education and Training	203	50.4	77	121	59.6
Total SA	403		140	256	63.5
Western Australia					
WAGPET Ltd	541	100.0	174	378	69.9
Total WA	541		174	378	69.9
Tasmania					
General Practice Training Tasmania	146	100.0	36	104	71.2
Total TAS	146		36	104	71.2

Regional training provider	Registrars	Proportion registrars (%)	First-year registrars	Female registrars	Proportion female (%)
Northern Territory					
Northern Territory General Practice Education Ltd	155	100.0	59	97	62.6
Total NT	155		59	97	62.6
Australia	4,936		1,529	3,182	64.5

- (a) Registrars may train within more than one regional training provider or state. The totals may not sum to the state totals and the state totals may not sum to the national total.
- (b) Beyond Medical Education serves an area that crosses over part of New South Wales and part of Victoria.
- (c) All training in ACT is included in the totals for CoastCityCountry Training Inc.

Source: The Australian Government Department of Health

Rural Pathway

In 2015, there were 2,459 registrars undertaking general practice training through the rural pathway.

The number of rural pathway registrars for each state and territory is shown in Table 4.35. The table also shows the percentage of all rural pathway registrars training in each jurisdiction. In 2015, the largest proportion of rural pathway registrars was trained in Queensland, followed by New South Wales/Australian Capital Territory and Victoria.

Table 4.35: General practice rural pathway trainees by state/territory, 2015

	NSW/ACT	VIC	QLD	SA	WA	TAS	NT	AUS
Number ^(a)	608	494	669	203	231	135	119	2,459
Proportion (%)	24.7	20.1	27.2	8.3	9.4	5.5	4.8	100.0

- (a) Includes both basic and advanced trainees together.

Source: Medical colleges and the Australian Government Department of Health

Medical College Examinations

This section provides information on the number of Australian vocational trainees who sat college or faculty examinations in 2014 and the number of trainees who successfully passed.

Current Data

Table 4.36 presents data on the number of trainees sitting their final or fellowship examinations and highlights the considerable variation in the pass rate across medical specialties and even for different examinations required by colleges for a particular specialty. Further information on the requirements of each college is provided under the heading 'Training Assessment' in Appendix B.

Table 4.36: Vocational trainees sitting a final or fellowship examination: Trainees sitting and proportion passing by medical specialty, 2014

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
Addiction Medicine	..	na	na	na
Adult medicine	..	na	na	na
Anaesthesia	Fellowship	285	214	75.1
Anaesthesia – pain medicine	Fellowship	42	32	76.2
Dermatology	^(c) Fellowship Written	20	17	85.0
	Fellowship Clinical	21	19	90.5
Emergency medicine	Fellowship	382	138	36.1
General practice	RACGP Fellowship Exam		^(d) 800	
	AKT	1,002	888	88.6
	KFP	1,009	832	82.5
	OSCE	919	836	91.0
	3 segments completed by 2014		^(d) 957	
ACRRM Fellowship Exam	MSF	41	37	90.2
	MiniCEX	112	96	85.7
	MCQ	136	99	72.8
	StAMPS	120	76	63.3
Intensive care medicine	Second Part General exam	75	41	54.7
	Second Part Paediatric exam	9	6	66.7
Medical administration	Oral Examination	43	29	67.4
Obstetrics and gynaecology ^(a)	Written	111	81	73.0
	Oral	96	81	84.0
Occupational and environmental medicine	Written	15	12	80.0
	Practical	12	8	66.7
Ophthalmology	RANZCO Advanced Clinical Exam (Written)	37	34	91.9
	RANZCO Advanced Clinical Exam (Clinical)	30	26	86.7
Oral and maxillofacial surgery	OMS Final Examination	12	11	91.7

Medical specialty	Examination	Trainees sitting	Trainees passing	Proportion passing (%)
Paediatrics	..	na	na	na
Palliative medicine	..	na	na	na
Pathology	Part II Examinations	112	92	82.1
Psychiatry	..	na	na	na
Public health medicine	Final Program Assessment	13	10	76.9
Radiation oncology	Phase 2 Written and Clinical Vivas	21	17	81.0
Radiodiagnosis	Part 2 FRANZCR Examination Written and Vivas	111	83	74.8
Rehabilitation medicine	Written Short-Answer	37	33	89.2
	Written MCQ	43	41	95.3
	Clinical	55	44	80.0
Sexual health medicine	Exit Assessment Interview	7	5	71.4
Sport and exercise medicine	Written	12	7	58.3
	Clinical	8	6	75.0
Surgery ^(b)	Fellowship	281	225	80.1

(a) Excludes overseas trained specialists referred to as Specialist International Medical Graduates (SIMGs) by RANZCOG and NZ trainees.

(b) Includes Australian, New Zealand, overseas and International Medical Graduate trainees.

(c) There were 4 trainees exempt from the written examination in 2014.

(d) Number of registrars who sat all three exams in 2014 calendar year.

(e) Data reflect number of registrars who completed their last Fellowship exam in 2014 calendar year. They may have sat exams prior to 2014.

Source: Medical colleges

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

Table 4.37: Vocational trainees undertaking additional examinations: Numbers and proportions passing by medical specialty, 2014

Medical specialty	Examination	Time held	Trainees sitting	Trainees passing	Proportion passing (%)
Adult medicine	Written	February	802	551	68.7
	Clinical	July	761	544	71.5
Anaesthesia	Primary Written		220	152	
	Primary Oral		152	127	57.7
Dermatology	Pharmacology	May	24	20	83.3
	Pharmacology	November	6	6	100.0
Emergency medicine	Primary – Anatomy	February/ August	435	324	74.5
	Primary – Pathology	February/ August	401	343	85.5
	Primary – Physiology	February/ August	436	330	75.7
	Primary – Pharmacology	February/ August	398	333	83.7
Intensive care medicine ^(a)	^(a) Viva	March/ September	386	283	73.3
	Part I	May and November	61	31	50.8
Ophthalmology	^(a) Ophthalmic sciences	2	29	27	93.1
	Ophthalmic Basic Competencies and Knowledge (OBCK)	2	29	27	93.1
Oral and maxillofacial surgery	Ophthalmic pathology	2	25	25	100.0
	The Surgical Sciences and Training (SST) Examination	May	12	9	75.0
Paediatrics	Written	February	237	164	69.2
	Clinical	July	238	181	76.1

Medical specialty	Examination	Time held	Trainees sitting	Trainees passing	Proportion passing (%)
Pathology	Basic pathology sciences	April	39	30	76.9
	Part 1	May/August	132	106	80.3
Psychiatry ^(b)	^(e) Case Histories	November	374	274	73.3
Basic training	Written	February/August	219	121	55.3
	Clinical (OSCE only)	April/September	164	136	82.9
Radiation oncology	Phase 1	Once	26	18	69.2
Radiodiagnosis	Part 1	Twice Yearly	98	66	67.3
Surgery ^(c)	Clinical Exam	May and September	203	186	91.6
	Surgical Science Exam (Generic)	May and September	254	174	68.5
	Surgical Science (Specialty Specific)	May and September	248	129	52.0

(a) Includes all trainees from the general intensive care and paediatric intensive care training programs.

(b) Figures reflect candidates competing the 2003 Fellowship program only. For the first time candidates in the 2012 Fellowship program sat the new written exam formats in 2014.

Pass rate for the Multiple Choice Questions paper was 74.5% (38 out of 51 candidates passed).

(c) Viva exam is sat after passing the first 4 components.

(d) The figure for the 5 ophthalmic sciences is calculated as the number of trainees who sat and passed all their exams at the 18 month point of their training (trainees may have attempted the exams more than once).

(e) Case Histories include the First Presentation Case and Psychological Methods Case.

Source: Medical colleges

Trends

Tables 4.38 and 4.39 provide data on the number of vocational trainees passing their final or fellowship examinations and how these vary as a proportion of the total sitting each year from 2010 to 2014. Some specialties show considerable variation from one year to the next in the numbers and proportions passing each year.

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

Table 4.38: Vocational trainees who passed final or fellowship examination by medical specialty, 2010–2014

Medical specialty	Examination	2010	2011	2012	2013	2014
Anaesthesia	Fellowship	169	176	229	212	214
Anaesthesia – Pain medicine	Fellowship	15	23	22	27	32
Dermatology	Fellowship Written	18	20	17	30	17
	Fellowship Clinical	16	19	17	25	19
Emergency medicine		76	83	116	131	138
General practice	^(a) RACGP Fellowship Exam	439	553	643	731	800
	AKT	..	..	672	743	888
	KFP	..	..	664	725	832
	OSCE	..	..	651	754	836
	ACRRM Fellowship Exam	..	..	..	..	..
	MSF	54	55	54	84	37
	MiniCEX	34	57	77	97	96
	MCQ	44	74	70	71	99
	StAMPS	47	35	63	64	76
Intensive care medicine	Second Part General exam	62	61	51	41	41
	Second Part Paediatric exam	7	5	11	2	6
Medical administration	Oral Examination	25	8	16	12	29
Obstetrics and gynaecology	Written	95	61	129	118	81
	Oral	77	77	78	117	81
Occupational and environmental medicine	Written	3	5	10	10	12
	Practical	5	5	8	14	8
Ophthalmology	RANZCO Advanced Clinical Exam	17	30	^(d) 23	^(e) 19	^(a) 31
Oral and maxillofacial surgery	OMS Final Examination	7	4	8	11	11

Medical speciality	Examination	2010	2011	2012	2013	2014
Pathology	Part II Examinations	87	93	92	93	92
Public health medicine	Final Program Assessment	9	7	7	15	10
Radiation oncology	Part II Written and Clinical Vivas	22	19	19	16	17
Radiodiagnosis	Part II FRANZCR Examination Written and Vivas	61	64	58	58	83
Rehabilitation medicine	Written	21	15	36	..	..
	Written Short-Answer	..	..	..	28	33
	Written MCQ	..	..	..	22	41
	Clinical	20	20	19	20	44
Sexual health medicine		..	2	0	0	5
Sport and exercise medicine		4	4	4	4	6
Surgery	Fellowship	^(b) 165	^(c) 178	^(c) 190	^(f) 221	^(h) 225

- (a) These figures were for the Training Program route only.
- (b) Excludes international medical graduates. There were 27 New Zealand trainees and 1 overseas trainee who also passed fellowship examination.
- (c) Excludes international medical graduates.
- (d) There are two components to this examination and both must be passed to progress. The figure of 23 represents those that passed both components.
- (e) There are two components to this examination and both must be passed to progress. This figure represents those that passed both components within the 2013 calendar year.
- (f) Includes 32 New Zealand trainees and 1 overseas trainee who also passed fellowship examination.
- (g) There are two components to this examination and both must be passed to progress. This figure represents those that passed both components within the 2014 calendar year.
- (h) Includes 33 New Zealand, 2 overseas and 22 International Medical Graduate trainees who passed fellowship examination.

Source: Medical colleges

Table 4.39: Proportion of vocational trainees sitting a final or fellowship examination who passed by medical specialty, 2010–2014

Medical specialty	Examination	2010	2011	2012	2013	2014
		Proportion passing (%)				
Adult medicine ^(a)	Written	68.2	68.7	69.9	69.6	68.7
	Clinical	69.7	70.4	69.5	70.5	71.5
Anaesthesia		84.9	76.9	81.8	81.5	75.1
Anaesthesia – pain medicine		78.9	82.0	78.6	81.8	76.2
Dermatology	Written	85.7	83.3	81.0	88.2	85.0
	Clinical	88.9	95.0	94.4	86.2	90.5
Emergency medicine		66.1	62.9	60.7	47.6	36.1
General practice	^(b) RACGP Fellowship Exam	92.6	87.2	89.6	..	..
	AKT	..	..	90.0	84.4	88.6
	KFP	..	..	89.5	83.4	82.5
	OSCE	..	..	92.5	92.7	91.0
	ACRRM Fellowship Exam	..	..	..	..	..
	MSF	80.6	62.5	100.0	94.4	90.2
	MiniCEX	77.3	87.6	92.0	87.4	85.7
	MCQ	62.9	77.0	81.0	74.7	72.8
	StAMPS	78.3	43.2	58.0	60.4	63.3
	Intensive care medicine	General	56.4	56.0	60.7	41.8	54.7
	Paediatric	53.8	50.0	84.6	50.0	66.7
Medical administration		86.2	36.0	61.5	75.0	67.4
Obstetrics and gynaecology	Written	64.2	44.5	78.2	79.7	73.0
	Oral	86.5	76.2	74.3	67.2	84.0
Occupational and environmental medicine	Written	33.3	38.5	76.9	58.8	80.0
	Practical	55.6	45.5	72.7	82.4	66.7
Ophthalmology	Written	84.0	78.9	76.5	63.3	91.9
	Clinical	76.0	81.6	82.4	86.7	86.7
Oral and maxillofacial surgery	OMS Final Examination	87.5	66.6	72.7	91.7	91.7
Paediatrics ^(a)	Written	65.0	71.2	70.3	72.3	69.3
	Clinical	67.3	67.5	65.8	66.9	76.1
Pathology		89.7	90.0	89.3	86.9	82.1
Psychiatry		na	na	na	na	na
Public health medicine		69.2	54.0	63.6	75.0	76.9
Radiation oncology		78.6	76.0	63.3	66.7	81.0

Medical specialty	Examination	2010	2011	2012	2013	2014
Radiodiagnosis		67.0	76.2	63.7	66.7	74.8
Rehabilitation medicine	Written	72.4	58.0	92.3	na	na
	Written Short-Answer	na	na	na	84.8	89.2
	Written MCQ	na	na	na	66.7	95.3
	Clinical	66.7	69.0	47.5	40.0	80.0
Sexual health medicine		2.0	66.0	na	na	71.4
Sport and exercise medicine	Written	44.4	66.7	80.0	38.1	58.3
	Clinical	100.0	100.0	100.0	100.0	75.0
Surgery		^(c) 80.9	^(d) 65.7	^(d) 61.1	^(d) 66.0	^(c) 80.1

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

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

(c) Overall annual pass rate. A candidate may have attempted the fellowship examination more than once during the year.

(d) Individual pass rate. This counts all examination attempts made by a candidate during the year.

Source: Medical colleges

New College Fellows

Current Data

There were 2,993 new fellows of medical colleges in 2014. Of these, 1,399 or 46.7% were females (Table 4.40). Nearly one-fifth (557 or 18.6%) were overseas trained specialists who were assessed as having qualifications substantially comparable with specialists trained by the medical college in Australia and awarded fellowship of that college.

Table 4.40: New fellows: Total, females and overseas trained specialists by medical specialty, 2014

Medical specialty	Total	Proportion of all new fellows (%)	Females	Proportion female (%)	Overseas trained specialists	Proportion overseas trained specialists (%)
Addiction medicine	2	0.1	2	100.0	0	0
Adult medicine	307	10.3	111	36.2	44	14.3
Anaesthesia	208	6.9	75	36.1	42	20.2
Anaesthesia – pain medicine	27	0.9	9	33.3	0	0
Dermatology	31	1.0	25	80.6	7	22.6
Emergency medicine	137	4.6	61	44.5	21	15.3
General practice						
– RACGP	^(a) 1,283	42.9	^(b) 660	51.4	^(c) 256	20.0
– ACRRM	74	2.5	23	31.1	6	8.1
Intensive care medicine	40	1.3	6	15.0	2	5.0
Medical administration	28	0.9	10	35.7	0	0
Obstetrics and gynaecology	99	3.3	63	63.6	34	34.3
Occupational and environmental medicine	9	0.3	0	0	1	11.1
Ophthalmology	37	1.2	11	29.7	11	29.7
Oral and maxillofacial surgery	9	0.3	0	0	0	0
Paediatrics	102	3.4	67	65.7	16	15.7
Palliative medicine	39	1.3	27	69.2	1	2.6
Pathology	53	1.8	32	60.4	10	18.9
Pathology and RACP (jointly)	42	1.4	22	52.4	0	0
Psychiatry	133	4.4	71	53.4	41	30.8
Public health medicine	12	0.4	6	50.0	0	0
Radiation oncology	17	0.6	13	76.5	3	17.6
Radiodiagnosis	79	2.6	26	32.9	24	30.4
Rehabilitation medicine	33	1.1	23	69.7	3	9.1
Sexual health medicine	5	0.2	4	80.0	2	40.0
Sport and exercise medicine	4	0.1	1	25.0	0	0
Surgery	183	6.1	51	27.9	33	18.0
Total	2,993	100.0	1,399	46.7	557	18.6

(a) This number includes 558 new fellows from non-AGPT Programs.

(b) This number includes 193 new female fellows from non-AGPT Programs.

(c) Includes Fellowship Ad Eundem Gradum (FAEG) OTDs from Hong Kong and Malaysia under the Specialist Pathway Program (SPP) working in Australia. It excludes the Aus/IMG status of Registrars, PER or PBA candidates.

Source: Medical colleges

Data on the state or territory in which new fellows resided are shown in Table 4.41. New South Wales had the biggest proportion of new fellows followed by Victoria.

Table 4.41: New fellows by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	0	1	1	0	0	0	0	0	2
Adult medicine	96	92	63	18	29	3	3	3	307
Anaesthesia	55	49	46	17	29	6	1	5	208
Anaesthesia – pain medicine	12	6	3	1	3	1	0	1	27
Dermatology	7	10	9	4	1	^(a) 0	^(a) 0	^(a) 0	31
Emergency medicine	37	29	30	7	21	6	4	3	137
General practice									
– RACGP	413	321	250	97	146	21	13	22	^(b) 1,283
– ACRRM	13	5	43	4	5	0	4	0	74
Intensive care medicine	10	10	10	3	6	0	1	0	40
Medical administration	11	7	6	0	3	0	0	1	28
Obstetrics and gynaecology	34	23	22	10	6	3	0	1	99
Occupational and environmental medicine	3	1	1	1	2	0	1	0	9
Ophthalmology	12	11	5	3	5	1	0	0	37
Oral and maxillofacial surgery	2	4	2	1	0	0	0	0	9
Paediatrics	37	25	19	4	10	1	4	2	102
Palliative medicine	14	9	3	8	3	1	1	0	39
Pathology	19	13	7	2	8	1	0	3	53
Pathology and RACP (jointly)	15	19	6	0	2	0	0	0	42
Psychiatry	45	36	27	6	13	3	0	3	133
Public health medicine	4	3	0	1	2	0	1	1	12
Radiation oncology	8	2	2	2	1	0	0	2	17
Radiodiagnosis	22	21	16	6	12	0	0	2	79
Rehabilitation medicine	10	12	7	3	1	0	0	0	33
Sexual health medicine	2	1	0	1	1	0	0	0	5
Sport and exercise medicine	0	3	0	0	1	0	0	0	4
Surgery	52	45	46	15	20	2	1	2	183
Total	933	758	624	214	330	49	34	51	2,993

(a) New fellows for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

(b) Includes 558 new fellows from non-AGPT Programs.

Source: Medical colleges

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

Table 4.42: Female new fellows by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	0	1	1	0	0	0	0	0	2
Adult medicine	35	35	20	9	9	1	1	1	111
Anaesthesia	19	22	13	8	7	2	0	4	75
Anaesthesia – pain medicine	5	1	1	0	2	0	0	0	9
Dermatology	6	7	8	4	0	^(a) 0	^(a) 0	^(a) 0	25
Emergency medicine	15	13	15	3	9	3	3	0	61
General practice									
– RACGP	225	162	138	45	65	11	4	10	660
– ACRRM	4	2	8	2	4	0	3	0	23
Intensive care medicine	1	4	0	0	1	0	0	0	6
Medical administration	5	0	3	0	1	0	0	1	10
Obstetrics and gynaecology	20	15	15	7	4	1	0	1	63
Occupational and environmental medicine	0	0	0	0	0	0	0	0	0
Ophthalmology	4	5	0	2	0	0	0	0	11
Oral and maxillofacial surgery	0	0	0	0	0	0	0	0	0
Paediatrics	29	18	11	2	2	0	3	2	67
Palliative medicine	10	8	1	6	1	1	0	0	27
Pathology	18	6	4	0	2	1	0	1	32
Pathology and RACP (jointly)	8	10	3	0	1	0	0	0	22
Psychiatry	21	20	13	4	10	2	0	1	71
Public health medicine	3	0	0	0	1	0	1	1	6
Radiation oncology	6	2	2	1	1	0	0	1	13
Radiodiagnosis	7	8	6	1	4	0	0	0	26
Rehabilitation medicine	8	8	4	2	1	0	0	0	23
Sexual health medicine	1	1	0	1	1	0	0	0	4
Sport and exercise medicine	0	1	0	0	0	0	0	0	1
Surgery	18	13	10	3	5	1	1	0	51
Total	468	362	276	100	131	23	16	23	1,399

(a) Female new fellows for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

Source: Medical colleges

Trends

Table 4.43 shows that the number of new fellows increased by 24.7% between 2010 (2,400) and 2014 (2,993). General practice had the largest increase in terms of absolute number over the five years, with 494 more new fellows in 2014 than 2010. In terms of proportional increases, the number of new fellows in palliative medicine increased by five and a half times (550%) during the same period.

Table 4.43: New fellows by medical specialty, 2010–2014

Medical specialty	2010	2011	2012	2013	2014	Change 2010–2014 (%)
Addiction medicine	3	1	4	3	2	-33.3
Adult medicine	346	362	456	438	307	-11.3
Anaesthesia	243	223	229	256	208	-14.4
Anaesthesia – pain medicine	17	12	19	14	27	58.8
Dermatology	26	21	20	23	31	19.2
Emergency medicine	77	78	135	115	137	77.9
General practice						
– RACGP	^(b) 835	^(c) 1,037	^(a) 1,216	^(b) 1,096	^(m) 1,283	53.7
– ACRRM	28	^(d) 38	63	85	74	164.3
Intensive care medicine	60	50	63	^(b) 52	40	-33.3
Medical administration	18	^(e) 14	19	13	28	55.6
Obstetrics and gynaecology	82	90	81	68	99	20.7
Occupational and environmental medicine	5	2	4	8	9	80.0
Ophthalmology	26	^(f) 29	^(b) 38	^(k) 36	37	42.3
Oral and maxillofacial surgery	na	4	8	11	9	..
Paediatrics	91	102	146	134	102	12.1
Palliative medicine	6	7	16	15	39	550.0
Pathology	94	88	99	^(b) 98	^(b) 95	1.1
Psychiatry	154	131	136	141	133	-13.6
Public health medicine	15	4	7	7	12	-20.0
Radiation oncology	13	22	20	23	17	30.8
Radiodiagnosis	54	77	115	100	79	46.3
Rehabilitation medicine	22	23	26	20	33	50.0
Sexual health medicine	0	3	3	3	5	..
Sport and exercise medicine	1	3	2	^(m) 2	4	300.0
Surgery ^(a)	184	212	217	193	183	-0.5
Total	2,400	2,633	3,142	2,954	2,993	24.7

- (a) Includes new fellows through SET program and overseas trained specialists that have been awarded fellowship.
- (b) An additional 151 new fellows who live overseas joined the college in 2010.
- (c) Excludes 96 new fellows who live overseas.
- (d) Excludes 2 new fellows who live overseas.
- (e) Includes 5 New Zealand and Hong Kong new fellows.
- (f) Includes 10 new fellows trained overseas.
- (g) Excludes 107 new fellows who live overseas.
- (h) Includes 13 overseas trained specialists.
- (i) Excludes 99 new fellows who live overseas.
- (j) Excludes 17 new fellows who live overseas.
- (k) Excludes 6 new fellows who live overseas.
- (l) Includes new fellows from pathology, and pathology and RACP (jointly).
- (m) Excludes 1 New Zealand new fellow.
- (n) Includes 558 new fellows from non-AGPT Programs.

Source: Medical colleges

Table 4.44 shows the states and territories in which new fellows resided. Every year between 2010 and 2014 the greatest concentration of new fellows was in New South Wales.

Table 4.44: New fellows by state/territory, 2010–2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2010	734	603	479	179	272	52	29	40	2,388
2011	744	713	603	198	242	45	31	41	2,617
2012	863	759	702	241	328	89	43	64	^(a) 3,103
2013	832	747	660	204	364	61	44	42	2,954
2014	933	758	624	214	330	49	34	51	2,993
Change									
2010–2014 (%)	27.1	25.7	30.3	19.6	21.3	-5.8	17.2	27.5	25.3

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

Source: Medical colleges

Table 4.45 shows that occupational and environmental medicine, surgery, intensive care medicine, ophthalmology, medical administration, ophthalmology, radiodiagnosis and anaesthesia-pain medicine generally had a lower proportion of female new fellows each year between 2010 and 2014.

The proportion of female new fellows varied year to year, particularly with smaller specialties such as sexual health medicine and sport and exercise medicine.

Table 4.45: Proportion of female new fellows by medical specialty, 2010–2014

Medical specialty	2010	2011	2012	2013	2014
	Proportion female (%)				
Addiction medicine	33.3	..	25.0	33.3	100.0
Adult medicine	37.6	37.0	39.9	42.7	36.2
Anaesthesia	32.5	31.8	41.5	42.2	36.1
Anaesthesia – pain medicine	29.4	33.3	15.8	35.7	33.3
Dermatology	53.8	57.1	65.0	52.2	80.6
Emergency medicine	44.2	34.6	45.2	38.3	44.5
General practice					
– RACGP	56.0	52.6	50.8	52.6	51.4
– ACRRM	39.3	23.7	31.7	32.9	31.1
Intensive care medicine	23.3	24.0	11.1	30.8	15.0
Medical administration	27.8	7.1	42.1	46.2	35.7
Obstetrics and gynaecology	56.6	63.3	54.3	60.3	63.6
Occupational and environmental medicine	20.0	0	50.0	0	0
Ophthalmology	30.8	10.3	28.9	30.6	29.7
Oral and maxillofacial surgery	na	na	na	0	0
Paediatrics	57.1	63.7	64.4	56.7	65.7
Palliative medicine	66.7	85.7	56.3	86.7	69.2
Pathology	47.6	59.3	55.7	50.9	60.4
Pathology and RACP (jointly)	48.4	37.9	51.7	44.2	52.4
Psychiatry	46.8	45.0	52.9	45.4	53.4
Public health medicine	53.3	75.0	57.1	71.4	50.0
Radiation oncology	53.8	50.0	45.0	65.2	76.5
Radiodiagnosis	24.1	29.9	31.3	32.0	32.9
Rehabilitation medicine	59.1	60.9	57.7	70.0	69.7
Sexual health medicine	0	100.0	33.3	33.3	80.0
Sport and exercise medicine	0	33.3	50.0	100.0	25.0
Surgery	14.1	15.1	19.4	19.2	27.9
Total	44.0	43.7	44.7	45.4	46.7
Female new fellows	1,057	1,149	1,402	1,341	1,399

Source: Medical colleges

While the proportion of female new fellows remained relatively stable over the period 2010 to 2014, the picture varied more at the state/territory level (Table 4.46). Most of this variation is due to fluctuations in relatively smaller numbers seen in some jurisdictions. For most jurisdictions the proportion of female new fellows was higher in 2014 than in 2010. The proportion of female new fellows for NSW increased every year over the five year period and in 2014 reached its highest level of 50.2%.

Table 4.46: Proportion of female new fellows by state/territory, 2010–2014

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
	Proportion female (%)								
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1
2011	44.4	47.7	41.1	41.9	35.5	60.0	29.0	53.7	43.8
2012	45.8	46.2	42.2	42.7	45.1	42.7	44.2	54.7	44.8
2013	49.4	46.1	40.3	48.5	42.6	45.9	45.5	42.9	45.4
2014	50.2	47.8	44.2	46.7	39.7	46.9	47.1	45.1	46.7

Source: Medical colleges

New Fellows by Subspecialty – Selected Colleges

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

Obstetrics and Gynaecology Subspecialties

Table 4.47: Obstetrics and gynaecology subspecialties: New fellows, females and proportion of females by subspecialty, 2014

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Obstetrics and gynaecology ultrasound	2	1	50.0
Maternal and fetal medicine	8	7	87.5
Reproductive endocrinology and infertility	6	2	33.3
Gynaecological oncology	3	3	100.0
Urogynaecology	3	2	66.7
Total	22	15	68.2

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

Pathology Subspecialties

Table 4.48: Pathology subspecialties: New fellows, females and proportion of females by subspecialty, 2014

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Anatomical pathology	43	26	60.5
Chemical pathology	2	1	50.0
Forensic pathology	2	1	50.0
Genetics pathology	1	1	100.0
Haematology	30	16	53.3
Immunopathology	5	2	40.0
Microbiology	12	7	58.3
Total	95	54	56.8

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

Table 4.49: Physician adult medicine subspecialties: New fellows, females and proportion of females by subspecialty, 2014

Subspecialty	New fellows ^(c)	Female new fellows ^(c)	Proportion female (%)
Cardiology	48	10	20.8
Clinical genetics	0	0	0
Clinical Haematology	2	0	0
Clinical Immunology & Allergy	0	0	0
Clinical pharmacology	1	0	0
Endocrinology	11	6	54.5
Endocrinology and chemical pathology	1	1	100.0
Gastroenterology	33	7	21.2
General medicine	67	22	32.8
Geriatric medicine	41	18	43.9
Haematology	23	11	47.8
Immunology and allergy	4	3	75.0
Infectious diseases	15	3	20.0
Infectious diseases and microbiology	8	3	37.5
Intensive care medicine	0	0	0
Medical oncology	29	12	41.4
Nephrology	13	6	46.2
Neurology	6	2	33.3
Nuclear medicine	2	2	100.0
Palliative medicine	13	9	69.2
Respiratory and sleep medicine ^(a)	34	14	41.2
Rheumatology	13	9	69.2
Total^(b)	^(d)307	^(d)111	36.2

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

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

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

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

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

Table 4.50: Physician paediatric and child health subspecialties: New fellows, females and proportion of females by subspecialty, 2014

Subspecialty	New fellows ^(c)	Female new fellows ^(c)	Proportion female (%)
Cardiology	4	1	25.0
Clinical genetics	2	1	50.0
Clinical pharmacology	0	0	0
Community child health	7	6	85.7
Endocrinology	4	4	100.0
Endocrinology and chemical pathology	0	0	0
Gastroenterology	3	1	33.3
General paediatrics	64	44	68.8
Haematology	0	0	0
Immunology and allergy	2	2	100.0
Infectious diseases	0	0	0
Intensive care medicine	0	0	0
Medical oncology	4	3	75.0
Neonatal/perinatal medicine	11	4	36.4
Nephrology	2	2	100.0
Neurology	1	1	100.0
Nuclear medicine	0	0	0
Paediatric emergency medicine	8	4	50.0
Palliative medicine	1	1	100.0
Respiratory and sleep medicine ^(a)	7	2	28.6
Rheumatology	2	2	100.0
Total^(b)	^(d) 102	^(d) 67	65.7

- (a) Includes fellows who completed training in thoracic medicine and thoracic and sleep medicine, sleep I and II.
- (b) The totals listed are not cumulative totals of the numbers presented above, as the list of specialties is not exhaustive.
- (c) Includes those that were admitted as an overseas trained physician.
- (d) Numbers reflect fellows within a sub-specialty. Due to fellows holding multiple sub-specialties, this is not a one-to-one relationship.

Source: Royal Australasian College of Physicians

Surgical Subspecialties

Table 4.51: Surgical subspecialties: New fellows, females and proportion of females by subspecialty, 2014

Subspecialty	New fellows	Female new fellows	Proportion female (%)
Cardiothoracic surgery	3	0	0
General surgery	66	17	25.8
Neurosurgery	12	6	50.0
Orthopaedic surgery	31	3	9.7
Otolaryngology, head and neck surgery	19	8	42.1
Paediatric surgery	5	4	80.0
Plastic and reconstructive surgery	15	5	33.3
Urology	20	5	25.0
Vascular surgery	12	3	25.0
Total	183	51	27.9

Source: Royal Australasian College of Surgeons

College Fellows

In 2014, there were 53,098 medical practitioners who were fellows of medical colleges (Table 4.52), over one-third (19,086 or 35.9%) were females.

Overall, new fellows represented 5.6% of all college fellows. This proportion varied across specialties, with the largest proportions of new fellows in palliative medicine (15.5%), anaesthesia – pain medicine (10%) and emergency medicine (8.6%).

Table 4.52: Fellows: Total, number and proportion of females, and new fellows and proportion of all fellows by medical specialty, 2014

Medical specialty	Fellows	Females	Proportion female (%)	New fellows	New fellows as a proportion of all fellows (%)
Addiction medicine	151	40	26.5	2	1.3
Adult medicine	7,004	2,122	30.3	307	4.4
Anaesthesia	4,163	1,177	28.3	208	5.0
Anaesthesia – pain medicine	270	61	22.6	27	10.0
Dermatology	531	242	45.6	31	5.8
Emergency medicine	1,601	517	32.3	137	8.6
General practice					
– RACGP	^(a) 18,472	^(c) 8,702	47.1	^(d) 1,283	6.9
– ACRRM	1,443	330	22.9	74	5.1
Intensive care medicine	703	120	17.1	40	5.7
Medical administration	329	106	32.2	28	8.5
Obstetrics and gynaecology	1,678	697	41.5	99	5.9
Occupational and environmental medicine	244	46	18.9	9	3.7
Ophthalmology	^(b) 924	183	19.8	37	4.0
Oral and maxillofacial surgery	181	16	8.8	9	5.0
Paediatrics	2,054	999	48.6	102	5.0
Palliative medicine	252	139	55.2	39	15.5
Pathology	1,258	545	43.3	53	4.2
Pathology and RACP (jointly)	552	206	37.3	42	7.6
Psychiatry	3,314	1,270	38.3	133	4.0
Public health medicine	405	169	41.7	12	3.0
Radiation oncology	335	141	42.1	17	5.1
Radiodiagnosis	1,842	474	25.7	79	4.3
Rehabilitation medicine	428	199	46.5	33	7.7
Sexual health medicine	115	63	54.8	5	4.3
Sport and exercise medicine	122	26	21.3	4	3.3
Surgery	4,727	496	10.5	183	3.9
Total	53,098	19,086	35.9	2,993	5.6

(a) Includes 13,520 fellows from non-AGPT Programs.

(b) Includes fellows working no more than 2 sessions per week, or undertaking locums for no more than 6 weeks per annum. This subset of fellows has not been reported in previous editions of the MTRP report.

(c) Includes 5,714 female fellows from non-AGPT Programs.

(d) Includes 558 new fellows from non-AGPT Programs.

Source: Medical colleges

Overall, the distribution of fellows across states and territories was similar to the distribution of the Australian population (Table 4.53).

Table 4.53: Fellows by medical speciality and state/territory, 2014

Medical speciality	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	62	29	23	13	13	7	1	3	151
Adult medicine	2,260	2,064	1,199	566	592	139	49	135	7,004
Anaesthesia	1,269	1,035	854	347	445	108	32	73	4,163
Anaesthesia – pain medicine	91	56	52	30	30	8	0	3	270
Dermatology	203	146	95	45	42	(c)0	(c)0	(c)0	531
Emergency medicine	406	419	369	102	203	46	28	28	1,601
General practice									
– RACGP	5,412	4,514	4,057	1,497	1,975	482	185	350	18,472
– ACRRM	388	227	454	165	123	37	32	17	1,443
Intensive care medicine	222	156	159	59	65	14	9	19	703
Medical administration	102	82	85	10	28	3	4	15	329
Obstetrics and gynaecology	525	457	335	130	150	40	13	28	1,678
Occupational and environmental medicine	76	53	36	26	35	6	1	11	244
Ophthalmology ^(a)	353	230	157	70	77	19	5	13	924
Oral and maxillofacial surgery	41	58	40	13	19	2	2	6	181
Paediatrics	687	530	363	151	232	31	25	35	2,054
Palliative medicine	93	57	40	25	20	12	2	3	252
Pathology	438	270	242	97	145	31	5	30	1,258
Pathology and RACP (jointly)	212	126	91	39	58	9	2	15	552
Psychiatry	1,020	955	622	288	298	56	13	62	3,314
Public health medicine	127	75	70	28	39	13	18	35	405
Radiation oncology	124	83	66	19	23	7	2	11	335
Radiodiagnosis	565	492	342	148	212	42	3	38	1,842

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Rehabilitation medicine	203	119	50	31	13	5	3	4	428
Sexual health medicine	57	24	15	7	6	1	0	5	115
Sport and exercise medicine	42	38	11	5	10	2	1	13	122
Surgery	1,553	1,259	891	400	420	95	27	82	4,727
Total	16,531	13,554	10,718	4,311	5,273	1,215	462	1,034	53,098
Proportion of total (%)	31.1	25.5	20.2	8.1	9.9	2.3	0.9	1.9	100.0
Population proportion (%) ^(b)	32.0	24.9	20.1	7.2	10.9	2.2	1.0	1.6	100.0

(a) Includes fellows working no more than 2 sessions per week, or undertaking locums for no more than 6 weeks per annum.

(b) Population data from ABS. 3101.0 – Australian Demographics Statistics, March 2015. Released 24/09/2015.

(c) Fellows for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

Source: Medical colleges

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

Table 4.54: Female fellows by medical specialty and state/territory, 2014

Medical specialty	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Addiction medicine	19	4	8	2	4	1	1	1	40
Adult medicine	702	682	330	160	151	40	13	44	2,122
Anaesthesia	357	296	236	91	132	33	7	25	1,177
Anaesthesia – pain medicine	23	14	12	6	4	2	0	0	61
Dermatology	96	70	40	25	11	^(a) 0	^(a) 0	^(a) 0	242
Emergency medicine	137	138	111	34	60	17	14	6	517
General practice									
– RACGP	2,573	2,141	1,866	665	905	247	114	191	8,702
– ACRRM	70	49	121	37	24	11	14	4	330
Intensive care medicine	45	30	21	4	10	1	4	5	120
Medical administration	36	24	25	3	5	1	2	10	106
Obstetrics and gynaecology	201	209	133	56	61	16	8	13	697
Occupational and environmental medicine	20	14	4	2	5	1	0	0	46
Ophthalmology	71	58	22	16	10	2	2	2	183
Oral and maxillofacial surgery	2	6	4	0	4	0	0	0	16
Paediatrics	330	281	167	65	112	9	14	21	999
Palliative medicine	61	29	16	16	10	6	1	0	139
Pathology	218	105	98	39	56	13	1	15	545
Pathology and RACP (jointly)	84	51	28	11	19	5	1	7	206
Psychiatry	375	365	238	115	120	20	8	29	1,270
Public health medicine	50	27	32	10	20	3	10	17	169
Radiation oncology	58	32	30	5	7	2	1	6	141
Radiodiagnosis	143	131	76	47	58	12	1	6	474
Rehabilitation medicine	93	59	22	14	9	2	0	0	199
Sexual health medicine	27	15	6	5	5	1	0	4	63
Sport and exercise medicine	12	7	1	1	3	0	0	2	26
Surgery	156	154	87	41	40	9	4	5	496
Total	5,959	4,991	3,734	1,470	1,845	454	220	413	19,086
Proportion of female fellows (%)	31.2	26.2	19.6	7.7	9.7	2.4	1.2	2.2	100.0

(a) Female fellows for TAS are represented in VIC, NT trainees in SA and ACT trainees in NSW.

Source: Medical colleges

Fellows by Subspecialty – Selected Colleges

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

Pathology Subspecialties

Table 4.55: Pathology fellows: Total, females and proportion of females by subspecialty, 2014

Subspecialty	Fellows	Female fellows	Proportion female (%)
Anatomical pathology	810	381	47.0
Chemical pathology	77	27	35.1
Forensic pathology	45	18	40.0
General pathology	79	16	20.3
Genetic pathology	17	6	35.3
Haematology	471	186	39.5
Immunopathology	104	30	28.8
Microbiology	201	86	42.8
Oral and maxillofacial pathology	6	1	16.7
Total	1,810	751	41.5

Source: Royal College of Pathologists of Australasia

Physician Adult Medicine Subspecialties

Table 4.56: Physician adult medicine fellows: Total, females and proportion of females by subspecialty, 2014

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiology	986	147	14.9
Clinical genetics	9	6	66.7
Clinical haematology	9	3	33.3
Clinical immunology and allergy	16	5	31.3
Clinical pharmacology	50	12	24.0
Endocrinology	458	248	54.1
Endocrinology/Chemical pathology	6	6	100.0
Gastroenterology	621	143	23.0
General medicine	745	172	23.1
Geriatric medicine	528	253	47.9
Haematology	363	132	36.4
Immunology and allergy	74	28	37.8
Infectious diseases	282	113	40.1
Infectious diseases and microbiology	43	21	48.8
Intensive care medicine	67	8	11.9
Medical oncology	509	230	45.2
Nephrology	396	133	33.6
Neurology	381	99	26.0
Nuclear medicine	166	45	27.1
Palliative medicine	90	65	72.2
Respiratory and sleep medicine ^(a)	518	136	26.3
Rheumatology	262	117	44.7
Total^(b)	^(c)7,004	^(c)2,122	30.3

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

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

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

Source: Royal Australasian College of Physicians

Physician Paediatric Subspecialties

Table 4.57: Physician paediatrics and child health fellows: Total, females and proportion of females by subspecialty, 2014

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiology	31	3	9.7
Clinical genetics	57	32	56.1
Clinical haematology	2	0	0
Clinical immunology and allergy	10	6	60.0
Clinical pharmacology	3	2	66.7
Community child health	83	73	88.0
Endocrinology	45	31	68.9
Endocrinology/Chemical pathology	0	0	0
General paediatrics	749	420	56.1
Gastroenterology	34	8	23.5
Haematology	19	10	52.6
Immunology and allergy	14	8	57.1
Infectious diseases	22	12	54.5
Infectious diseases and microbiology	3	0	0
Intensive care medicine	7	1	14.3
Medical oncology	46	20	43.5
Neonatal/Perinatal medicine	165	75	45.5
Nephrology	20	9	45.0
Neurology	46	20	43.5
Nuclear medicine	14	3	21.4
Paediatric child and adolescent psychiatry	6	4	66.7
Paediatric emergency medicine	87	49	56.3
Palliative medicine	5	4	80.0
Respiratory and sleep medicine ^(a)	62	28	45.2
Rheumatology	16	6	37.5
Total^(b)	^(c)2,054	^(c)999	48.6

(a) Figures for respiratory and sleep include fellows who completed training in thoracic medicine and thoracic and sleep medicine, Sleep I and II.

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

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

Source: Royal Australasian College of Physicians

Surgical Subspecialties

Table 4.58: Surgical fellows: Total, females and proportion of females by subspecialty, 2014

Subspecialty	Fellows	Female fellows	Proportion female (%)
Cardiothoracic surgery	178	9	5.1
General surgery	1,574	221	14.0
Neurosurgery	229	31	13.5
Orthopaedic surgery	1,223	43	3.5
Otolaryngology, head and neck surgery	440	57	13.0
Paediatric surgery	90	26	28.9
Plastic and reconstructive surgery	413	54	13.1
Urology	395	35	8.9
Vascular surgery	185	20	10.8
Total	4,727	496	10.5

Source: Royal Australasian College of Surgeons

Chapter 5

International Supply

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International Supply

Overseas trained medical professionals bring valuable skills and experience. They are a key component of Australia's health workforce, providing patients with access to care not only in rural and remote areas, but metropolitan and regional areas as well. Some may work in Australia on a temporary basis while many others go on to become permanent residents of Australia.

This chapter brings together the available data on medical practitioners who have trained overseas – their assessment by the Australian Medical Council (AMC), the Australian Health Practitioner Regulation Agency (AHPRA) and specialist medical colleges, and those with approved working visas issued by the Australian Government Department of Immigration and Border Protection.

International medical graduates must first apply to the Australian Government Department of Immigration and Border Protection for a visa under which they may work or continue their training in Australia. They are usually overseas when applying, but others who have already entered Australia can also apply. Applicants were assessed by the Australian Medical Council as to whether they were eligible to seek registration to practise medicine in Australia and then, if successful, apply through the Australian Health Practitioner Regulation Agency to be registered to practise nationally.

In 2012, the House of Representatives Standing Committee on Health and Ageing published *Lost in the Labyrinth*, a report on the inquiry into registration processes and support for overseas trained doctors. In response to this report, the AMC together with the Medical Board of Australia (MBA) and specialist medical colleges reviewed the processing of applications for assessment under the Competent Authority and Specialist pathways to remove any unnecessary obstacles or impediments to the efficient processing of assessments leading to registration. As a result, new procedures were implemented from 1 July 2014. Assessments through the Competent Authority Pathway are now processed by the AHPRA directly, rather than through the AMC, while applications for specialist assessment are processed by the medical colleges directly with the AMC undertaking the primary source verification of qualifications only.

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

Further information is available at the DoctorConnect website – <http://www.doctorconnect.gov.au>

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

Australian Government Department of Immigration and Border Protection Entry Processes

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

Until 30 June 2010, there were three subclasses of visas under which most medical practitioners entered Australia, namely Temporary Work (Skilled) visa (subclass 457), Medical Practitioner (Temporary) visa (subclass 422) and the Occupational Trainee visa (subclass 442). Subclasses 422 and 442 are presently closed to new applications.

Temporary Work (Skilled) visa (subclass 457)

The Temporary Work (Skilled) visa (subclass 457) is currently 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.

Medical Practitioner (Temporary) visa (subclass 422)

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

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

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

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

Occupational Trainee visa (subclass 442)

Since 24 November 2012, the Occupational Trainee visa (subclass 442) has not been open to new applicants. From this date people who have wanted to come to Australia on a temporary basis to undertake work based training, research activities or a professional development program have been required to apply for the new Training and Research visa (subclass 402).

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

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

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

Training and Research visa (subclass 402)

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

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

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

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

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

Further information is available at the Australian Government Department of Immigration and Border Protection website <https://www.border.gov.au/>

Current Data

In 2014–15, there were 2,820 primary visas granted to medical practitioners across the main subclasses – 457, 422 and 442/402 (Table 5.1).

The overall number of visas granted to medical practitioners in 2014–15 remains only marginally higher than the lowest level of grants for the past decade (2,650 in 2013–14), and 12.4% less than in 2010–11 (3,220), just five years earlier.

The trend in the types of visas issued over this period has altered dramatically. The bulk of those (2,540 or 89.9%) being granted are now under subclass 457. This reflects the phasing out of visa subclass 422, with the numbers decreasing to zero from 2011–12 from a high of 1,380 visas issued in 2005–06.

Table 5.1: Major classes of primary visa granted to medical practitioners^{(a),(b)}, 2010–11 to 2014–15

Visa subclass	2010–11	2011–12	2012–13	2013–14	2014–15	2014–15 Proportion of total (%)	Change 2013–14 to 2014–15 (%)
457	2,930	3,300	2,860	2,440	2,540	89.9	3.9
422 ^(c)	40	0	0	0	0	na	na
442/402	260	260	230	210	290	10.1	37.5
Total	3,220	3,560	3,090	2,650	2,820	100.0	6.5

(a) Figures are rounded to the nearest 10.

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

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

Source: The Australian Government Department of Immigration and Border Protection administrative data, 2015

In 2014–15 primary visas were granted to medical practitioners from all over the world (Table 5.2).

Many of those who applied to work in Australia in the 2014–15 program year came from the United Kingdom, Malaysia and India. Just over one-third (34.3%) of primary visas under the three main classes were granted to applicants from the United Kingdom. Just 8.5% and 7.8% of the medical practitioners granted visas came from Malaysia and India respectively.

This continues a recent trend whereby larger numbers of international recruits have come from a number of Asian countries compared to countries such as Canada, the United States of America and the Republic of Ireland. In 2014–15 under a third (29.3%) of all applications were granted to medical practitioners from Malaysia, India, Sri Lanka, Singapore, Iran and Pakistan (8.6%, 7.7%, 4.7%, 3.7%, 2.3% and 2.3% respectively of all visas under subclasses 457 and 402).

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

Table 5.2: Primary visas granted to medical practitioners by visa subclass: Top 10 citizenship countries^{(a),(b)}, 2014–15

Citizenship country	Visa subclass		Total	Proportion of total (%)
	457	442/402		
United Kingdom	930	30	970	34.3
Malaysia	220	30	240	8.6
India	200	20	220	7.7
Ireland, Republic of	160	10	170	6.0
Canada	140	10	150	5.2
Sri Lanka	120	10	130	4.7
Singapore	80	20	110	3.7
Iran	70	<5	70	2.3
Pakistan	60	10	70	2.3
United States of America	70	0	70	2.3
Other countries	500	150	640	22.8
Total	2,540	290	2,820	100.0

(a) Figures are rounded to the nearest 10.

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

Source: The Australian Government Department of Immigration and Border Protection administrative data, 2015

Table 5.3 shows the total number of medical practitioners who held each of the main subclasses of visa at the end of the 2013–14 and 2014–15 program years, with 4,330 medical practitioners holding visas in Australia in these subclasses at 30 June 2015. There was an increase of 0.3% on the 4,320 primary visa holders in Australia compared with 30 June 2014. This suggests a modest reversal of the downward trend in migration in recent years.

Table 5.3: Primary visa holders where the occupation is medical practitioner by visa subclass^(a), 2013–14 and 2014–15

Visa type	Visa holders at 30/06/2014	Visa holders at 30/06/2015	Change 2013–14 to 2014–15 (%)
457	4,140	4,100	-1.4
422	<5	0	-100.0
442/402	160	230	48.1
Total	4,320	4,330	0.3

(a) Figures are rounded to the nearest 10.

Source: The Australian Government Department of Immigration and Border Protection administrative data, 2015

Requirements for Practicing Medicine in Australia

Although national examinations for non-specialist international medical graduates have existed in Australia since 1978, state and territory governments have adopted different approaches to assessing some categories of Area of Need practitioners and specialists.

In July 2006, the Council of Australian Governments (COAG) agreed to the introduction of a nationally consistent assessment process for international medical graduates and overseas trained specialists. COAG gave Health Ministers the responsibility for implementing this decision, and a model for a national process was developed and submitted to Health Ministers on 12 December 2006. The final report on the agreed pathways was presented to the Australian Health Ministers' Advisory Committee (AHMAC) in October 2008.

This model outlines three main assessment pathways:

- Competent Authority Pathway;
- Standard Pathway (including the current Australian Medical Council examination and a workplace-based assessment pathway); and
- Specialist pathways for all specialties, including general practice:
 - Standard specialist assessment;
 - Area of Need assessment; and
 - Overseas trained specialist in specified training position.

The Competent Authority Pathway was implemented from 1 July 2007 and the first stage of the Standard Pathway (workplace-based assessment) for general practitioners and non-specialist hospital doctors was implemented the following year, from 1 July 2008.

The Australian Medical Council (AMC) is an independent national standards body which is responsible for processing all initial inquiries regarding assessment of international medical graduates and overseas trained specialists. It was established by Australian Health Ministers as a legal entity in 1985 and became a Company Limited by Guarantee in 2008.

With implementation of the National Registration and Accreditation Scheme (NRAS) in July 2010, the AMC responsibilities were expanded to cover the following:

- acting as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- developing accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia;
- assessing, using the approved accreditation standards, medical programs and the institutions that provide them – both those leading to general registration and those leading to specialist registration of graduates to practice medicine in Australia;
- assessing other countries' examining and accrediting authorities to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities have the knowledge, clinical skills and professional attributes to practice medicine in Australia;
- assessing the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration to practice medicine in Australia; and
- assessing the case of recognition of medical specialties.

Further details on assessment requirements that are common to each of the pathways and the specific requirements of each are provided below.

Common Assessment Requirements

Each of the pathways includes some or all of the following steps:

- assessment of English language proficiency at a nationally agreed level;
- primary source verification of qualifications;
- assessment against a position description with the level of assessment according to level of risk (for Area of Need positions);
- orientation within three months of starting employment and evidence of satisfactory completion of this submitted to the relevant medical board with the supervisor's three-month report; and
- access to continuing professional development.

Competent Authority Pathway

Competent Authorities are designated overseas-accredited medical training and licensing examination authorities that have been reviewed and approved against criteria developed by the AMC as competent to undertake a basic assessment of medical knowledge and clinical skills for the purposes of registration in Australia. One of the criteria used to recognise a Competent Authority is the extent to which the clinical context of the country in which it operates is consistent with the Australian context of health care. This is defined in terms of the pattern of disease, level of medical technology and the delivery of medical education and professional ethics. The Medical Board of Australia has approved the following examination authorities:

- General Medical Council (United Kingdom – for the PLAB examination or for graduates of GMC-accredited medical courses in the United Kingdom);
- Medical Council of Canada (LMCC);
- Educational Commission for Foreign Medical Graduates of the United States (USMLE);
- Medical Council of New Zealand (NZREX); and
- Medical Council of Ireland (graduates of medical courses in Ireland accredited by this Council).

International medical graduates undergo a pre-employment assessment of suitability for a position if required by the Medical Board of Australia. Where the MBA 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. International Medical Graduates eligible for the Competent Authority Pathway may apply for provisional registration.

In line with recommendations of the House of Representatives *Lost in the Labyrinth* report to streamline processes for the assessment of International Medical Graduates, the administration of IMG assessment for the Competent Authority pathway was passed over to the MBA/AHPRA and the assessment of overseas trained specialists to the relevant specialist medical colleges with effect from 1 July 2014.

Data for the period from 1 January 2014 to 30 June 2014 were provided by the AMC and for the period from 1 July 2014 to 31 December 2014 by the AHPRA. Data for the two six month periods are presented separately for the AMC and the AHPRA because of differences in approaches to collection.

Table 5.4a shows that, for the period 1 January 2014 to 30 June 2014, the AMC assessed a total of 587 applicants through the Competent Authority Pathway. During this period, a total of 595 applicants qualified for advanced standing.

A total of 503 AMC Certificates were issued during the period from 1 January 2014 to 30 June 2014. Of these, 75.7% of Certificates were granted to international medical graduates from the United Kingdom. Graduates from Ireland were the next highest represented group (12.1%), followed by graduates from India (4.8%).

Table 5.4a: International medical graduates: Applications assessment through Competent Authority Pathway by AMC, 1 January 2014 – 30 June 2014

Country of training ^(a)	PLAB ^(c)	MCC ^(d)	USMLE ^(e)	NZREX ^(f)	GMCUK ^(g)	MCI ^(h)	Total	Advanced standing Issued	Certificate issued
Canada	0	11	0	0	0	0	11	13	4
India	9	5	0	0	0	0	18	17	24
Ireland	0	0	0	0	0	36	64	40	61
South Africa	0	1	0	0	0	0	2	1	0
United Kingdom	1	0	1	0	372	0	408	443	381
USA	0	0	9	0	0	0	9	12	2
Other ^(b)	15	30	4	5	1	0	75	69	31
Total	25	47	14	5	373	36	587	595	503

(a) Data in this table covers the period 1 January 2014 to 30 June 2014 when this pathway was administered by the AMC. From 1 July 2014 the Competent Authority Pathway was administered by the MBA/AHPRA.

(b) Other includes: Afghanistan, Albania, Algeria, Antigua and Barbuda, Argentina, Armenia, Austria, Bahrain, Bangladesh, Belarus, Belize, Bolivia, Brazil, Bulgaria, Cayman Islands, Chile, China, Colombia, Croatia, Czech Republic, Democratic Republic of the Congo, Dominica, Dominican Republic, Egypt, Ethiopia, Fiji, France, Georgia, Germany, Ghana, Greece, Grenada, Guyana, Hong Kong, Hungary, Indonesia, Iran, Iraq, Israel, Italy, Jamaica, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malaysia, Mexico, Moldova, Myanmar, Nepal, Netherlands Antilles, Netherlands, Nigeria, Oman, Pakistan, Peru, Philippines, Poland, Romania, Russia, Saba, Saint Kitts and Nevis, Saint Lucia, Samoa, Saudi Arabia, Serbia, Sierra Leone, Singapore, Sint Eustatius, Sint Maarten, Slovakia, Somalia, South Korea, Spain, Sri Lanka, Sudan, Sweden, Syria, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, Ukraine, United Arab Emirates, Uzbekistan, Venezuela, Vietnam, Yemen, Zambia and Zimbabwe.

(c) Professional Linguistic Assessments Board Exam.

(d) Medical Council of Canada Exam.

(e) United States Medical Licensing Exam.

(f) New Zealand Registration Exam.

(g) General Medical Council of the United Kingdom Accreditation.

(h) Medical Council of Ireland Accreditation.

Source: The Australian Medical Council administrative data, 2015

Table 5.4b shows that, for the period 1 July 2014 to 31 December 2014, the AHPRA assessed a total of 470 applicants through the Competent Authority Pathway. Of these, 440 applicants were granted provisional registration.

Of the applicants who were granted provisional registration, 329 were from the United Kingdom (74.8%). International medical graduates from Ireland were the next highest represented group (11.1%).

Table 5.4b: International medical graduates: Applications assessment through Competent Authority Pathway by AHPRA, 1 July 2014 – 31 December 2014

Country of training	PLAB ^(b)	MCC ^(c)	USMLE ^(d)	NZREX ^(e)	GMCUK ^(f)	MCI ^(g)	Total number of applications	Provisional registration granted
Canada	0	6	0	0	0	0	6	6
India	18	1	1	0	0	0	20	12
Ireland	0	0	0	0	0	52	52	49
South Africa	0	1	0	0	0	0	1	0
United Kingdom	0	0	0	0	336	0	336	329
United States of America	0	0	14	0	0	0	14	12
Other ^(a)	18	10	4	9	0	0	41	32
Total	36	18	19	9	336	52	470	440

(a) Other includes: Armenia, Belize, Brazil, Czech Republic, Egypt, Fiji, Iran, Iraq, Jordan, Netherlands, Nigeria, Pakistan, Philippines, Poland, Romania, Russian Federation, Samoa, Sri Lanka, Sudan, Ukraine and Uzbekistan.

(b) Professional Linguistic Assessments Board Exam.

(c) Medical Council of Canada Exam.

(d) United States Medical Licensing Exam.

(e) New Zealand Registration Exam.

(f) General Medical Council of the United Kingdom Accreditation.

(g) Medical Council of Ireland Accreditation.

Source: The Australian Health Practitioner Regulation Agency administrative data, 2015

Standard Pathway

Doctors who are not eligible for either the Competent Authority or Specialist pathways are assessed through the Standard Pathway. The Standard Pathway has two alternative processes leading to the Australian Medical Council (AMC) Certificate:

- Standard Pathway (AMC Examinations): Assessment is by examination only – the AMC Multiple Choice Questionnaire (MCQ) and the AMC clinical examination; and
- Standard Pathway (workplace-based assessment): Assessment is by examination and workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority.

A Pre-Employment Structured Clinical Interview (PESCI) is also required for all international medical graduates applying for general practice positions and for some international medical graduates in hospital positions.

Successful completion of the assessment requirements leads to the awarding of the AMC Certificate.

In 2014, there were 1,379 international medical graduates (Table 5.5) who passed the MCQ exam (55.6% of attempts), a slight increase from 52.9% in 2013.

There was a decline in the number of medical graduates who passed the clinical examinations, from 1,055 in 2013 to 697 in 2014. The pass rate from 2,243 attempts was 31.1% (compared to 40.5% the previous year).

Table 5.5: International medical graduates: Applications assessed through Standard Pathway AMC examination, 2014

Country of training ^(a)	MCQ exam attempts	MCQ exam passes	Clinical exam attempts	Clinical exam passes
Bangladesh	183	105	215	66
China	114	42	67	24
Colombia	32	19	12	2
Egypt	140	78	69	17
Fiji	26	12	5	4
India	393	207	429	139
Indonesia	27	14	19	4
Iran	131	93	111	41
Iraq	62	36	68	19
Jordan	14	9	12	4
Malaysia	50	35	48	26
Myanmar	59	38	155	54
Nepal	25	12	31	13
Nigeria	78	32	56	15
Pakistan	253	148	208	58
Papua New Guinea	4	2	7	0
Philippines	118	53	139	28
Romania	13	4	8	0
Russia	94	42	64	21
Saudi Arabia	4	2	2	0
South Africa	35	23	24	8
Sri Lanka	182	140	163	56
Ukraine	52	15	34	9
Viet Nam	5	3	15	2
Zimbabwe	6	4	10	3
Other ^{(b),(c)}	378	211	272	84
Total	2,478	1,379	2,243	697

(a) Data covers the period 1 January 2014 to 31 December 2014.

(b) Other in MCQ Exam includes: Afghanistan, Albania, Argentina, Armenia, Austria, Bahrain, Belarus, Belgium, Belize, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Cayman Islands, Chile, Cuba, Curacao, Czech Republic, Democratic Republic Of The Congo, Denmark, Dominican Republic, Ecuador, Ethiopia, France, Germany, Greece, Grenada, Guatemala, Honduras, Hong Kong, Hungary, Ireland, Italy, Jamaica, Japan, Kenya, Kuwait, Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malta, Mauritius, Mexico, Moldova, Netherlands, Norway, Oman, Palestinian Authority, Peru, Poland, Qatar, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Serbia, Seychelles, Singapore, South Korea, South Sudan, Spain, Sudan, Sweden, Syria, Taiwan, Tajikistan, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, United States of America, Venezuela and Yemen.

(c) Other in Clinical Exam includes: Afghanistan, Albania, Argentina, Armenia, Austria, Bahrain, Belarus, Belgium, Brazil, Bulgaria, Cambodia, Croatia, Cuba, Czech Republic, Czechoslovakia, Democratic Republic of the Congo, Dominican Republic, El Salvador, Ethiopia, Finland, France, Georgia, Germany, Ghana, Grenada, Guatemala, Hungary, Ireland, Italy, Japan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malta, Mauritius, Mexico, Netherlands, Norway, Oman, Paraguay, Peru, Poland, Samoa, Serbia, Seychelles, Singapore, Slovakia, Somalia, South Korea, Sudan, Sweden, Syria, Taiwan, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, United Kingdom, United States of America, Union of Soviet Socialist Republics, Uzbekistan, Venezuela and Zambia.

Source: The Australian Medical Council administrative data, 2015

Table 5.6 presents information on workplace-based assessment through the Standard Pathway.

Table 5.6: International medical graduates: Workplace-based assessment through Standard Pathway, 2014

Authority	Country of training	Workplace-based assessment attempts	Workplace-based assessment passes
Australian College of Rural and Remote Medicine	Bangladesh	2	2
	India	2	1
	Iran	1	1
	Pakistan	2	2
Total Australian College of Rural and Remote Medicine		7	6
Central Coast Local Health District	Bangladesh	1	1
	India	2	2
	Mexico	1	1
	Philippines	1	1
	Russia	1	1
	Ukraine	1	1
Total Central Coast Local Health District		7	7
Hunter New England Area Health Services	Bangladesh	1	1
	Germany	1	1
	India	2	2
	Iran	2	2
	Jordan	1	1
	Malta	1	1
	Pakistan	2	2
	Papua New Guinea	1	1
	Saint Kitts And Nevis	1	1
	Sri Lanka	2	2
Syria	1	1	
Total Hunter New England Area Health Services		15	15

Authority	Country of training	Workplace-based assessment attempts	Workplace-based assessment passes
Launceston General Hospital	Bangladesh	1	1
	Egypt	1	1
	India	9	7
	Iran	2	2
	Iraq	3	3
	Japan	1	1
	Myanmar	4	4
	Nepal	2	2
	Pakistan	5	4
	Philippines	1	1
	Russia	2	1
	Sri Lanka	2	2
Total Launceston General Hospital		33	29
Monash Health	India	1	1
	Malaysia	1	1
Total Monash Health		2	2
Rural and Outer Metro United Alliance	Guatemala	1	1
	India	1	1
	Iran	1	1
	Nigeria	1	1
	Pakistan	1	1
	South Africa	1	1
Total Rural and Outer Metro United Alliance		6	6
Southern Health	Colombia	1	1
	India	3	3
	South Africa	1	1
Total Southern Health		5	5
WA Health	Bangladesh	1	1
	Egypt	2	2
	India	5	5
	Japan	1	1
	Pakistan	2	2
	Poland	1	1
	Russia	1	1
Total WA Health		13	13
Total		88	83

Source: The Australian Medical Council administrative data, 2015

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 practice as a specialist. In addition, before 1990 only two states (Queensland and South Australia) had separate specialist registers.

In 1991, the Australian Health Ministers' Conference (AHMC), in anticipation of the implementation of the mutual recognition scheme, approved a process for overseas trained specialists to be assessed by the relevant specialist medical college in Australia against the standards for an Australian-trained specialist in the same field of specialist practise. If the qualifications and relevant experience of the applicant were assessed as substantially comparable to an Australian-trained specialist, they could apply for registration limited to the field of speciality.

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 they are being assessed for the Area of Need position. To date, nine colleges (RANZCOG, RACP, RCPA, ACD, RACS, RANZCO, RANZCP, ACRRM and RANZCR) have agreed to undertake the combined assessments of overseas trained specialists.

As with the Competent Authority pathway, in order to streamline processing since 1 July 2014 applications for specialist assessment have been dealt with directly by the relevant specialist colleges and report to the AHPRA in line with the recommendations of the House of Representatives *Lost in the Labyrinth* report. 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 of up-skilling to reach comparability; and
- not comparable.

The majority of medical colleges will allow participants who are considered substantially comparable to Australian-trained specialists to gain fellowship, although most require a period of practise under oversight.

International medical graduates with specialist qualifications who are eligible for the Competent Authority Pathway apply for provisional registration under the Competent Authority Pathway. They must complete 12 months supervised practice if they wish to apply for general registration, in addition to applying for specialist registration through the Specialist Pathway.

For the period from 1 January 2014 to 30 June 2014, a total of 1,708 overseas trained specialists applied for recognition as a specialist in Australia. Table 5.7a shows that 571 applicants were deemed to be substantially comparable and therefore had their application approved, while an additional 162 were deemed to be partially comparable (that is, requiring further training and/or examinations to gain approval).

Table 5.7b shows that, for the period 1 July 2014 to 31 December 2014, 637 overseas trained specialists applied for recognition as a specialist in Australia. During this period, 219 specialists were recognised as substantially comparable, with a further 172 considered partially comparable.

Table 5.7a: Specialist assessment process by medical specialty, 1 January 2014 – 30 June 2014

Medical specialty ^(a)	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn	Total	Proportion of total (%)
Adult medicine	75	23	36	7	5	53	199	11.7
Anaesthesia	21	22	23	22	4	13	105	6.1
Dermatology	4	6	5	9	1	3	28	1.6
Emergency medicine	8	8	8	9	5	12	50	2.9
General practice	132	48	410	16	4	20	630	36.9
Intensive care medicine	7	0	0	3	0	8	18	1.1
Medical administration	1	0	0	0	1	0	2	0.1
Obstetrics and gynaecology	36	4	20	7	6	18	91	5.3
Occupational and environmental medicine	1	0	0	1	0	0	2	0.1
Ophthalmology	17	10	4	3	7	6	47	2.8
Paediatrics and child health	29	13	22	15	0	24	103	6.0
Pain medicine	0	1	0	1	1	1	4	0.2
Palliative medicine	1	0	0	0	0	1	2	0.1
Pathology	29	3	0	10	3	10	55	3.2
Psychiatry	19	6	14	24	2	7	72	4.2
Public health medicine	3	0	1	0	0	6	10	0.6
Radiology	20	8	13	17	0	11	69	4.0
Rehabilitation medicine	0	0	0	1	0	2	3	0.2
Sexual health medicine	1	0	4	0	0	0	5	0.3
Sport and exercise medicine	0	0	0	1	1	0	2	0.1
Surgery	94	21	11	16	21	48	211	12.4
Total	498	173	571	162	61	243	1,708	100.0

(a) Data in this table covers the period from 1 January 2014 to 30 June 2014 when the specialist assessment process was administered through the AMC. From 1 July 2014 the assessment process was administered directly by the individual specialist colleges and reported to the MBA/AHPRA.

Source: The Australian Medical Council administrative data, 2015

Table 5.7b: Specialist assessment process by medical speciality, 1 July 2014 – 31 December 2014

Medical speciality	Number of applications to college	Substantially comparable	Partially comparable	Not comparable	Withdrawn	Number of applications	Proportion of total (%)
Adult medicine	54	30	7	9	9	54	8.5
Anaesthesia	35	8	10	4	0	35	5.5
Dermatology	10	1	4	3	0	10	1.6
Emergency medicine	16	0	6	3	2	16	2.5
General practice	186	114	31	6	63	186	29.2
Intensive care medicine	5	0	0	1	6	5	0.8
Medical administration	1	0	0	1	0	1	0.2
Obstetrics and gynaecology	33	4	2	4	4	33	5.2
Occupational and environmental medicine	2	1	0	0	0	2	0.3
Ophthalmology	9	1	4	4	0	9	1.4
Paediatrics and child health	16	3	5	8	10	16	2.5
Palliative medicine	3	4	0	0	0	3	0.5
Pathology	10	1	8	3	0	10	1.6
Psychiatry	118	40	35	6	0	118	18.5
Public health medicine	2	1	0	0	1	2	0.3
Radiology	81	3	46	6	2	81	12.7
Rehabilitation medicine	0	0	0	0	1	0	0.0
Sexual health medicine	1	2	0	0	0	1	0.2
Sport and exercise medicine	2	0	2	0	0	2	0.3
Surgery	53	6	12	24	6	53	8.3
Total	637	219	172	82	104	637	100.0

Source: The Australian Health Practitioner Regulation Agency administrative data, 2015

Table 5.8 presents data on the countries in which approved applicants were trained. Three-quarters of all overseas trained specialists came from the United Kingdom and Ireland (436 or 76.4%). The next largest group was from New Zealand (40 or 7%). Two other cohorts of overseas trained specialists with qualifications substantially comparable to Australia came from India (24) and Canada (14).

Table 5.8: Substantially comparable specialist applications by country of training and medical speciality, 2014

Medical speciality ^(a)	Canada	India	New Zealand	South Africa	United Kingdom and Ireland			United States of America	Other ^(b)	Total	Proportion of total (%)
					United Kingdom	Ireland	South Africa				
Adult medicine	0	7	0	1	16	0	0	12	36	6.3	
Anaesthesia	0	5	0	1	11	0	0	6	23	4.0	
Dermatology	0	2	0	1	0	0	0	2	5	0.9	
Emergency medicine	1	0	0	0	5	2	0	0	8	1.4	
General practice	9	0	40	0	360	0	0	1	410	71.8	
Obstetrics and gynaecology	1	2	0	0	9	0	0	8	20	3.5	
Ophthalmology	0	0	0	1	3	0	0	0	4	0.7	
Paediatrics and child health	0	1	0	2	14	3	0	2	22	3.9	
Psychiatry	0	4	0	0	3	0	0	7	14	2.5	
Public health medicine	0	0	0	0	1	0	0	0	1	0.2	
Radiology	1	1	0	1	8	0	0	2	13	2.3	
Sexual health medicine	0	0	0	0	4	0	0	0	4	0.7	
Surgery	2	2	0	0	2	0	0	5	11	1.9	
Total	14	24	40	7	436	5	45	571	100.0		

(a) Data in this table covers the period 1 January 2014 to 30 June 2014 when the specialist assessment process was administered through the AMC. From 1 July 2014, the assessment process was administered directly by the individual specialist colleges and reported to the MBA/AHPRA.

(b) Other includes: Argentina, Bangladesh, Belgium, Brazil, Bulgaria, Egypt, Germany, Hungary, India, Iran, Israel, Italy, Japan, Malaysia, Netherlands, Nigeria, Pakistan, Philippines, Romania, Russia, Sri Lanka and Sweden.

Source: The Australian Medical Council administrative data, 2015

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, if the IMG requests, medical colleges will determine at the same time (or soon thereafter) what is required to meet standards for fellowship.

An Area of Need applicant is always assessed against a position description. This allows an overseas trained specialist to work in a designated specialty position, provided conditions imposed by the Medical Board of Australia are met. The position description together with the qualifications, training and experience of the applicant will determine the level of risk and the level of supervision or further assessment required.

Specified Specialist Training

Applicants who wish to enter Australia for specified specialist training will require registration by the Medical Board of Australia (through the medical boards in each state and territory) following advice from the relevant specialist medical college. This limited registration allows applicants to undertake training or to obtain experience in Australia not available in their country of training for a short period (normally up to two years), but can in exceptional circumstances be extended to three years. The MBA refers to this as short term training (specialists-in-training).

Medicare Provider Number Restrictions

In 1996, the Australian Government introduced Medicare provider number restrictions to improve the quality of Australia's medical workforce over the longer term and to address growing concerns about the maldistribution of the medical workforce. Since 1997, doctors who obtained their primary medical qualification overseas have been required to gain an exemption under section 19AB of *the Act* in order to access Medicare benefits for the services they provide. Exemptions under *the Act* are generally only granted if the medical practitioner works in a recognised area of workforce shortage, as defined by the Australian Government.

Restrictions of Practice

Section 19AB of *the Act* restricts access to Medicare provider numbers and requires overseas trained doctors and 'foreign graduates of an accredited medical school' (FGAMS) from April 2010 to work in a District of Workforce Shortage (DWS) for a period of ten years from the date of their Australian medical registration in order to access Medicare rebates. This is referred to as the 'ten year moratorium'.

A DWS is an area in which the general population's need for health care is considered not to be met. These areas are identified as those that have less access to medical services than the national average. They are determined on the basis of a full-time service equivalent measure, which takes into account latest Medicare billing in the area, irrespective of whether or not local doctors are working in a part-time or a full-time capacity. The DWS determinations for all medical specialities, including general practice, are updated annually.

The DWS status of each area in Australia for general practice, anaesthetics, cardiology, diagnostic radiology, general surgery, obstetrics and gynaecology, ophthalmology, medical oncology and psychiatry is available on the DoctorConnect map <http://www.doctorconnect.gov.au/>

On 1 July 2010 the Australian Government introduced the scaling initiative as part of the Rural Health Workforce Strategy (RHWS). The scaling initiative allows overseas trained doctors and FGAMS to receive significant reductions in their restriction period under the ten year moratorium if they practice privately within an eligible regional, rural or remote area. The greatest discounts are available to medical practitioners who practise within the most remote locations in Australia. Further advice regarding the scaling initiative is available from the DoctorConnect website.

Table 5.9 shows the cumulative number of overseas trained doctors granted exemptions under section 19AB of *the Act*. As at 30 June 2015, there were a total of 12,495 exemptions issued to overseas trained doctors. A new table showing trend data back to 2002 (the first year of the reporting these data) has been included in Appendix D.

Table 5.9: Overseas trained doctors with section 19AB exemptions, 2015

Year	2011	2012	2013	2014	2015 ^(a)
Total	7,785	9,053	10,459	11,138	12,495

(a) 2015 figure calculated to 30 June 2015.

Source: The Australian Government Department of Health administrative data

Current Distribution of Overseas Trained Doctors

The intake of overseas trained doctors by all states and territories increased from 2014.

Table 5.10 shows which jurisdictions were relatively more reliant on overseas trained doctors to provide services in 2015. The largest number of overseas trained doctors (3,591) was in Queensland, closely followed by New South Wales (3,503) and Victoria (3,190).

Table 5.10: Overseas trained doctors by state/territory, 2015

States and territories	General practitioners ^(a)	Specialists ^(a)	Total
New South Wales	2,180	1,323	3,503
Victoria	2,188	1,002	3,190
Queensland	2,176	1,415	3,591
South Australia	684	397	1,081
Western Australia	1,165	635	1,800
Tasmania	235	210	445
Northern Territory	183	102	285
Australian Capital Territory	122	129	251
Australia^(b)	8,162	4,420	12,495

(a) General practitioners include section 3GA (under the *Health Insurance Act 1973*) placements and Specialists include assistant specialists.

(b) Overseas trained doctors may work in more than one location across different states/territories.

Source: The Australian Government Department of Health administrative data as at 30 June 2015

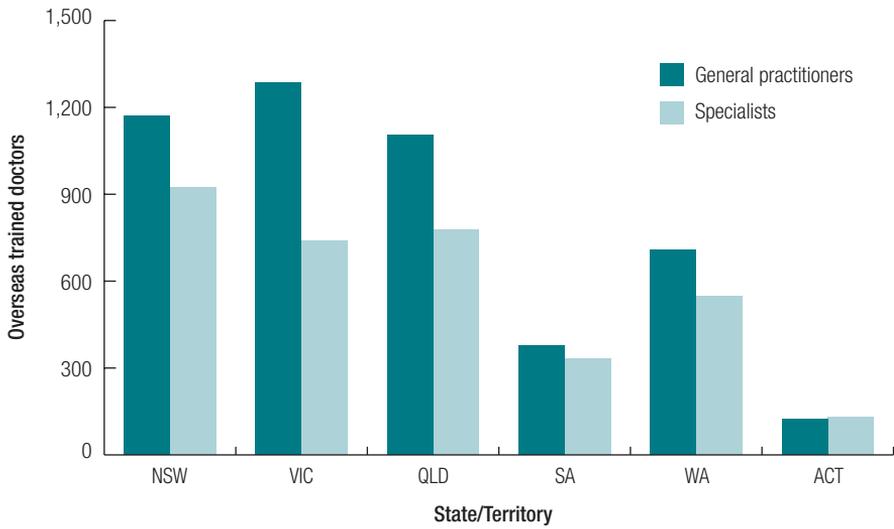
There is marked variation in the reliance on overseas trained doctors across jurisdictions and by remoteness.

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

Although overseas trained doctors constitute a far higher proportion of the medical workforce in more remote areas of Australia, the majority work in Major cities and Inner regional areas. More specifically, more than half of overseas trained general practitioners and three-quarters of overseas trained specialists worked in Major cities (Figure 5.1), where just over two-thirds of the population reside. More than one-third of overseas trained general practitioners and nearly half of specialists worked in Inner regional areas (Figure 5.2), where one-fifth of the population resides.

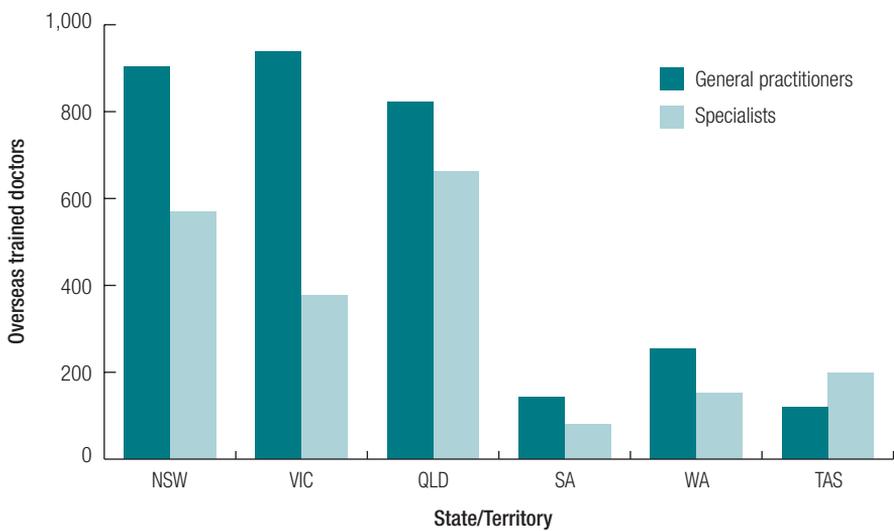
Queensland has relatively high numbers of overseas trained doctors across all Remoteness Areas, while Western Australia stands out for the relatively higher numbers in Remote and Very remote areas (Figure 5.4).

Figure 5.1: Overseas trained doctors in Major cities by state/territory, 2015



Source: Medicare data, the Australian Government Department of Health administrative data, 2015

Figure 5.2: Overseas trained doctors in Inner regional areas by state/territory, 2015



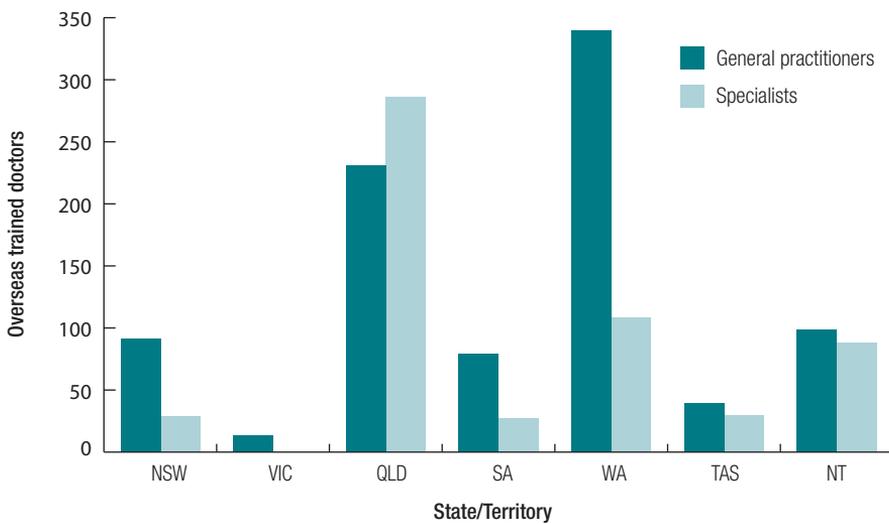
Source: Medicare data, the Australian Government Department of Health administrative data, 2015

Figure 5.3: Overseas trained doctors in Outer regional areas by state/territory, 2015



Source: Medicare data, the Australian Government Department of Health administrative data, 2015

Figure 5.4: Overseas trained doctors in Remote and Very remote areas by state/territory^(a), 2015



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

Source: Medicare data, the Australian Government Department of Health administrative data, 2015

Chapter 6

Special Purpose Training Programs

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Special Purpose Training Programs

This chapter reports on the Special Purpose Training Programs established under section 3GA of *the Act*. Section 3GA programs target particular workforce requirements. These include vocational training, vocational recognition and other training needs.

Special Purpose Training Programs also provide for those doctors seeking vocational recognition, but who are not involved in a specialist training program. Many of the Special Purpose Training Programs offer a range of incentives to doctors. The two most common incentives are access to a Medicare provider number and access to the higher Medicare rebate items on the Group A1, A11 and A22 Schedules. 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:

- first held medical registration by an Australian Medical Board on or after 1 November 1996; and
- do not hold continued recognition by the RACGP or the ACRRM and/or recognition from a specialist medical college.

Section 19AA of *the Act* restricts the accessing of Medicare benefits to doctors who are:

- Australian citizens or permanent residents; or
- temporary residents who have completed their commitment under section 19AB of *the Act*.

Section 19AA of *the Act* ensures that all doctors receiving medical education and training in Australia possess the appropriate qualifications to practise medicine. These qualifications require Australian-trained doctors, as well as permanent residents and Australian citizens who trained overseas, to complete a program of postgraduate vocational medical training before being eligible to receive a Medicare provider number with access to the Medicare benefits arrangements.

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

3GA Programs Providers

Table 6.1 summarises the number of providers, as a headcount, on workforce programs and some specialised training programs under section 3GA of *the Act* from 2004–05 to 2014–15. Providers are identified where they have rendered a service on a fee-for-service basis for which claims were processed by the Australian Government Department of Human Services – Medicare. Those only providing services to public patients in hospitals and through other publicly funded programs within the specified periods are not covered.

The Australian Government Department of Health has recently been able to obtain information that gives the precise specialty code that was valid at the time of the claim. Using the new methodology based on registered specialty variable, the statistics for all programs across all years have been refreshed. As most of the 3GA codes are location specific, this information has not made a large difference to the counts for these programs. The numbers for not location specific programs were significantly refined. The new methodology has allowed producing statistics for the Australian General Practice Training Program for earlier years.

Further information on each of the programs is provided below.

Table 6.1: Providers on approved 3GA programs placements, 2004–05 to 2014–15

Program ^{(a),(b)}	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
194 – Approved Medical Deputising Services Program	109	136	157	197	205	251	314	359	441	552	690
197 – Approved Private Emergency Department Program	8	7	19	14	14	19	15	34	47	58	75
187 – Approved Placements for Sports Physicians Program (discontinued) ^(c)	87	94	99	99	103	104	100	..	..	..	..
414 – Sports Physician Trainees Program	..	14	21	18	21	19	28	27	32	35	41
617 – Metropolitan Workforce Support Program (discontinued)	8	8	4	1	..	..	..	..	..	..	..
178 – Prevocational General Practice Placement Program (discontinued)	19	55	81	137	184	238	400	647	779	765	398
177 – Queensland Country Relieving Doctors Program	153	244	285	274	312	333	324	366	359	325	274
190 – Rural Locum Relief Program	633	531	527	551	622	695	832	935	1,065	1,276	1,459
179 – Special Approved Placement Program	7	13	14	36	49	84	154	210	256	352	413
198 – Temporary Resident Other Medical Practitioners Program ^{(d),(e)}	61	66	73	78	74	73	69	68	61	60	52

Program ^{(a),(b)}	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
176 – Remote Vocational Training Scheme	..	..	..	16	26	30	36	39	44	69	107
AGPT – Australian General Practice Training Program ^(c)	1,566	1,708	1,801	1,905	2,019	2,115	2,378	2,673	3,081	3,466	3,954

(a) Providers have claimed through Medicare for at least one service during the reference period for the program in question using claims processed to the end of October.

(b) Providers may be counted against multiple programs and therefore programs are not additive.

(c) The Temporary Resident Other Medical Practitioner Program (198) and the Approved Placements for Sports Physician Trainees Program (187) were not location specific.

All other programs were location specific.

(d) The number of providers registered against the Temporary Resident Other Medical Practitioner Program (198) who have provided eligible services and have not obtained Fellowship.

(e) AGPT groups programs 134, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455 and 456.

Providers registered against more than one of these GPET/GPTRAINEE programs in the financial year shown are only counted once. Provider counts on the basis referred to in note (b) are not available for years before 2013-14. Providers may have only been active on a Trainee program for part of the reference period.

Source: The Australian Government Department of Health administrative data, 2015

Section 3GA Programs

Approved Medical Deputising Services Program

The purpose of the Approved Medical Deputising Services Program (AMDSP) is to expand the pool of available medical practitioners who may work for after-hours deputising services. This program allows otherwise ineligible medical practitioners to provide a range of restricted professional services, for which Medicare benefits will be payable, where the medical practitioner works for an approved medical deputising service.

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

Approved Private Emergency Department Program

The Approved Private Emergency Department Program (APEDP) allows advanced specialist trainees undertaking emergency medicine training to work under supervision in accredited private hospital emergency departments. The program was established to enhance public access to private emergency departments by expanding the pool of doctors able to work in private hospital emergency departments.

Approved Placements for Sport Physicians Program

The Approved Placements for Sports Physicians Program (APSPP) was introduced in April 2004. At the time, sports medicine was not recognised as a medical specialty.

This 3GA program was specified in Schedule 5 of the Health Insurance Regulations as an interim measure to allow medical practitioners who gained fellowship of the Australasian College of Sports Physicians (ACSP) after 1 January 2004, and who were subject to the provisions of section 19AA of *the Act*, to gain access to a Medicare provider number. Once the placement has been approved, the Australian Government Department of Human Services – Medicare registers the placements using specification code 187. Providers are then able to access attendance items from Group A2 of the Medicare Benefits Schedule (MBS), as well as from relevant procedural items, for the nominated period of the placement.

‘Sports and exercise medicine’ was recognised as a specialty under *the Act* in November 2009. In 2012, the APSPP was discontinued as all sports medicine physicians are now recognised specialists and can access the relevant Medicare item numbers without requiring a 3GA program.

Sports Physician Trainees Program

Practitioners in the Sports Physician Trainees program are eligible to be registered under section 3GA of *the Act* as an ACSP Trainee for specific practice locations using specification code 414. These placements entitle the practitioner to access Group A2 attendance items

in the Medicare Benefits Schedule, including relevant procedural items for the period of registration and at approved locations. The Australian Government Department of Human Services – Medicare receives advice on placements directly from the ACSP and registers the placements for Medicare purposes.

Australian General Practice Training Program

The Australian General Practice Training (AGPT) program is a postgraduate vocational training program for medical graduates wishing to pursue a career in general practice.

The program provides training towards fellowship of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) offered through 17 (in 2015) Regional Training Providers (RTPs) across Australia.

More detailed information about this program is included in Chapter 4.

Prevocational General Practice Placements Program

The Prevocational General Practice Placements Program (PGPPP) was ceased at 31 December 2014, as announced in the 2014–15 Federal Budget.

Queensland Country Relieving Doctors Program

The Queensland Country Relieving Doctors (QCRD) program provides a relieving resource for Queensland's growing rural medical workforce of up to 200 rural generalists and general practitioners who are engaged (at least in part) in public service. It draws upon a pool of junior medical staff, employed within the state's major public hospitals, to undertake rural term placements. The relieving role of these junior doctors is limited to that of a junior doctor without vocational qualification and is subject to supervision.

The 3GA exemptions are necessary for junior doctors relieving state-employed rural medical colleagues granted entitlement to practice privately and/or where public rural medical services are subject to an s19(2) exemption program. The 3GA component of the QCRD program enables junior relieving doctors to provide services that attract Medicare benefits.

The program is subject to reform commencing with a change of organisation/governance from 2011. A safety focus for patients and junior doctors alike is driving progressive operational transformation. Further client supported major transformation will gain standardised, reliable supervision and formal prevocational education/training for rural doctors.

Now complemented by a pool of senior vocationally qualified relieving doctors, the QCRD program remains a crucially large contributor to the maintenance and growth of Queensland's senior rural medical workforce. In rural placements, its junior doctors provide affordable, reliable support of senior medical teams for periods of senior doctors' leave or time free from duty, which in turn increasingly afford the junior doctors with safe, productive prevocational rural experience and training.

Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) was introduced in 1998. It enables doctors who are not otherwise eligible to access the Medicare Benefits Schedule to have temporary access when providing services through approved placements in rural areas.

Rural Health Workforce Australia through the Rural Workforce Agencies (RWAs) in each state and the Northern Territory administer the program on behalf of the Australian Government. Doctors without postgraduate qualifications who fall within the scope of the restrictions under section 19AA of *the Act* are eligible to make an application to their respective state or territory RWAs for a placement on the program. For overseas trained doctors who are subject to the restrictions under section 19AB of *the Act*, practice locations must be within a DWS.

Locations eligible to receive approved placements through the program are:

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

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

Special Approved Placements Program

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

Exceptional circumstances that would normally be considered are:

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

Temporary Resident Other Medical Practitioners Program

The Temporary Resident Other Medical Practitioners (TROMPs) program was established in 2001. The program was introduced to overcome an unintended consequence of amendments to the 1996 Medicare provider number legislation, which would have resulted in a number of long-term temporary resident medical practitioners losing access to Medicare benefits.

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

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

Remote Vocational Training Scheme

The Remote Vocational Training Scheme (RVTS) was introduced in 1999 to address health service needs in Australia's remote communities. The Scheme allows registrars to remain in one location for the period of their training, supported by distance education and remote supervision. The RVTS provides an alternative route to vocational recognition for remote practitioners who are in solo doctor towns or where their departure would otherwise have a detrimental impact on the local community. RVTS registrars are eligible to sit for fellowship of the RACGP and/or the ACRRM.

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

The Australian Government announced an increase in the annual intake of RVTS registrars from 15 to 22, which commenced from 2011. Since the inception of the pilot program in 1999, a total of 108 registrars have completed the RVTS. As at 30 June 2015, 93 registrars were training on the RVTS.

In August 2013, the Australian Government approved the annual intake of an additional 10 RVTS registrars to train in Aboriginal and Community Controlled Health Services (ACCHSs) to commence training in 2014. In 2015, there were 20 registrars on training in ACCHSs.

More information about this program is included in Chapter 4.



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Appendix A:

ROLE AND MEMBERSHIP OF THE NATIONAL MEDICAL TRAINING ADVISORY NETWORK

The National Medical Training Advisory Network (NMTAN) was established in response to the *Health Workforce 2025: Doctors, nurses and midwives* report. The report found there were insufficient general practitioners and specialists in regional and rural Australia, some medical specialties were oversubscribed, and there were fewer generalists as a result of increasing specialisation and sub-specialisation of the medical workforce.

Role of the National Medical Training Advisory Network

The main role of the NMTAN is to provide policy advice on medical workforce planning and to produce medical training plans to inform government, health and education sectors. The NMTAN develops policy advice about the planning and coordination of medical training in Australia, in collaboration with other networks involved in the medical training space.

The NMTAN is also responsible for production of an annual report on medical education and training, including undergraduate, postgraduate and vocational medical training in Australia.

These functions will be carried out according to five key principles:

- Training of the medical workforce should be matched to the community's requirements for health services, including where those services are required geographically and in what specialty.
- Matching supply and demand for medical training should recognise the changing dynamics of the healthcare system over time, including advances in service models and workforce development trends.
- Medical training should be provided in the most effective and efficient way that preserves the high quality and safety of Australia's current training system and the sustainability of the health service delivery system.
- Training requirements should be informed by relevant and up-to-date information about future service needs.
- Training places for Australian trained medical graduates should be prioritised over immigration of overseas trained doctors to fill workforce gaps in responding to short- and long-term workforce need.

National Medical Training Advisory Network Membership

The NMTAN is made up of member organisations with an interest in medical training, including medical colleges, universities, local health districts, state and territory health departments, employers, regulation and accreditation agencies, prevocational medical education agencies, trainee doctors, consumers and the Australian Government Department of Health. The members bring with them a wide range of experience in the issues of medical education and training. Further information can be found at the National Medical Training Advisory Network website <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmtan>

National Medical Training Advisory Network Subcommittees

During the period from 1 July 2014 to 30 June 2015 the NMTAN had four subcommittees.

Three of them were with a focus on policy development for:

- capacity for and distribution of the vocational training in medical specialties;
- changing clinical work with the projected changing burden of disease to enable workforce modelling; and
- employment patterns and intentions of prevocational doctors to better inform career planning for junior doctors.

In addition to the policy-focused subcommittees, a fourth subcommittee, the Data Subcommittee, was responsible for production of the annual report on medical education and training in Australia.

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, this report uses 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, 2015

College/Faculty/Training organisation	Training requirements
Australian and New Zealand College of Anaesthetists (ANZCA)	5 years full-time (0.5 years introductory training, 1.5 years basic, 2 years advanced and one year provisional fellowship)
Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine (ANZCA-FPM)	2 years full-time. Training can commence following completion of at least 3 years of a primary specialist qualification.
Royal Australasian College of Dental Surgeons (RACDS)	4 years full-time and assessments (including SST and Final Examinations) Entry following the Surgery in General (SIG) year
Australasian College of Dermatologists (ACD)	4 years full-time – trainees who do not pass both written and clinical fellowship examinations and satisfy all other training requirements in their fourth year may be invited to undertake a fifth year of training This will be dependent upon the availability of a Fellow to oversee the trainee in a non-accredited training position and at the discretion of the National Training Committee Can enter after completing PGY1 and PGY2
Australasian College for Emergency Medicine (ACEM)	1 year provisional training full-time equivalent 4 years advanced training full-time equivalent

College/Faculty/Training organisation	Training requirements
Royal Australian College of General Practitioners (RACGP)	<p>3 years full-time</p> <p>Optional 4th year for Advanced Skills training and for academic post</p> <p>May apply in PGY1 and can enter after completing PGY2</p>
College of Intensive Care Medicine of Australia and New Zealand (CICM)	<p>6 months of Foundation Training (undertaken prior to selection into the training program)</p> <p>24 months core Intensive Care training</p> <p>12 months Clinical Anaesthesia training</p> <p>12 months Clinical Medicine training</p> <p>Approximately 12 months elective training (amount dependent on assessment by the College)</p> <p>12 months of Transition Year training</p>
Royal Australasian College of Medical Administrators (RACMA)	<p>3 years full-time</p> <p>Can enter after 3 years clinical experience</p>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	<p>6 years full-time</p> <p>Years 1–4 in the Core Training Program (as at 1 December 2013)</p> <p>Years 5–6 in the Advanced Training Program (as at 1 December 2013)</p> <p>Can enter after completing PGY2</p>
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	<p>5 years full-time</p> <p>2 years basic training</p> <p>2 years advanced training</p> <p>1 final year (fellowship year)</p> <p>Can enter after completing PGY2</p>
Royal College of Pathologists of Australasia (RCPA)	<p>5 years full-time</p> <p>Can enter after completing PGY1</p>
Royal Australasian College of Physicians – Adult Medicine (RACP-AM)	<p>3 years basic training full-time and assessments (including Written and Clinical Examinations)</p> <p>3 or more years advanced training full-time equivalent</p> <p>Can enter after completing PGY1</p>
Royal Australasian College of Physicians – Paediatrics and Child Health (RACP-PCH)	<p>3 years basic training full-time and assessments (including Written and Clinical Examinations)</p> <p>3 or more years advanced training full-time equivalent</p> <p>Can enter after completing PGY1</p>

College/Faculty/Training organisation	Training requirements
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine (RACP-AFOEM)	4 years full-time (approximately) Can enter after completing 2 full-time years of general clinical experience Can enter in PGY3
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine (RACP-AFPHM)	3 years full-time equivalent Can enter after completing at least 3 years of postgraduate medical experience and completion of, or enrolment in, a Masters of Public Health Medicine (or comparable degree), which includes the faculty's core discipline areas
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine (RACP-AFRM)	<i>Adult Rehabilitation Medicine</i> 4 years full-time equivalent Can enter after completing PGY2 <i>Paediatric Rehabilitation Medicine</i> 3 years basic training full-time (with the RACP PCH) 3 years advanced training full-time equivalent Can enter after completing PGY1
Royal Australasian College of Physicians – Chapter of Palliative Medicine (RACP-AChPM)	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australasian College of Physicians – Chapter of Addiction Medicine (RACP-AChAM)	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	3 years full-time equivalent Can enter with fellowship of a faculty or college approved by the Chapter or completion of RACP basic training, including written and clinical examinations
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	2003 Fellowship Program: 5 years full-time, which comprises 3 years basic training and 2 years advanced training 2012 Fellowship Program: 5 years full-time which comprises 1 year in Stage 1, 2 years in Stage 2 and 2 years in Stage 3 Optional additional advanced training certificate programs in addiction, adult, child and adolescent, consultation-liaison, old age, psychotherapy and forensic psychiatry Can enter after completing PGY1
Royal Australian and New Zealand College of Radiologists (RANZCR) – Clinical Radiology	5 years full-time Can enter after completing PGY1 and PGY2 years

College/Faculty/Training organisation	Training requirements
Royal Australian and New Zealand College of Radiologists (RANZCR) – Radiation Oncology	5 years full-time Can enter after completing PGY1 and PGY2 years
Australian College of Rural and Remote Medicine (ACRRM)	4 years full-time Can enter after completing PGY1 Training consists of 1 year Core Clinical Training, 2 years Primary Rural and Remote Training and 1 year Advanced Specialised Training
Australasian College of Sports Physicians (ACSP)	3 years basic training full-time (PGY1, PGY2, PGY3 to be completed prior to entering the College program) 4 years advanced training full-time equivalent
Royal Australasian College of Surgeons (RACS)	4 – 7 years full-time Can apply from PGY2 to commence in PGY3 Surgical Education and Training (SET) occurs in nine specialty areas: <ul style="list-style-type: none"> • Cardiothoracic surgery – 6 years full-time • General surgery – 4 to 5 years full-time • Neurosurgery – 6 years full-time including 1 year of full-time research • Orthopaedic surgery – 5 years full-time • Otolaryngology Head and Neck surgery – 5 years full-time • Paediatric surgery – up to 7 years full-time • Plastic and Reconstructive surgery – 5 years full-time • Urology – 5 years full-time • Vascular surgery – 5 years full-time

Source: Medical colleges

Table B2: Summary of specialty part-time training requirements, 2015

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 Training must be completed within 5 years
Royal Australasian College of Dental Surgeons	Minimum 50% of full-time commitment Training must be completed within 6 years
Australasian College of Dermatologists	Minimum 50% of full-time commitment; must be for two consecutive years and may only be undertaken once during the registrar's Training Program Must result in FTE time Cannot be taken in 4th year
Australasian College for Emergency Medicine	Minimum 50% of full-time commitment Must result in FTE time
Royal Australian College of General Practitioners	Approval on a case-by-case basis Approval provided by regional training providers
College of Intensive Care Medicine of Australia and New Zealand	Minimum 20% of full-time commitment Must result in FTE time
Royal Australasian College of Medical Administrators	Must result in FTE time Training must be completed within 8 years
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Minimum 50% of full-time clinical commitment First year of training must be full-time
Royal Australian and New Zealand College of Ophthalmologists	Part-time training is possible, provided basic and advanced training are completed within the required time limit as stated in the flexible training policy
Royal College of Pathologists of Australasia	Minimum 8 hours per week/20% of full-time commitment
Royal Australasian College of Physicians – Adult Medicine Division	Part-time training is possible, provided basic and advanced training are completed within the time limit specified in the flexible training policy Minimum load of 40% of full time commitment
Royal Australasian College of Physicians – Paediatrics and Child Health	Part-time training is possible, provided basic and advanced training are completed within the time limit specified in the flexible training policy Minimum load of 40% of full-time commitments
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	Minimum 20 hours per week (prior to 2015 – minimum of 10 hours per week) Training must be completed within 10 years
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years

College/Faculty/Training organisation	Requirements for part-time training
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine	Minimum 40% of full-time commitment <i>Adult Rehabilitation Medicine</i> Training must be completed within 10 years <i>Paediatric Rehabilitation Medicine</i> Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Palliative Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Addiction Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	Minimum load of 40% in most cases; may be less than 40% in exceptional circumstances Training must be completed within 8 years
Royal Australian and New Zealand College of Psychiatrists	Minimum 50% of full-time commitment, although in rare instances part-time training at less than 50% of full-time commitment may be approved for Advanced Training post-Fellowship Must result in FTE time
Royal Australian and New Zealand College of Radiologists – Clinical Radiology	Minimum 50% of full-time commitment Must result in FTE time
Royal Australian and New Zealand College of Radiologists – Radiation Oncology	Minimum 50% of full-time commitment Must result in FTE time
Australian College of Rural and Remote Medicine	Minimum 50% of full-time commitment Approval provided by training providers
Australasian College of Sports Physicians	Considered on an individual basis Must result in FTE time Completion must be within 10 years of commencement
Royal Australasian College of Surgeons	Trainees on a SET Program who wish to apply for part-time training must apply to the relevant Specialty Board at least 6 months prior to the proposed commencement of the part-time training The overall duration of the training program must not exceed the published timeframe as defined by each specialty

Source: Medical colleges

Table B3: Summary of specialty interrupted training requirements, 2015

College/Faculty/Training organisation	Requirements for interrupted training
Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine	Allowed – details available from the FPM training handbook http://fpm.anzca.edu.au/Training/2015-training-program
Royal Australasian College of Dental Surgeons	Allowed For a maximum of 2 years without penalty A trainee interrupting for more than two years will be required to undertake a period of additional training
Australasian College of Dermatologists	Considered on an individual basis within the policy guidelines
Australasian College for Emergency Medicine	Allowed up to 2 years and possibly beyond this, depending upon circumstances
Australian General Practice Training Program – Royal Australian College of General Practitioners – Australian College of Rural and Remote Medicine	Allowed up to a maximum of 2 years
College of Intensive Care Medicine of Australia and New Zealand	Allowed Advanced training must include at least 2 years interrupted only by normal holiday or short term (e.g. 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 up to a maximum of 2 years
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Allowed up to 2 years without loss of credit for previous training The FRANZCOG (i.e. Fellowship of the RANZCOG) specialist training program comprises Core Training (the initial four years) and Advanced training (the final two years). The RANZCOG allows fractional training (i.e. between 0.5 – 1.0 FTE). Trainees have a maximum of 6 years to complete Core Training and 3 years to complete Advanced Training – dated from commencement of the training program

College/Faculty/Training organisation	Requirements for interrupted training
Royal Australian and New Zealand College of Ophthalmologists	Training must be completed within 12 years. If training is interrupted for a period of 3 months or more reskilling may be required on return to work
Royal College of Pathologists of Australasia	Allowed – no limit is placed on the time taken to complete training, but if the final Part II examination has not been passed within 5 years of passing the Part I examination then the Part I examination must be sat and passed again
Royal Australasian College of Physicians – Adult Medicine Division	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis). Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave across each training program can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Paediatrics and Child Health	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave across each training program can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Australasian Faculty of Occupational and Environmental Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>

College/Faculty/Training organisation	Requirements for interrupted training
Royal Australasian College of Physicians – Australasian Faculty of Public Health Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Australasian Faculty of Rehabilitation Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Chapter of Palliative Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australasian College of Physicians – Chapter of Addiction Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>

College/Faculty/Training organisation	Requirements for interrupted training
Royal Australasian College of Physicians – Chapter of Sexual Health Medicine	<p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis)</p> <p>Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training</p>
Royal Australian and New Zealand College of Psychiatrists	<p>Allowed</p> <p>Basic Training must be completed within 8 years or may need to repeat or complete the training experiences lapsed</p> <p>Advanced Training must be completed within 6 years or may result in review of overall training and assessment</p> <p>In the 2012 Fellowship program up to 5 years (FTE) of interrupted training may occur, this time is cumulative. Breaks in training can only be approved for a maximum of 12 months any longer and the trainee is considered to be not in training. Trainees can also defer training for up to 12 months, this time counts towards the 5 years of interrupted training. Trainees have a maximum of 13 years (calendar time) to complete the Fellowship program and must comply with the failure to progress policy throughout to ensure their continued progression.</p>
Royal Australian and New Zealand College of Radiologists – Clinical Radiology	<p>Allowed</p> <p>Total training time must meet the same requirements as full-time continuous training in order to complete the 5 year training program</p>
Royal Australian and New Zealand College of Radiologists – Radiation Oncology	<p>Allowed</p> <p>Total training time must meet the same requirements as full-time continuous training in order to complete the 5 year training program</p>
Australasian College of Sports Physicians	<p>Considered on an individual basis</p>
Royal Australasian College of Surgeons	<p>Trainees on a SET Program who wish to interrupt their training must apply to the relevant Specialty Board prior to the proposed commencement of the training year in which the interruption will commence</p> <p>Trainees applying for interruption due to medical reasons may do so at any time if supported by medical evidence</p>

Source: Medical colleges

Training Program Information

The series of brief summaries of the training requirements and processes for each of the specialist colleges is provided below. Each summary provides descriptions of the following:

- training programs;
- trainee selection processes and criteria;
- trainee assessment methods;
- fellowship examination;
- overseas trained specialist assessment processes; and
- accreditation processes, where relevant.

Any further information or clarification should be sought directly from the relevant college.

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

Training Program

The Australian and New Zealand College of Anaesthetists (ANZCA) approved training sequence encompasses an initial two-year prevocational medical education and training period and the five-year period of ANZCA approved training, which consists of half a year of introductory training, a year and a half of basic training, two years advanced training and one year of provisional fellowship training. In the course of ANZCA approved training, trainees are required to:

- maintain their training portfolio system records, ensuring they are accurate and up-to-date;
- set learning goals for each clinical placement;
- actively seek clinical experience to meet volume of practice requirements;
- ensure adequate preparation for the primary and final examinations;
- actively participate in self-assessment; and
- participate in feedback sessions and reviews, reflect on feedback received and strive to improve their performance in line with training requirements.

The training program provides for part-time training. The minimum trainee commitment must be 50% of that of a full-time trainee. There is provision for interrupted training. Some overseas training may be recognised during both basic and advanced training, subject to prior approval by the college assessor.

Trainee Selection

ANZCA's *Training and Accreditation Handbook* outlines the principles that should be used in selecting trainees for appointment to hospitals approved for training for fellowship of ANZCA.

Trainees are trained and educated in approved hospital departments, which must be part of an approved rotation, according to the ANZCA guidelines and policies, and under the supervision of the ANZCA. It should be noted that the hospital is the employing authority, not ANZCA, and the hospital makes the appointments using a process as outlined by these guidelines. However, the selection committee should include at least one ANZCA representative approved by the relevant regional/national committee. Trainees are not reselected into advanced training by ANZCA.

Trainee Assessment

In-Training Assessment (ITA) is carried out at least every 6 months, and is comprised of clinical placement reviews, core unit reviews and a provisional fellowship review. The trainee and the supervisor of training carry out a regular process of evaluation, recording goals set and areas identified for improvement. Each trainee must maintain a learning portfolio, which should include formal documents relating to training, including the ITA forms, the trainee's self-evaluation of performance forms, as well as an online logbook maintained using the training portfolio system. Workplace based assessments are an essential requirement of the revised curriculum.

The primary examination was changed in 2013 to a single examination encompassing physiology, including clinical measurement, pharmacology, and statistics. Trainees progress to the oral section when they have attained a satisfactory score in the written section. The final examination consists of written and oral sections, and may be taken after three years of approved training.

Admission to fellowship is available to trainees who have successfully completed five years of training, passed both examinations, and completed all other training requirements.

International Medical Graduate Specialists

The international medical graduate specialist assessment process is conducted by ANZCA to assess and make a determination regarding the comparability of the international medical graduate specialist to a fellow of ANZCA.

The ANZCA international medical graduate specialist assessment process commences with application directly to the college (as of 1 July 2014) and proceeds to a paperbased assessment to establish qualifications, training, clinical experience, recency of practice, health systems worked in, and participation in continuing professional development (CPD). Area of Need applicants are also assessed for comparability, as required.

If eligible to proceed, the assessment then includes:

- a face-to-face assessment interview;
- a clinical practice assessment period; and
- either a workplace-based assessment or the choice of the international medical graduate specialist performance assessment or the final examination.

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

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

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

Accreditation

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

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

Hospitals are normally approved for both basic and advanced training. That is, they may take trainees in any of the 5 years of training. Under very rare circumstances, a hospital may be approved for advanced training only.

Hospitals may also be approved for the potential to offer a provisional fellowship program. This is normally in addition to approval for basic and advanced training, but some hospitals may be deemed suitable for provisional fellowship training only.

Further Information

Australian and New Zealand College of Anaesthetists – <http://www.anzca.edu.au>

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

Training Program

Fellowship of the Faculty of Pain Medicine (FFPMANZCA) is a post specialist qualification. Those wishing to obtain this qualification are required to hold, or be training toward, a specialist qualification acceptable to the board (anaesthesia, medicine, surgery, psychiatry, rehabilitation medicine, general practice, obstetrics and gynaecology and occupational medicine). Trainees

may commence pain medicine training after having completed at least three years (full time) training towards their primary specialty qualification, and training for pain medicine may be concurrent with, training programs for the diploma of fellowship of their primary specialty.

The program comprises a minimum of two years (88 weeks) full-time equivalent of approved clinical experience directly related to pain medicine, distributed over two mandatory stages. Each training stage comprises 44 weeks of clinical activity (one hospital employment year). The core training and practice development stages are directly relevant to the practice of the discipline of pain medicine and enable trainees to develop practical clinical skills in a supervised learning environment. There is some provision for retrospective approval by the Assessor of prior experience and training.

The training program provides for part-time training. The minimum trainee commitment must be 0.5 full-time equivalent (FTE). There is also provision for interruptions to training.

Prior to commencing, training applicants must sit and pass the Foundations of Pain Medicine Examination. 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 maintain a learning portfolio during their training which they show to their direct supervisor at quarterly meetings. All requirements of the training program need to be completed within five years of commencing the core training stage.

Trainee Selection

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

Trainee Assessment

Quarterly in-training assessments require the trainee and the supervisor of training to carry out regular evaluation, with a recording of goals being met and areas identified for improvement. During each quarter a trainee undertakes a number of workplace-based assessments. These are designed to provide regular structured feedback and facilitate learning within the trainee's normal work environment. A clinical case study needs to be completed in either of the two training stages.

Two long case assessments are undertaken during the course of training, one during each stage of training. During this assessment the trainee will have one hour with a patient, observed by two examiners, during which the trainee will take a targeted history and perform a pertinent physical examination.

Trainees also need to pass the fellowship examination which consists of written and viva voce (oral) sections. Competencies related to the knowledge, behaviours and clinical skills pertinent to a specialist medical practitioner in the discipline of pain medicine will be tested at the examination. Candidates must achieve a mark of at least 50% in each section of the examination to pass.

Admission to fellowship is available to candidates who are fellows of ANZCA, RACP, RACS, RANZCP, AFRM–RACP, RACGP, RNZCGP, RANZCOG, or who hold a specialist qualification acceptable to the Board, and who have successfully completed the training program requirements.

International Medical Graduate Specialists

The Faculty has a process for the recognition as a specialist in pain medicine for overseas trained specialists and admission to Fellowship by assessment for overseas trained specialists. The FPM overseas trained specialists assessment process commences with application directly to the faculty and proceeds to a paperbased assessment to establish qualifications, training, clinical experience, recency of practice, health systems worked in, and participation in continuing professional development (CPD).

If eligible to proceed, the assessment then includes:

- a face-to-face assessment interview;
- a clinical practice assessment period; and
- either a workplace-based assessment or the examination.

Accreditation

The Faculty accredits multidisciplinary pain medicine units that include practitioners from at least three relevant medical specialties and from relevant allied health professions. Comprehensive policies and criteria have been developed by the Faculty requiring a specified standard for facilities and adequate supervision by pain medicine specialists. Units seeking accreditation are required to complete a detailed questionnaire and undergo an accreditation visit. During the accreditation process, significant weighting is given to the feedback provided during structured interviews with the trainees who are based at the unit.

Further Information

Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine – <http://www.fpm.anzca.edu.au>

ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

Training Program

The Oral and Maxillofacial Surgery (OMS) program of the Royal Australasian College of Dental Surgeons (RACDS) requires four years of specialist surgical training in the area of OMS.

The college training program is undertaken in the apprenticeship model and is designed to provide supervised training and experience in all aspects of clinical assessment, decision making and patient management.

The program is delivered over four years, with six monthly assessments to gauge trainee's progression and culminates with a Final Examination before being awarded Fellowship FRACDS (OMS).

Trainee Selection

Trainees are selected directly into one of the six trainee centres within Australia and New Zealand. Any prospective trainee wishing to enter the program must satisfy the following criteria:

- a Dental degree and full registration in either Australia or New Zealand;
- a Medical degree and full registration in either Australia or New Zealand;
- a full year of surgery in general (SIG) whilst occupying a post in a hospital that is approved for surgical training by the Trainee Advisory Committee, or be expected to complete this year prior to the commencement of OMS training. Surgical rotations during this year should be undertaken in related surgical disciplines (e.g. ENT surgery, plastic surgery, orthopaedic surgery, neurosurgery, ophthalmology, general surgery) for a minimum of nine months. Consideration is given for relevant rotations in Intensive Care and Emergency Medicine.

Once a prospective trainee has fulfilled these requirements, application is made to the College for assessment. Once approved, a prospective trainee must present to the College for a formal interview process, where the following areas are assessed:

Curriculum Vitae	20%
Professional Performance Appraisal	35%
Interview	45%
Total	100%

Prospective trainees that are deemed successful in this process will be offered a place in the program.

Trainee Assessment

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

- AMC application procedures and requirements for specialist assessment;
- AMC/Committee of Presidents of Medical Colleges (CPMC)/state and territory medical boards/Australian Government Department of Health/state and territory health departments' Assessment Process for Area of Need specialists: User's Guide; and
- AMC/CPMC Joint Standing Committee on Overseas Trained Specialists Assessment of Overseas Trained Specialists: Template for Colleges.

Overseas Trained Oral and Maxillofacial Surgeons are referred to as OTOMS. An OTOMS is any specialist Oral and Maxillofacial Surgeon who has gained their specialist qualification external to Australia and/or New Zealand.

The pathway for independent specialist surgical practice in the specialty of OMS culminates in obtaining Fellowship of the College by completing the OMS Training Program and the FRACDS (OMS) Final Examination. Under these circumstances the Australian and New Zealand jurisdictions and public can be assured both of the quality of training and the standards of the exit examination as all aspects are under the aegis of the College.

There are three possible outcomes to the specialist assessment process:

- Not Comparable.
- Partially Comparable.
- Substantially Comparable.

International Medical Graduate Specialists

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

- AMC application procedures and requirements for specialist assessment;
- AMC/Committee of Presidents of Medical Colleges (CPMC)/state and territory medical boards/Australian Government Department of Health/state and territory health departments' Assessment Process for Area of Need specialists: User's Guide; and
- AMC/CPMC Joint Standing Committee on Overseas Trained Specialists Assessment of Overseas Trained Specialists: Template for Colleges.

Overseas Trained Oral and Maxillofacial Surgeons are referred to as OTOMS. An OTOMS is any specialist Oral and Maxillofacial Surgeon who has gained their specialist qualification external to Australia and/or New Zealand.

The pathway for independent specialist surgical practice in the specialty of OMS culminates in obtaining Fellowship of the College by completing the OMS Training Program and the FRACDS (OMS) Final Examination. Under these circumstances the Australian and New Zealand jurisdictions and public can be assured both of the quality of training and the standards of the exit examination as all aspects are under the aegis of the College.

There are three possible outcomes to the specialist assessment process:

- Not Comparable.
- Partially Comparable.
- Substantially Comparable.

Accreditation

Accreditation of training settings is undertaken by position, as part of a training centre (network model). There is a Director of Training (DoT) in each centre, responsible for preparing for an accreditation visit.

Each position and training centre is assessed against the SCOMS (Accreditation Standards and Criteria for Oral and Maxillofacial Surgery). The SCOMS are divided into 8 standards for assessment:

1. Education and Training.
2. Clinical Experience.
3. Equipment and Support Services.
4. Resources to support education and training.
5. Supervision.
6. Organisational Support for Trainees.
7. Institutional Responsibilities.
8. Quality and Safety.

Each criterion is set and divided into two categories: Must (mandatory) and Should (desirable).

Once an accreditation assessment is finalised the position within the training centre is afforded one of the following three levels of accreditation:

- *Full Accreditation:*
Full accreditation will be granted to a post when all mandatory requirements have been met and the accreditation team is satisfied that the core requirements for accreditation have been achieved. Posts that receive full accreditation will be subject to periodic review every five years.
- *Conditional Accreditation:*
Conditional accreditation will be granted to a post when the mandatory criteria have not all been met but the accreditation team is satisfied that there is the potential for significant progress to be made in that area within the next twelve months. The training institution would be required to report progress within twelve months of the visit.
- *Suspended Accreditation:*
Suspended accreditation may be applied if there is a substantial change to the post, for example, if the post is unoccupied or if the Supervisor of Training resigns without an appropriate replacement being appointed.

Further Information

Royal Australian College of Dental Surgeons – <http://www.racds.org/>

AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Training Program

The Australasian College of Dermatologists (ACD) supervises a four-year vocational training program, which consists of supervised clinics in all aspects of dermatology including dermatological medicine and procedural dermatology. In the trainees' fourth year they also complete part of the TAE40110 Certificate IV Training and Assessment as part of a basic teacher training course in preparation for becoming supervisors in the future.

Trainees pass through two defined stages during their training. These stages are designed to facilitate the progressive and cumulative acquisition of knowledge and skills. Basic training must be completed satisfactorily before the trainee can move to advanced training.

Basic Training

The purpose of basic training (years one and two) is to build on existing skills so that trainees acquire broad knowledge of the theory and practice of dermatological medicine and the basic sciences underpinning them. It is designed to give the trainee a sound base from which to further develop their skills in later years of the program.

Advanced Training

During advanced training (years three and four) trainees acquire skills in the treatment of more complex dermatological conditions and are given increased responsibility for patient management.

As of commencement of training in 2014, trainees are required to prepare and have published 1 major quality publication or 3 minor publications in one or more of the approved journals as listed on the ACD Website. Trainees who commenced prior to 2014 are only required to prepare and publish two papers of a significant nature on a dermatological subject. At least one of these papers must be published in the Australasian Journal of Dermatology (AJD) and the other may be published in another peer-reviewed journal. Trainees must also prepare and present 2 presentations. These may be 2 oral presentations or 1 oral and 1 poster presentation. The presentations must be presented at the ACD Annual Scientific Meeting or the Australasian Dermatopathology Society conference or the Australasian Society of Dermatology Research meeting or another meeting of similar stature that has been approved in advance by the National Examinations Committee.

Trainee Selection

Entry into the training program requires completion of PGY1 and PGY2 and be a permanent resident or be allowed to stay in Australia indefinitely. Applicants must complete the on-line form, accompanied by payment. Shortlisted applicants are considered for interview dependent on the projected number of vacancies.

Trainee Assessment

Trainees pass through two defined stages in their training. These stages are designed to facilitate the progressive and cumulative acquisition of knowledge and skills. Basic training must be completed satisfactorily before the trainee can progress to advanced training.

Basic Training

To be eligible to proceed to advanced training trainees must pass the clinical sciences self-paced online modules and the pharmacology examination within the first 12 months of training and perform satisfactorily in the workplace.

Advanced Training

Trainees are eligible to apply to sit the fellowship examinations in their fourth year of training. These examinations consist of the following:

- written papers in dermatological medicine, procedural dermatology and clinical pharmacology;
- objective structured clinical examinations in procedural dermatology and laboratory dermatology; and
- clinical vivas in dermatological medicine.

Trainees who do not satisfy all the requirements of the training program, including passing both the written and clinical fellowship examinations in their fourth year of training, may be invited to complete an additional year of training. This will be dependent upon the availability of a Fellow to oversee the trainee in a non-accredited training position and at the discretion of the National Training Committee.

In addition to the examinations described above, trainees undertake throughout their four years of training a number of work-based assessments: ProDAs (Procedural Dermatology Assessments), DermCEXs (Dermatology Clinical Evaluation Exercises) and CbDs (Case-based Discussions). They have regular summative in-training assessments (SITAs). All these assessments must be passed. Through these assessment methods, along with the College's formal examinations, trainees must be assessed as competent to independently perform all essential procedures and treatment modalities as described in the Training Program Handbook.

International Medical Graduates

International medical graduate applicants are assessed against the standards expected of recently trained Australian dermatologists, making allowance for the number of years since graduation in determining comparability.

Applicants must submit all application material to the ACD. The college assesses applications on behalf of the MBA. The ACD International Medical Graduate Assessment Committee undertakes an initial assessment of the applicant based on their submitted documentation.

There are three potential initial assessment outcomes:

- *Applicant is not comparable:*
The applicant is not substantially comparable to an Australian-trained dermatologist and could not obtain equivalence with further supervised clinical training in Australia within a maximum period of two years.
- *Applicant is partially comparable:*
The applicant is not substantially comparable to an Australian-trained dermatologist but may be able to obtain substantial comparability with further specific supervised clinical training in Australia within a maximum period of two years.
- *Applicant is substantially comparable:*
The applicant is substantially comparable to an Australian-trained dermatologist and is recommended for acceptance to practise as a dermatologist in Australia.

An interview will 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

Australasian College of Dermatologists – <http://www.dermcoll.edu.au/>

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

Training Program

Provisional

Entry into the Australasian College for Emergency Medicine (ACEM) specialist training program can occur following demonstrated completion of 24 months of prevocational training. This prevocational (PGY1 and PGY2) training enables a broad range of experience and the acquisition of basic skills in medicine through a variety of hospital and associated posts.

The provisional training year becomes more specified to emergency medicine skills. Requirements include:

- six-months of compulsory time and experience in emergency medicine;
- a further six months in either emergency medicine or another disciplines;
- 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 of 30 months spent in emergency medicine over a minimum of two sites, one of which must be designated as major referral and one as urban district or rural/regional.

During advanced training, trainees acquire and demonstrate the knowledge, skills and attitudes that are outlined in the fellowship curriculum as being required for good clinical practice in emergency medicine. The balance is non-emergency department training, where trainees learn and experience more detailed aspects of related disciplines. The curriculum is described within *Education and Training* on the ACEM website <http://www.acem.org.au/>

Trainee Selection

There is no selection process for trainees entering 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

Workplace-Based Assessments:

- In-Training Assessments (ITAs) are conducted at standard dates in Australia and New Zealand four times a year. ITAs assess trainee performance in various domains of emergency medicine, mapped to the ACEM curriculum.

The ACEM Primary Examination:

- Examines the basic sciences of anatomy, pathology, physiology and pharmacology as relevant to emergency medicine.
- The exam consists of an online written examination and an oral examination (Viva).

Structured References:

- Three satisfactory structured references are required, based on a single site six months of emergency department training term completed within a 12 month time frame.

Advanced Training

Workplace-Based Assessments:

- In-Training Assessments (ITAs) are conducted by the supervisor at standard dates in Australia and New Zealand four times a year. ITAs assess trainee performance in various domains of emergency medicine, mapped to the ACEM curriculum.

- Early Phase Emergency Medicine Workplace Based Assessments (EM-WBAs): In the first 12 months of ED Advanced Training the following is to be completed. At least:
 - 1 x Mini-Clinical Evaluation Exercise (Mini-CEX);
 - 1 x Case-based Discussion (CbD); and
 - 1 x Direct Observation of Procedural Skills (DOPS) every three months.

This minimum rate of completion applies to both part-time and full time trainees.

- Late Phase EM-WBAs: Once trainees have progressed into Late-Phase Advanced Training, in 18 months of ED Advanced Training, they are required to complete a minimum of:
 - 1 x CbD and
 - 1 x DOPS every three months; and
 - 1 x Mini-CEX and
 - 1 Shift Report every six months.

This minimum rate of completion applies to both part-time and full time trainees.

Paediatric Requirement

This is met via either completion of an online logbook which documents cases seen or successful completion of an approved six-month placement in a paediatric emergency department.

Trainee Research

Trainees may choose to complete this via a trainee project, which includes publishing/presenting a paper; or by successful completion of approved postgraduate subjects (for example, clinical epidemiology, evidence-based medicine, biostatistics).

Fellowship Examination

The written and clinical components of the ACEM Fellowship Exam are comprised of two separate, stand-alone assessments. All components are mapped to the ACEM Curriculum Framework and are assessed at the level of a new consultant.

The written examination comprises of select-choice and short answer questions, each having 180 minutes of testing time. Trainees may be eligible to sit the written examination after successful completion of Early Phase WBAs, which is equivalent to a minimum of 12 months of Advanced ED training time.

Trainees may be eligible to sit the clinical examination after successful completion of the written examination, the trainee research requirement, and have completed at least 36 months of advanced training time. Up to 18 stations make up the Objective Structured Clinical Examination of the clinical examination which are tested over a 180 minute period.

Specialist International Medical Graduates

For those overseas trained specialists seeking fellowship of the ACEM (FACEM), the college conducts an assessment of the overseas trained specialist's qualification in line with that recommended by the AMC. Key assessment tools are the applicant's curriculum vitae; response to the questionnaire regarding consultant posts held; referee reports; and response at a structured interview.

The interview addresses the applicant's basic qualifications; advanced qualifications; experience; research and publications; education and teaching; emergency medicine administration; topical issues in emergency medicine; and knowledge of, and attitude towards, the College. A written report and outcome recommendations are sent to the College Council of Education for approval.

Outcomes can include election to fellowship without further requirements, a period of supervised practice in an ACEM accredited emergency department, completion of the research requirement, completion of the fellowship examination or a combination of these.

Assessment of overseas trained specialists for an Area of Need (AoN) position also follows that laid out by the AMC. The college reviews the AoN position description and assesses the applicant's qualifications to determine if they are suitable for the position. The recommendation of the applicant as suitable for the AoN post does not imply the applicant has demonstrated satisfactory comparability with a FACEM. Assessment for fellowship requirements can now be conducted along with the AoN assessment (concurrent assessment).

Accreditation

Hospital emergency departments meeting minimum criteria as stated in the *Guidelines for Adult and Mixed Emergency Departments Seeking Training Accreditation* are accredited for either 6, 12 or 24 months of emergency medicine training.

A number of elements are considered including staffing levels, supervision, case mix of patients, design and equipment, support services, the education and research program, trainee orientation and support mechanisms, accreditation of other specialties within the hospital.

Inspections are carried out at the request of a hospital seeking accreditation or as part of a 5-year cycle of reinspection. FACEM inspectors visit the hospital and meet with staff of the emergency department and other senior staff. The outcome is discussed by the inspection team and reported to the Council of Education where the decision is made.

Further Information

Additional information is available from:

Australasian College for Emergency Medicine – <http://www.acem.org.au/>

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Royal Australian College of General Practitioners (RACGP) sets the standards for general practice training for GP registrars training towards Fellowship of the college. On successful completion of training and success in the RACGP assessments, candidates are usually eligible for the award of fellowship of the RACGP.

Training Program

The typical length of training is three years.

The typical training program for a registrar is at least 12-month placement at a hospital; 18 months of core training in an RACGP accredited general practice; and a further 6 months in an extended skills post, which may be hospital or general practice based.

Trainee Selection

Applicants for general practice training apply through Australian General Practice Training (AGPT) Program for selection.

Trainee Assessment

Formative assessment includes the development of the registrar's learning plan. This must be done early enough and with sufficient frequency to provide the opportunity for registrars to regularly update their learning plans. Training includes specific, timely and regular feedback to registrars about their performance, including information concerning what needs to be improved and an agreed plan for how to go about making the desired changes.

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

International Medical Graduate Specialists

The RACGP conducts assessment of international medical graduates' general practice qualifications and experience.

Assessment for comparability

Assessments occur either by the Specialist Pathway Program of the Practice Eligible Pathway program.

The specialist pathway program provides a pathway to FRACGP for International Medical Graduates (IMGs) based on an assessment of their previous training and experience in general practice.

The practice eligible pathway recognises work experience and is a way that international medical graduates working in Australia, also referred to as overseas trained doctors, can gain Fellowship without having to do specialist general practice training (vocational training). 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 for both pathways are provided on the College's website

<http://www.racgp.org.au/becomingagp/imgaus/>

Accreditation

RACGP training posts are accredited according to the RACGP Vocational Training Standards Criterion 1.3.1.1 – <http://www.racgp.org.au/download/Documents/Standards/18549-Standards-for-General-Practice-Training-Second-Edition-V2.pdf>

Under the delegated arrangements introduced in 2011 the Regional Training Providers (RTPs) are conducting the training post accreditation process according to the RACGP Vocational Training standards.

Further Information

Royal Australian College of General Practitioners – <http://www.racgp.org.au/>

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

Note: This information is applicable for those who registered prior to 1st January 2014. For trainees who registered from 1st January 2014 onwards, a new curriculum is applicable.

The College of Intensive Care Medicine of Australia and New Zealand (CICM) was established in 2009 and developed from the former Joint Faculty of Intensive Care Medicine, ANZCA and RACP. From the 1 January 2010 CICM assumed responsibility for the training program in intensive care medicine. The training program is flexible and allows trainees to undertake training concurrently with other related college programs (e.g. RACP, ANZCA, and ACEM). The training program outlined below is relevant to the trainees and graduates captured in this report, however on 1st January 2014 the College launched a new curriculum and Trainee Selection Policy.

Training Program

Pre 2014

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

training or have completed training in a primary specialty, such as anaesthesia, medicine or emergency medicine.

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

2014 Onwards

*Note: The term basic training is no longer applicable and all training is now classified as advanced years 1 to 6 (as mentioned in Appendix F).

Total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of anaesthesia, 12 months of medicine (including 6 months of emergency or acute medicine) and 6 months in an elective placement. Trainees are also required to complete a term in paediatrics in an approved unit and at least 3 months of training must be undertaken in a rural hospital (paediatric and rural requirements may be completed in a discipline other than intensive care medicine).

Intensive Care Training Time

The required 42 months of specific intensive care training is divided into three stages:

- *Foundation Training* (6 months) – Undertaken prior to selection into the program.
- *Core Training* (24 months) – Entry into Core Training requires completion of a recognised First Part (Primary) Examination and other specified learning and assessment tasks.
- *Transition Year* (12 months) – Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric Intensive Care Medicine, satisfactory In-Training Evaluation Reports (ITER's) during Core intensive care training, anaesthetics and medicine, and other specified learning and assessment tasks.

Clinical Anaesthesia – 12 months

Training in clinical anaesthesia must be undertaken in anaesthesia positions approved by the College. Training time may be retrospectively accredited.

Clinical Medicine – 12 months

Clinical medicine training must be undertaken in positions approved by the College. Six months must be in acute medicine (e.g. Emergency) and six months with responsibility for longitudinal care of medical patients. Training time may be retrospectively accredited.

Elective – amount dependent on Censor's assessment of previous training/experience. Training may be in intensive care, clinical anaesthesia, general medicine, specialist medicine, emergency medicine, surgery, research or other disciplines related to intensive care.

Trainee Selection

Pre 2014

Trainees must be able to register in their region of training, have completed 12 months general hospital experience, are free from alcohol and chemical abuse, and agree to comply with the CICM regulations relating to training. Selection to positions within an intensive care unit (ICU) is conducted by the employing authority, not the CICM.

2014 Onwards

Australian applicants must have Limited Registration for postgraduate training or supervised practice as set out in the Medical Board of Australia Registration Standard. If joining the training program in New Zealand, doctors must have appropriate medical registration with the Medical Council of New Zealand.

Applicants are also required to have completed 6 months of supervised experience in an intensive care unit within the last 3 years, and provide two structured references from CICM Fellows or Intensive Care Specialists who provided direct supervision during the 6 months ICU experience.

Trainee Assessment

Pre 2014

Basic training requires annual assessment by a supervisor. The Fellowship Examination examines various subjects on the theory and practice of intensive care, and the relevant aspects of the basic sciences and related disciplines. The examination consists of written and oral sections. The medical Australian Donor Awareness Program (ADAPT) is required in basic or advanced training.

2014 Onwards

Examinations

Successful completion of the CICM First Part Examination or another qualification approved by the Censor must be undertaken prior to the commencement of Core training. Successful completion of the CICM Second Part Examination (General or Paediatric) should follow the satisfactory completion of at least 12 months of Core training.

In-Training Evaluation Reports

For intensive care training, six monthly reports from Supervisors are required. All reports are completed via the online In-Training Evaluation Report (ITER). The ITER will monitor the trainee's progress throughout the program. An ITER's is also required for three month blocks of training in anaesthesia, medicine or elective.

Workplace Competency Assessments (WCA)

Trainees will be required to satisfactorily complete a number of specific Competency Assessments. These can be supervised by any Fellow of the College. The required WCA's are: ventilator set-up; insertion of Central venous catheter; brain death certification; insertion of Inter-costal catheter; communication skills; performance of tracheostomy.

Observed Clinical Encounters (OCE)

Trainees are required to satisfactorily complete a minimum of eight Observed Clinical Encounters (akin to 'Mini CExs'), two during each six months of Core Training. OCE's can be supervised by any Fellow of the College.

Formal Project

All trainees must satisfactorily complete the requirements of the Formal Project. The Project must be submitted for assessment prior to commencing the Transition Year.

International Medical Graduate Specialists

The assessment process is outlined in the CICM *Overseas Trained Specialist Policy* document. Applicants are assessed against equivalence with Australian specialists. Applicants not assessed as equivalent may be required to undertake a clinical practice assessment in an approved post and/or all or part of the clinical performance assessment.

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

Accreditation

Assessment criteria are outlined in the CICM Policy Documents. Criteria include, but are not limited to the following:

- the case load and case mix to which trainees will be exposed;
- sufficient numbers of staff in the unit, including FCICMs and ancillary staff;
- suitable operational requirements, such as auditing procedures, educational programs for trainees and staff, research programs, quality assurance, clerical support;
- appropriate ICU design, including office space; and
- appropriate ICU equipment and facilities.

The accreditation level is granted based upon the maximum amount of training time in months that a trainee is allowed to spend in the unit.

Further Information

College of Intensive Care Medicine – <http://www.cicm.org.au/>

ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

Training Program

The advanced training program of the Royal Australian College of Medical Administrators (RACMA) is three years full-time or six years part-time. There is no basic training component.

The College's training program for candidates has three strands:

- approved workplace supervised medical management experience over three years;
- theoretical studies involving an Australian, or equivalent, university masters degree program containing the core units determined by the RACMA; and
- satisfactory completion of the RACMA training program.

Part-time and interrupted training are options. Successful completion of training involves completion of three FTE years, with supervised administrative experience.

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

Trainee Selection

Suitably qualified doctors may apply for Candidacy and train to become Fellows of the College. To be eligible to be considered for Candidacy, a doctor must show evidence of the following requirements:

- completed undergraduate medical degree from a recognised Australian or New Zealand university, or equivalent.
- current general medical registration in Australia or New Zealand.
- a minimum of three years full time clinical experience involving direct patient care.
- a medical management position. This may be a training post or a substantive position that will allow the Candidate to develop the appropriate medical management competencies. This post will normally be in Australia or New Zealand.

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 who mentors the Candidate throughout the Candidacy. The first 12 months is a probationary period.

Trainee Assessment

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

- participation in college workshops;
- completion of written case study;

- oral presentation of 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 for each question to assess their management knowledge, skills and attitudes. Supplementary examination may be offered for those who require further assessment.

International Medical Graduate Specialists

Specialist IMGs who wish to practice in the specialty of Medical Administration in Australia or NZ must apply directly to the Royal Australasian College of Medical Administrators (RACMA) for an assessment of their comparability to an Australian/NZ trained specialist. RACMA's International medical graduate assessment process evaluates the training, qualifications and experience of the IMG for comparability with an Australian/NZ trained Medical Administrator. The specialist pathway for Medical Administration allows for an assessment of specialist recognition to be able to register and practice as specialists medical administrators.

Before an IMG can apply for assessment by the Royal Australasian College of Medical Administrators, an application must be submitted to EPIC online for verification of their medical qualifications as overseas trained graduates and specialists must satisfy the AMC's verification process.

Accreditation

The college accredits individual training posts according to the assessment criteria set out in the college's *Accreditation Policy*.

Further Information

Royal Australasian College of Medical Administrators – <http://www.racma.edu.au/>

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Training Program

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) does not use the terms 'basic' and 'advanced' to distinguish between levels of specialist training, but does distinguish between the Core Training Program (CTP: Years 1–4) and Advanced Training Program (ATP: Years 5–6).

Core Training Program (CTP)

The first 4 years (184 weeks) of general obstetric and gynaecological training is known as the Core Training Program (CTP). This program could be broadly regarded as 'basic training'.

Advanced Training Program (ATP)

Advanced Training Program (ATP) may involve further general obstetrics and gynaecology, research or training towards a special interest area(s) or towards one of five subspecialty training programs. This program could be broadly regarded as 'advanced training'.

The training and assessment requirements, including workshops, undertaken during the CTP and the ATP, are set out in the RANZCOG curriculum, available on the College website.

The training program provides for part-time and interrupted training. Part-time training is on the basis of a minimum 50% of the full-time commitment. The first year of the CTP must be undertaken full-time. Interrupted training of up to two years is allowed without loss of credit of training already undertaken in the program.

Trainee Selection

Trainees entering the training program at Year One should:

- hold an approved Australian or New Zealand primary medical degree, or (for applicants in Australia) have successfully completed the requirements necessary to obtain the AMC certificate;
- (in Australia) possess general registration with the Medical Board of Australia under the National Registration and Accreditation Scheme as well as meet any residency or visa requirements enabling employment at any hospital within the jurisdiction(s) for which they are applying; (in New Zealand) have full medical registration with the New Zealand Medical Council and also hold permanent residency;
- have sufficient academic achievement to meet the requirements of the training program;
- have clinical experience that demonstrates the ability to exercise sound clinical ability and judgment;
- demonstrate interpersonal, communication, problem-solving and organisational skills; and
- be familiar with the Australian or New Zealand health system, as applicable.

The RANZCOG has a national selection process in which candidates are ranked nationally based on the scoring of their online applications/CVs, referee reports and interview. Note: not all applicants are shortlisted for interview; only those appropriately ranked based on the scoring of their application and referee reports are interviewed.

Trainee Assessment

The assessments undertaken may be summarised as follows:

- three-monthly formative and six-monthly summative in-training assessments;
- In-Hospital Clinical Assessments – one in ultrasound, the other in colposcopy;
- assessment of surgical competencies and satisfactory attendance at various workshops, including obstetrics and gynaecology surgical skills;
- research project – to be completed by the end of Year Five;
- Membership Written Examination – multiple choice and short answer papers; and
- Membership Oral Examination – Objective Structured Clinical Examination (OSCE) format.

Specialist International Medical Graduates

The assessment of an overseas trained applicant's qualifications, training and experience is undertaken by the College for the AMC. The AMC delegates to the college the responsibility of determining whether that applicant's qualifications and professional experience are comparable to those of an Australian-trained specialist in obstetrics and gynaecology. An assessment of the applicant's specialist training and experience, including three detailed referee reports, is undertaken to determine whether they may be considered comparable to an Australian-trained specialist in obstetrics and gynaecology, and thus proceed to an interview assessment conducted by a College panel, which includes a community representative.

Interviews are held approximately every eight weeks at College House in Melbourne. There are three possible outcomes from the interview:

- an applicant may be deemed to be substantially comparable to an Australian-trained specialist and invited to apply for fellowship of the college following satisfactory completion of a period of up to 12 months supervised specialist work and participation in CPD activities;
- an applicant may be deemed to be partially comparable to an Australian-trained specialist; or
- an applicant may be deemed to be neither partially nor substantially comparable to an Australian-trained specialist, in which case they will need to obtain the AMC Certificate and then apply to enter the college's specialist training program in order to proceed to fellowship of the College.

If deemed 'partially comparable' an applicant is required to complete a minimum of 12 months and a maximum of 24 months of prospectively approved supervised training before being eligible to apply for fellowship. During this time, they must satisfactorily complete the College Membership Written and Oral Examinations, two in-hospital clinical assessments, basic and advanced surgical procedures assessments and the College's Communication Skills Workshop. They must work closely with an approved training supervisor, submit satisfactory three-monthly formative and six-monthly summative assessment reports and, be certified as having satisfactorily demonstrated a list of competencies that are drawn from the RANZCOG Curriculum. Applicants assessed as 'partially comparable' have a maximum of four years from the date of their assessment to complete their requirements.

Accreditation

All FRANZCOG training hospitals are accredited by the College. All sites undergo reaccreditation every four years by the RANZCOG to ensure that the core requirements for clinical and educational experience, as defined in the RANZCOG curriculum are being met.

Further Information

Royal Australian and New Zealand College of Obstetricians and Gynaecologists –
<http://www.ranzcog.edu.au/>

ROYAL AUSTRALASIAN AND NEW ZEALAND COLLEGE OF OPHTHALMOLOGISTS

Training Program

Basic Training

Basic training of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is two years in length and occurs in structured terms in training hospitals in Australia and New Zealand. The trainee must demonstrate integrated clinical and surgical skills based on strong foundational knowledge of the ophthalmic sciences, as well as attainment of appropriate social and professional responsibilities. Learning occurs through on the job supervision, didactic sessions and self-study.

Advanced Training

Advanced training is two years in length followed by a final year. In advanced training, years 3 and 4, trainees must demonstrate integrated clinical and surgical skills and knowledge in each of the following clinical practice areas: cataract and lens, clinical refraction, cornea and external eye, glaucoma, neuro-ophthalmology, ocular inflammation, ocular motility, oculoplastics, paediatric, refractive surgery, and vitreo retinal.

In the final year of training the trainee is expected to broaden his or her specialist experience in final preparation for specialist qualification and to function in the community as an independent ophthalmologist. The final year experience may be undertaken in Australia, New Zealand or overseas, preferably in an institution or program other than that at which the trainee completed the first four years.

Trainee Selection

Basic Training

The college cooperates with health and hospital employing bodies to rank, match and appoint applicants on merit to accredited ophthalmology training posts. Hospital networks, as the employing bodies, have primary responsibility for trainee selection. The college provides selection guidelines, which follow the best practice in selection practices, to the hospital networks. It also specifies that the training selection criteria are based on the CanMEDs (Canadian Medical Education Directives for the Specialists) seven key roles framework: medical expert, scholar, communicator, collaborator, manager, health advocate and professional.

Advanced Training

Selection for advanced training takes place in the second half of each calendar year. Basic trainees are therefore required to pass all ophthalmic sciences and the Ophthalmic Basic Competency and Knowledge requirements, as well as gain satisfactory grades in their work-based assessment reports within 18 months of the commencement of training, to be eligible to apply for advanced training from year 3.

Trainee Assessment

Basic Training

Assessment in the ophthalmic sciences subjects is by examination. Trainees are required to sit and pass the Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) Module 1 prior to starting formal training, but after selection to the Vocational Training Program. Once selected, even if formal training time has not commenced, a Trainee must also attempt the Anatomy examination at the first sitting scheduled by the College.

All basic science exams, including the Ophthalmic Basic Competencies and Knowledge clinical examination must be passed within the first 18 months of training. Throughout their basic training, trainees also complete work-based assessments for each rotation.

Advanced Training

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

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

Specialist International Medical Graduate

A Specialist International Medical Graduate (S-IMG) wanting to gain recognition as specialist ophthalmologist in Australia must apply directly to RANZCO for assessment. Applications are made by submission of documents, including primary source verification of their relevant medical qualifications sought via the Australian Medical Council. The assessments are conducted by RANZCO's S-IMG Committee which is made up of nine Fellows of the College and an external member. There are six stages in the assessment process:

- 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 RANZCO examinations (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, an interim decision on comparability is made:

- S-IMG applicants are deemed substantially comparable pending interview if their training, qualifications and experience are considered comparable to an ophthalmologist trained and qualified in Australia. Following the interview RANZCO recommends specialist recognition to AHPRA, and the applicant is eligible to apply for RANZCO fellowship (in some cases the applicant may be required to undergo a period of oversight before being eligible to apply for fellowship);
- S-IMG applicants are deemed partially comparable if the S-IMG Committee has identified gaps in their knowledge or experience. The applicant is required to undertake further assessment or training, Stages 4 and 5, and if performing satisfactorily he/she proceeds to final interview, Stage 6. If successful in interview, the applicant is eligible to apply for fellowship (in some cases the applicant may be required to undergo a period of oversight before being eligible to apply for fellowship); or
- S-IMG applicants are deemed not comparable if the S-IMG Committee identifies gaps in their knowledge or experience which would require more than two years of specialist training in order to mitigate.

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

Accreditation

The college inspects all training locations in the seven training networks in Australia and New Zealand. Site inspections of existing training posts take place on a three-year cycle. Other reasons for site inspections are by request either from an institution applying for a new training post or from the regional Qualification Education Committee Chair because of changes to a training post. Inspections are conducted in consultation with the key stakeholders including hospital administrators, clinical tutors, term supervisors and trainees.

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

Further Information

Royal Australian and New Zealand College of Ophthalmologists – <http://www.ranzco.edu/>

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALIA

Training Program

The Royal College of Pathologists of Australasia (RCPA) advanced training program requires five years. There is no basic training.

Fellowships are awarded in the following disciplines: anatomical pathology, chemical pathology, clinical pathology, forensic pathology, general pathology, genetic pathology, haematology, immunopathology and microbiology.

Some programs are joint programs with the RACP. These include haematology, immunology and allergy/immunopathology, endocrinology/chemical pathology and microbiology/infectious diseases.

Part-time training is supported, as long as the trainee is employed for a minimum of eight hours per week on average. Interrupted training is also supported and the college places no limit on the time taken to achieve fellowship.

Trainee Selection

The college accredits laboratories for training, but not the actual positions. As a consequence, the college is not directly involved in selecting trainees for positions. The college does have a guideline for the selection of trainees based on the Brennan principles, which it encourages all laboratories to use. The College does support a number of Trainee Networks in various disciplines and states.

Trainee Assessment

All trainees are expected to demonstrate knowledge of basic scientific and pathological principles and laboratory management as it relates to their discipline. Trainees must pass three examinations:

- a basic pathological sciences examination;
- a Part 1 examinations, usually undertaken during the third year of training; and
- Part II examinations, usually undertaken in the fifth and final year of training.

The *RCPA Trainee Handbooks* contain discipline specific information on assessment and examinations and are available from the college's website.

Overseas Trained Specialists

The Board of Education and Assessment makes an independent assessment following interview by, and the advice of, an overseas trained specialist assessment subcommittee as described below. At the same time the assessment applicant will be provided with training determinations as to any additional training time or examinations they would need to undertake should they wish to attain the fellowship of the RCPA.

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

Accreditation

The college accredits both public and private sector laboratories for training. In order to be accredited, a laboratory must first be accredited from a quality perspective by the separate National Association of Testing Authorities (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 at least every four years as part of the required NATA accreditation, or as the need arises. Visits may be carried out in collaboration with representatives of the RACP where joint training programs are in place.

Further Information

Royal College of Pathologists of Australasia – <https://www.rcpa.edu.au/>

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Training Program

The Royal Australasian College of Physicians (RACP) provides vocational training programs in the following areas:

- Adult Medicine;
- Paediatrics and Child Health;
- Occupational and Environmental Medicine;
- Public Health Medicine;
- Rehabilitation Medicine;
- Palliative Medicine;
- Addiction Medicine; and
- Sexual Health Medicine.

Each of these has separate training programs which vary in length between three to eight years depending on the specialty chosen. Commencing in 2008, the RACP has phased in a common educational framework called Physician Readiness for Expert Practice (PREP). The PREP program is a comprehensive system of formative education throughout Basic and Advanced Training.

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

Basic Training – Adult Medicine and Paediatrics and Child Health

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

Advanced Training

Advanced Training is provided in all the specialties listed above and most programs are a minimum of three years in length.

Within adult medicine and paediatrics there are a broad range of specialties not listed which include cardiology, clinical genetics, clinical pharmacology, community child health (paediatrics only), endocrinology, gastroenterology, general and acute care medicine (adult medicine only), general paediatrics (paeds only), geriatric medicine (adult medicine only), clinical haematology, clinical immunology and allergy, infectious diseases, medical oncology, neonatal/perinatal medicine (paeds only), nephrology, neurology, nuclear medicine, palliative medicine, paediatric rehabilitation medicine, respiratory medicine rheumatology and sleep medicine.

There are also specialty advanced training programs which are conducted jointly with other specialist colleges:

- haematology, immunology and allergy, endocrinology and chemical pathology and infectious diseases and microbiology, with the Royal College of Pathologists of Australasia (RCPA);
- paediatric emergency medicine with the Australasian College for Emergency Medicine (ACEM);
- nuclear medicine with the Royal Australian and New Zealand College of Radiologists (RANZCR); and
- paediatrics and child and adolescent psychiatry with the Royal Australian and New Zealand College of Psychiatrists (RANZCP)⁶.

Trainee Selection

Applicants for basic training must have successfully completed a medical degree, an internship year, have general medical registration with the Medical Board of Australia and be currently employed in a suitable training position in an accredited hospital, as confirmed by the Director of Physician Education within the hospital.

Selection into advanced training in a specialty is contingent upon the trainee successfully completing basic training requirements and securing a suitable advanced training position in a training setting prior to submitting an application for approval by the relevant training committee.

⁶ This training program is currently under review and closed to new entrants.

Trainee Assessment

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

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

On satisfactory completion of all training requirements, trainees are admitted to Fellowship of the Royal Australasian College of Physicians (FRACP). Trainees enrolled in joint training programs with the RCPA must complete all training requirements of the joint program before FRACP is awarded.

Overseas Trained Specialists

Applications from overseas trained physicians or paediatricians for specialist recognition in Australia are assessed by the RACP. The assessment of comparability is based on the professional attributes, knowledge and clinical skills expected of an Australian trained specialist in the same field of specialist practice.

When assessing an overseas trained specialist for comparability, the RACP considers any training, assessment, experience, recent practice and continuing professional development (CPD) completed by the applicant to determine whether he or she is able to practice at a level comparable to the standard expected of an Australian trained specialist commencing in the same field of practice. Applicants are interviewed to assess their comparability to Australian-trained physicians and paediatricians. Representatives from the relevant subspecialty are involved at every stage of the process. The documentation and interview report are assessed by the relevant overseas trained physician/paediatrician (OTP) committee, which determines one of three possible outcomes to the assessment:

- OTP is deemed to be substantially comparable to an Australian-trained physician/paediatrician;
- OTP is deemed to be partially comparable to an Australian-trained physician/paediatrician; or
- OTP is deemed to be not comparable to an Australian-trained physician/paediatrician and is advised to complete the AMC examination and apply to join the RACP training program.

If deemed 'substantially comparable', the applicant is generally required to complete 12 months of prospectively approved professionally supervised peer review before being eligible to apply for fellowship. If deemed 'partially comparable', he or she may be required to successfully complete some or up to 12 months of top up training before up to 12 months of peer review, as well as other assessments as required, such as written or clinical/oral examinations, work-based assessments 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

Royal Australasian College of Physicians – <http://www.racp.edu.au/>

RACP – THE AUSTRALASIAN FACULTY OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE⁷

Training Program

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM)'s training program is focused on the ability to assess a person's fitness for work, facilitate return to work of a person after injury or illness, and identify ways in which work or environment harms health so as to negotiate effective prevention and to respond to the needs of courts and tribunals. The AFOEM training program encourages trainees to assess the effects of harmful exposures in places where they occur, to research the health effects of new and developing work activities and technologies, and to seek and seize opportunities to foster prevention.

Trainees are required to participate in training review meetings, complete six-monthly training status reports, learning plans, formative assessments and work a minimum of twenty hours⁸ per week in occupational and environmental medicine.

Trainees can apply to prospectively interrupt their training at any time but cannot undertake any assessment components during the time of interruption. Interrupted training is allowed but the training program must be completed within the 10 year time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis). Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis).

A maximum period of 24 months of full-time parental leave can be excluded from the time limit to complete training.

7 The Australasian Faculty of Occupational Medicine formally became the 'Australasian Faculty of Occupational and Environmental Medicine' (AFOEM) in May 2007. Historically there has always been a strong element of 'environmental' medicine in the teaching and practice of Occupational Medicine, and this change was seen as more clearly defining the specialty.

8 Prior to 2015, trainees were required to work a minimum of ten hours per week in occupational and environmental medicine.

Trainee Selection

For entry into the AFOEM training program, applicants must:

- have obtained general medical registration with the Medical Board of Australia⁹;
- have completed at least two years of full-time postgraduate general clinical experience;
- be enrolled in or have completed a postgraduate qualification in occupational and environmental medicine;
- have obtained a position in occupational medicine in Australia, and be working a minimum of twenty hours per week in the field. It is the trainee's responsibility to find a suitable position for occupational and environmental medicine training;
- have reached an agreement with a Fellow of AFOEM to be an Educational Supervisor; and
- have not been involuntarily discontinued because of failure to progress from any College training program.

Prospective trainees must approach the Director of Training in their region about the possibility of joining the training program. Their previous qualifications are assessed and a recommendation to undertake additional study or to apply is given.

Trainee Assessment

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

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

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

AFOEM does currently not offer accredited training positions, but approves each post on a casebycase basis. Applicants must find employment in occupational and environmental medicine and apply to Director of Training for the position to be endorsed. Any position will not contain the variety of experience required to fulfil all the competencies, so trainees are encouraged to work in different positions throughout training. Each time the trainee moves to a new position, this should be endorsed by the Director of Training.

Further Information

Australasian Faculty of Occupational and Environmental Medicine – <https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-occupational-and-environmental-medicine>

⁹ International medical graduates must first have been assessed by the AMC as being competent to practice medicine in Australia and must provide evidence of satisfactory completion of the AMC Certificate.

RACP – AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE

Training Program

The Australasian Faculty of Public Health Medicine (AFPHM) training program provides trainees with experience in the practice of public health medicine in appropriately supervised and supported environments. In the course of three years (FTE), trainees acquire the knowledge, skills and attitudes of a public health physician by completing, with guidance from Regional Education Coordinators, Supervisors, and Mentors, rotations through a variety of public health activities.

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

Trainee Selection

For entry into the AFPHM training program, applicants must:

1. have obtained general medical registration with the Medical Board of Australia¹⁰;
2. have completed basic training requirements:
 - at least 3 years of medical experience since graduating (including at least 2 years of clinical experience, one of which being the intern year). This may include one year of full-time study toward a Master of Public Health; and
 - have completed, or are enrolled in¹¹ a Master of Public Health (or comparable Masters degree), which includes the Faculty's core discipline areas:
 - Epidemiology;
 - Biostatistics;
 - Health Protection (includes Environmental health and/or communicable disease prevention and control);
 - Health Promotion; and
 - Health Policy, Planning or Management.
3. have obtained a Public Health position in Australia. It is the trainee's responsibility to find a suitable position for public health training.

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

10 International medical graduates must first have been assessed by the AMC as being competent to practice medicine in Australia and must provide evidence of satisfactory completion of the AMC Certificate.

11 The degree program must be completed before applicant can progress to the second year of Advanced Training.

Trainee Assessment

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

For trainees who are eligible and wish to gain Fellowship from 2010, the assessment requirements to be completed are as follows:

1. completion of 36 units of Advanced Training (confirmed by approved Supervisor's Reports);
2. satisfactory completion of three Workplace Reports;
3. completion of an oral presentation (a formative assessment requirement);
4. completion of two summative oral presentation assessments;
5. completion of two Direct Observation of Practical Professional Skills assessment; and
6. satisfactory completion of an oral examination.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

The Faculty has a site accreditation process to accredit training settings that are able to provide a suitable environment for public health medicine training.

Further Information

Australasian Faculty of Public Health Medicine – <https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-public-health-medicine>

RACP – AUSTRALASIAN FACULTY OF REHABILITATION MEDICINE

Training Program

The Australasian Faculty of Rehabilitation Medicine (AFRM) has a four-year training program for Adult Rehabilitation Medicine and a three-year program for Paediatric Rehabilitation Medicine. Training occurs in prospectively approved training programs in rehabilitation medicine units during which trainees acquire the professional qualities and specialty specific competencies necessary to practise as a rehabilitation medicine physician.

Trainee Selection

To register for the Adult Rehabilitation Medicine program, a trainee must have completed at least two full years of postgraduate supervised training in general medical and surgical areas. To register for the Paediatric Rehabilitation Medicine program, trainees must have successfully completed the RACP Paediatric and Child Health Division basic training requirements.

AFRM trainees are self-selected. In order to have a training program approved and become a registered trainee, a doctor must obtain employment or other supervised work that is accepted as appropriate training by the faculty. Each year, applicants must obtain positions that enable appropriate training. Applications for these service positions are managed by employing bodies.

The faculty is not directly involved in the selection of trainees into employment positions. However, each year some members of the faculty, as hospital employees, may be involved in interviews and placement of doctors into some registrar positions for the following 12 month period. The faculty recommends that official faculty representatives attend these interviews.

Trainee Assessment

As well as on-going assessment requirements and successful completion of the fellowship examinations, admission to fellowship of the faculty requires satisfactory completion of all training requirements as follows:

- four years of supervised clinical training in rehabilitation medicine in an accredited training program (Adult Rehabilitation Medicine) or
- three years of supervised clinical training in rehabilitation medicine in an accredited training program (Paediatric Rehabilitation Medicine); and
- completion of training modules in clinical research, clinical neuropsychology, health service administration and evaluation, and behavioural sciences.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Accreditation

The faculty accredits facilities considered suitable environments for training in rehabilitation medicine, although individual trainees' proposed training programs, not posts, are approved annually whether undertaken at non-accredited or accredited facilities. The criteria facilities should fulfil for accreditation are listed on the website.

In order to achieve formal accreditation and two-yearly re-accreditation, facilities are required to complete and submit a rehabilitation medicine survey form to accredit training settings. A desktop audit is then conducted. Site visits are conducted on a six-year cycle.

Further Information

Australasian Faculty of Rehabilitation Medicine – <https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-rehabilitation-medicine>

RACP – AUSTRALASIAN CHAPTER OF PALLIATIVE MEDICINE

Training Program

The Australasian Chapter of Palliative Medicine (AChPM) has a three-year vocational training program. Training program requirements depend on the trainee's prior experience and are determined upon application. The minimum training requirement includes five mandatory six-month training terms (30 months) in palliative medicine, a case study and a project. Chapter trainees and RACP advanced trainees in palliative medicine both follow the RACP palliative medicine curriculum.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements including the examinations.

Trainee Assessment

Assessment during training is by ongoing assessment of clinical competence by approved supervisors. On satisfactory completion of all training requirements, trainees are admitted to fellowship of the chapter (FACHPM). Trainees who complete the RACP advanced training program in palliative medicine are awarded FRACP and may subsequently be awarded FACHPM.

Trainees enrolled in the RACP advanced training program in palliative medicine are automatically invited to become fellows of the chapter upon gaining FRACP.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

Australasian Chapter of Palliative Medicine – <https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-palliative-medicine>

RACP – AUSTRALASIAN CHAPTER OF ADDICTION MEDICINE

Training Program

The Australasian Chapter of Addiction Medicine (AChAM) has a three-year vocational training program. Training program requirements depend on the trainee's prior experience and qualifications and are determined upon application. Program requirements include a minimum of 18 months clinical experience in accredited addiction medicine positions and up to 18 months in approved research, medical, psychiatric or public health positions. Exemptions are available for individuals who have completed addiction psychiatry training with the Royal Australian and New Zealand College of Psychiatrists.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements including the examinations.

Trainee Assessment

Assessment includes regular six-monthly supervisor reports, completion of a log book, completion of a quality improvement project, a research project, regular case studies/presentations and/or observed interviews.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

Australasian Chapter of Addiction Medicine – <https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-addiction-medicine>

RACP – AUSTRALASIAN CHAPTER OF SEXUAL HEALTH MEDICINE

Training Program

The Australasian Chapter of Sexual Health Medicine has a three-year vocational training program and can be tailored to be completed in a range of settings. Depending on the trainee's prior experience and qualifications, credit for prior learning will be considered. The program provides experience in fertility regulation, sexual health counselling, HIV medicine, sexual health medicine, epidemiology and biostatistics.

Trainee Selection

Applicants must be a registered medical practitioner in Australia or New Zealand and hold fellowship of a chapter approved college or faculty, or have completed RACP basic training requirements, including the examinations.

Trainee Assessment

Assessment includes regular supervisor reports, projects, formal coursework and an oral exit exam.

Overseas Trained Specialists

Refer to the overseas trained specialists section under RACP.

Further Information

Australasian Chapter of Sexual Health Medicine – <https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-sexual-health-medicine>

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

Training Program

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) vocational training program for admission is five years, comprising three years of basic training and two years of advanced training.

Basic Training

Basic training requires a minimum of 36 months FTE. The training is based around rotations in adult general psychiatry, child/adolescent psychiatry and consultation liaison, together with training experiences in rural psychiatry and indigenous mental health, psychiatry of old age, addiction, electro-convulsive therapy (ECT) and psychotherapy. This curriculum is intended to promote a consumer-focused approach in which the consumer is able to work towards management of their condition in active partnership with their psychiatrist and other mental health professionals.

Advanced Training

Advanced training requires a minimum of 24 months FTE and involves continued rotations in accredited advanced training posts. In generalist training, rotations can be in general psychiatry or any subspecialty and a maximum of 12 months of the two years can be spent doing clinical research. All advanced trainees, whether in the generalist fellowship program or whether undertaking one of the seven certificate streams, must complete leadership and management experience, accrue continuing medical education hours across the two years, continue to do regular psychotherapy and receive supervision for this, continue developing their consultative skills and must also complete several learning projects in the fields of biological, social and cultural management as well as the annual Ethical Practice Activities.

Trainee Selection

Basic Training

To be eligible to apply, prospective trainees must have satisfactorily completed at least one FTE year of general medical training, hold current general medical registration in Australia or New Zealand and be in good standing with the relevant medical registration board or equivalent approved body. Applicants apply direct to the local training committee responsible for basic trainee selection.

Advanced Training

To be eligible to commence advanced training for generalist fellowship, trainees must have satisfactorily completed all basic training and assessment requirements.

To be eligible to commence an advanced training subspecialty program, trainees must have satisfactorily completed all basic training and assessment requirements, including the clinical examinations. Applicants apply direct to the state or territory director of advanced training.

Trainee Assessment

Basic Training

During the first three years of training, trainees must demonstrate satisfactory progress in a recognised formal education course. In-training assessment consists of both formative three-monthly and summative six-monthly feedback. In addition, trainees are required to complete two case histories and written and clinical examinations.

Advanced Training

In-training assessment consists of both formative three-monthly and summative six-monthly feedback.

Overseas Trained Specialists

Applications for the assessment of international specialist psychiatry qualifications to determine equivalence for fellowship are submitted directly to the RANZCP. The applicant, or the employer, employment agency or medical board on behalf of the applicant, provides standard documentation and payment of a standard assessment fee, as part of the AMC approved process. Local panels of trained, College approved, assessors review the documentation provided and the applicant attends a clarification interview.

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

Accreditation

The local training committees assess and accredit training posts. A health service submits a training proposal to a local training committee. The proposal is assessed and a site visit conducted according to standard operating procedures to determine if the post meets the RANZCP standards for accreditation.

The Accreditation Committee of the Education Committee is responsible for conducting regular accreditation visits to all training programs in Australia and New Zealand on a three-year cycle. The accreditation visitors ascertain whether the program meets the standards of accreditation which include:

- the degree to which the apprenticeship model of training is applied;
- the adequacy of lines of clinical responsibility;
- whether the provision of supervision meets college requirements;
- that the range of individual posts throughout the training program provides satisfactory training and gives a sufficiently broad clinical experience;
- the working conditions, workload of trainees and the facilities provided;
- the overall organisational aspects of the program; and
- the atmosphere and morale within the program.

2012 Fellowship Program

In January 2013, the 2012 Fellowship program started in Australia with trainees entering Stage 1. The 2012 Fellowship program is based around the CanMEDs model and involves a curriculum that is designed around Fellowship competencies, learning outcomes, and developmental descriptors. The 2012 Fellowship program is completed across three stages, Stage 1 (min 12 months FTE), Stage 2 (min 24 months FTE), and Stage 3 (min 24 months FTE). During each stage, trainees complete rotations based around approved areas of practice including adult psychiatry, child/adolescent psychiatry, and consultation liaison psychiatry. Elective rotations in psychiatry of old age, addiction, psychotherapies, forensic psychiatry, rural psychiatry, or indigenous (either Aboriginal and/or Torres Strait Islander or Māori) psychiatry can also be completed.

The 2012 Fellowship program introduced Entrustable Professional Activities (EPAs) and Workplace-based Assessments (WBAs). For each stage, trainees must complete a number of mandatory EPAs. WBAs are used to inform the completion of the EPAs and to provide feedback for trainees' developmental trajectory.

A revised assessment structure has been introduced with the First Presentation Case History being replaced with a Scholarly Project. The written examination has been separated into the Multiple Choice Questions (MCQ) paper and the Essay paper. Trainees must pass both papers separately. The Psychological Methods case history has been modified to become the Psychotherapy Written Case (PWC), including a different format and revised requirements. The clinical examination structure for the 2012 Fellowship Program comprises the Objective Structured Clinical Examination (OSCE). Transition of 2003 trainees to the 2012 program will be conducted from 2016 onwards.

Further Information

Royal Australian and New Zealand College of Psychiatrists – <http://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 clinical radiology, the new curriculum commenced in December 2009 for trainees in New Zealand, and in January 2010 for trainees in Australia and Singapore.

Clinical Radiology

The minimum required period of training for the Clinical Radiology 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. Trainees are expected to develop the finely tuned cognitive and observation skills required to enable accurate interpretation of plain radiographs, CT, nuclear medicine, ultrasound and MRI studies. Additionally, the program is designed to provide trainees with an understanding of the risks associated with radiation, radionuclides, contrast media and interventional procedures.

Radiation Oncology

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

Part-time or Interrupted Training

Both specialties of the RANZCR allow for part-time and interrupted training. Part-time training must be undertaken at a minimum of 0.5 FTE for each specialty. 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 and training committee in either clinical radiology or radiation oncology.

Trainee Selection

As the RANZCR accredits training sites, not individual positions, the selection process is undertaken by employers – whether they are private practices or departments in public hospitals – with a RANZCR representative as a member of the selection panel.

Entrants into a specialist training program are required to hold a basic medical degree and appropriate medical registration for the jurisdiction where the position is located. It is also required that all trainees have at least 24 months of general hospital training – that is, had completed PGY1 and PGY2.

In some circumstances, 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

Clinical Radiology

The training program in clinical radiology has a portfolio approach to assessment throughout training. The Learning Portfolio details a suite of assessment tools designed primarily to drive

learning and provide opportunities for trainees to receive feedback on their performance in a formative manner. This includes assessment tools that are required throughout training, such as DOPS (Directly Observed Procedures), IPX (Individual Patient Evaluations), MSF (multi-source feedback) and Director of Training Assessments, as well as specified assessments that are required in the different Phases of training, for example: in Phase 1, trainees (Years 1–3) complete a Research Project and in Phase 2, trainees (Years 4–5) complete a second Research Project.

The examination process in assessment comprises:

- Part 1 examination in anatomy and applied imaging technology – this examination may only be attempted by candidates who occupy accredited training positions and candidates are not permitted to sit the Part I subjects separately; and
- Part 2 examination, which consists of examinations in clinical radiology and pathology. These must be taken together at the first attempt, and not earlier than a candidate's fourth year of training.

Radiation Oncology

The training program in radiation oncology has a portfolio approach to assessment throughout training. The Learning Portfolio details a suite of assessment tools designed primarily to drive learning and provide opportunities for trainees to receive feedback on their performance in a formative manner. This includes assessment tools that are required throughout training, such as Mini-CEX (Mini-Clinical Evaluation), MSF (multi-source feedback), Director of Training Assessments, Clinical Supervisor Assessments, as well as specified assessments that are required in the different Phases of training. In Phase 1, trainees complete ten Clinical Assignments. In Phase 2, trainees complete Case Reports, a statistics assignment and a research requirement.

The training program in radiation oncology also includes two formal examinations:

- Phase 1 examination – a written examination of Oncology Sciences material; and
- Phase 2 examination – an exit exam and includes written papers and oral viva examinations.

The RANZCR conducts assessments of overseas trained clinical radiologists and radiation oncologists. Assessors undertake specific training before undertaking interviews of overseas trained specialists.

Area of Need Process

The revised Area of Need (AoN) assessment process was implemented on 1 April 2007 and incorporates the assessment of the applicant's clinical competencies in addition to an interview component, where applicants are interviewed by two Fellows of the RANZCR. Since 2011, this process also includes assessment for specialist recognition. Supervision guidelines have been established after consultation with supervisors of AoN appointees and heads of department.

Specialist Recognition

The RANZCR currently has three different pathways to specialist recognition:

- *Examination Pathway (partially comparable)*: The individual is assessed on their comparability to an Australian or New Zealand trained specialist, based on their training and subsequent clinical experience. If found to be partially comparable, candidates are eligible to sit the FRANZCR Part 2/Phase 2 examinations. They are eligible to apply for fellowship of the RANZCR after successful completion of the Part 2/Phase 2 examinations;
- *Peer Review Pathway (substantially comparable)*: The individual applies for specialist recognition and is assessed as per the College process for the examination pathway; however, the applicant must satisfy set criteria to be found substantially comparable. The peer review period of up to 12 months is to be undertaken in an accredited department; upon satisfactory completion of peer assessment in the workplace and multi-source feedback exercise, the applicant is eligible to apply for fellowship of the RANZCR;
- *International Recognition*: The individual applies for admission to fellowship of the RANZCR on the basis of international recognition; being of an extremely high calibre, having an extensive record of publications, presentations, recipient of academic awards and holding a high-level academic appointment. They are interviewed by the Chief Censor and a councillor and, if successful, are granted specialist recognition. Admission to fellowship under this provision is recommended only upon taking up a position in Australia or New Zealand.

Accreditation

The RANZCR accredits training sites, not individual positions, against criteria that are publicly available. All public and private providers of clinical radiology and radiation oncology services are able to seek accreditation of their sites for the purpose of specialist training.

New sites applying for accreditation need to complete a site self-assessment form, which is forwarded to RANZCR. A site visit is then scheduled by the Accreditation Officer who, on completion of the visit, makes a report and recommendation to the relevant education and training committee. 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. A Training Network approach to training exists in radiation oncology and is being implemented in clinical radiology.

Further Information

Royal Australian and New Zealand College of Radiologists – <http://www.ranzcr.edu.au/training/radiology/current-training-program/curriculum>

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 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 or international medical graduates 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 overseas trained specialist.

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

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

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

Accreditation

There are different categories of training post accreditation for different parts of ACRRM's program. There is accreditation of posts for core clinical training, primary rural and remote training and advanced specialised training. All candidates training towards fellowship of ACRRM must be trained by accredited training providers and teachers in accredited posts. ACRRM has developed standards for accreditation of training providers, as well as standards for accreditation of training posts and teachers. Those that meet the ACRRM standards will be formally recognised and certified by ACRRM to deliver training towards FACRRM.

Further Information

Australian College of Rural and Remote Medicine – <http://www.acrrm.org.au/>

AUSTRALASIAN COLLEGE OF SPORTS PHYSICIANS

Training Program

Basic/Foundation

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

Advanced

The advanced training program is of four years duration with a requirement that 3 years FTE are spent fully supervised at Level 1 supervision whereby the supervisor is available in the institution. The fourth year comprises continued supervised training at an accredited training post at Level 2 supervision where the supervisor is not in the institution but is on call locally.

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

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

Trainee Selection

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

The College conducts one selection process annually.

Trainee Assessment

Advanced Training

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

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

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

In addition, trainees are required to produce their learning portfolio with all required documentation in relation to their annual learning plan and progress as stipulated in the curriculum.

Trainees are also required to complete a series of post-graduate academic modules in the following subjects:

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

Fellowship Examination

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

Overseas Trained Specialists

For those overseas trained specialists seeking fellowship of the ACSP (FACSP), the College conducts an assessment of the overseas trained specialist's qualification in line with that recommended by the AMC. Key assessment tools are the applicant's curriculum vitae, followed by response to any specific questions raised by the College.

Accreditation

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

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

Further Information

Australian College of Sports Physicians - <http://www.acsp.org.au/>

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Training Program

The Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) program requires four to seven years of specialist surgical training in one of nine specialty training areas.

Surgical training is primarily a 'hands on' learning experience. The training programs are similar to an apprenticeship system, with a trainee progressing through an incremental learning structure that peaks at the point of the award of Fellowship. The trainee's hospital rotations are closely monitored by supervisors to ensure that sufficient and competent experience is obtained in specified surgical procedures.

The college's vocational training programs are designed to provide progressive, supervised training and experience in all aspects of clinical assessment, decision making and patient management, including preoperative care, postoperative care, postoperative follow up and operating room responsibility. The trainee is expected to assume increasing responsibilities in each of these areas as he/she progresses through the program.

The training program in each specialty is designed to allow the surgical trainee to achieve competency in the domains of medical and technical expertise, clinical judgment, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist surgeon.

Surgical trainees choose from the nine specialty areas described below.

Cardiothoracic Surgery

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

General Surgery

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

Neurosurgery

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

Orthopaedic Surgery

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

Otolaryngology, Head and Neck Surgery

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

Paediatric Surgery

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

Plastic and Reconstructive Surgery

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

Urology

Urology is the medical specialty dedicated to the treatment of men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems. Urologists prescribe and administer medications and perform surgical procedures in the treatment of disease or injury.

Vascular Surgery

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

Trainee Selection

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

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

There are four general eligibility criteria which apply across all nine specialties. The trainee must:

- have permanent residency or citizenship status of Australia or New Zealand;
- have unconditional general registration to practise in Australia or general scope registration to practise in New Zealand;
- be willing to consent to a full criminal history check, including submission of relevant documentation on request, to enable this to be undertaken; and
- have satisfied the hand hygiene module.

All generic eligibility requirements must be completed prior to the closing of registration for selection in the year of application. A detailed list of the specific eligibility criteria for each specialty is provided on the College website.

Trainee Assessment

SET trainees complete rotations in approved surgical training hospitals. In addition, all trainees must complete required skills courses which may include the Australian and New Zealand Surgical Skills Education and Training (ASSET) course, the Early Management of Severe Trauma (EMST) course, and the Care of the Critically Ill Surgical Patient (CCrISP) course. Early assessment requirements include generic and specialty-specific basic sciences examinations and generic clinical examinations.

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

International Medical Graduates

The Specialist Pathway – specialist recognition is for international medical graduates (IMGs) who are overseas trained specialists applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia.

The assessment process in Australia is undertaken by the specialist medical colleges who are accredited by the Australian Medical Council. At the request of the Medical Board of Australia, the Australian Health Practitioner Regulation Agency (AHPRA) has appointed RACS to undertake the assessment of IMGs who apply for the Specialist Pathway.

Under the Specialist Pathway – specialist recognition:

- the IMG must apply to the AMC for EICS verification of their medical qualifications by submitting a primary source verification application;
- the IMG applies directly to RACS using the College application form; and

- RACS assesses comparability against the criteria for an Australian and New Zealand trained specialist in the same field of specialty practice.

The college will assess the IMG as not comparable, substantially comparable or partially comparable.

Following assessment, the IMG may be required to undertake a period of peer review (oversight), which may involve the completion of workplace based assessment(s), or a period of supervised practice, and further specified skills courses and activities which may involve college assessment, including examinations.

After the IMG has completed all the college requirements, the college can recommend that the IMG be granted recognition as a specialist.

The college aims to assess an application for specialist recognition within three months of receipt of complete application and payment of fees. Interviews are currently undertaken six times per year: in February, April, June, August, October and December.

The college assesses each IMG on an individual basis, scrutinising a range of documents submitted by the IMG and their interview performance (where invited). Following assessment the College determines a pathway to fellowship based on a comparison to the education and training of an Australian and New Zealand trained surgeon. The factors considered are:

- recency of practice;
- quantity, depth and scope of practice since completion of training;
- education and training program completed; and
- exit examination completed.

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 Surgical Education and Training.

The recommendation of the Board is incorporated into the final report and the decision communicated to the hospital.

Hospital accreditation is regularly reviewed. It is recognised that facilities at different hospitals positions will vary throughout a training program and the specialties maintain a constant vigil as to the efficacy of each position.

Further Information

Royal Australasian College of Surgeons – <http://www.surgeons.org/>

Appendix C:

GLOSSARY OF TERMS

University Medical Education and Training

International Student

An international student is a student studying onshore in Australia as a private or sponsored student who is not an Australian or New Zealand citizen, or permanent resident.

Continuing Student

A continuing student is a student enrolled in any year of a medical program other than commencing.

Prevocational Training

Postgraduate Year 1 (PGY1)

The year of supervised clinical training completed by graduates of an AMC accredited medical school and international medical graduates holding an AMC Certificate. This is also known as the intern year.

Satisfactory completion is a requirement for full medical registration.

Postgraduate Year 2 (PGY2)

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

Vocational Training

Vocational Training Positions and Programs

Applicant

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

Successful Applicant

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

Trainee

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

Basic Training

A defined period of elementary training required by some specialist medical colleges prior to admission to an advanced training program.

Advanced Training

A period of defined and structured education and training that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and to practise as a specialist. In some cases this must be preceded by completion of basic training requirements.

Completion and Successful Completion

When the trainee has successfully completed all examination and clinical requirements of the training program and is eligible to apply for fellowship and to practise as a specialist.

Year of Training

The year of training currently being undertaken by a trainee in a training program, as it relates to their progression through the program.

Discontinuation

The trainee is no longer pursuing the completion of a training program, either when the trainee has officially withdrawn from the training program or when the college or training provider has terminated or dismissed a trainee in accordance with college regulations or employment conditions.

Trainees who have been given approved extended leave are excluded.

Rural or Remote Recognised Vocational Positions or Trainees

Vocational positions or trainees who are based in rural and remote areas. These are currently defined according to the 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

A doctor whose basic medical qualifications were acquired in a country other than Australia. Also referred to as an overseas trained doctor.

Overseas Trained Specialist

A doctor whose specialist medical qualifications were acquired in a country other than Australia.

Area of Need

An Area of Need is any location or position in which there is a lack of specific medical practitioners or where there are medical positions that remain unfilled even after recruitment efforts have taken place over a period of time. These are determined by the state and territory governments and methods of defining them vary.

Most overseas trained doctors are required to work in an Area of Need when they first come to Australia, unless they hold full Australian medical registration or have completed the standard pathway for specialist assessment or for general practice/family physician assessment.

Area of Need Applicant

An applicant for a medical position with a specific category of medical registration that requires him or her to work in an Area of Need.

Non-Area of Need Applicant

An applicant for a medical position that is not an Area of Need position.

Area of Need and Non-Area of Need Assessment Period

The assessment period begins when the college receives an application, with all accompanying documentation including payment, for recognition of specialist qualifications and ends when the applicant is notified of the recommendation by mail.

Applicants may also be assessed by a variety of other parties outside of college processes, including the AMC, Commonwealth and employers. The time taken for these is not included in data reported.

Assessment Outcome

The outcome of a college's consideration of an application from an international medical graduate for recognition of his or her specialist qualifications or assessment of his or her skills against Area of Need position requirements.

District of Workforce Shortage

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

Remoteness Area

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

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

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

A new classification system, the Modified Monash Model (MMM), was launched in early 2015. The MMM is based on the Australian Bureau of Statistics' (ABS) Australian Statistical Geography Standard – Remoteness Areas, with locations in Inner and Outer Regional Australia being further classified by the local town size.

To recognise that larger towns have a functional service area wider than their town boundaries, “buffer zones” have been used to define a large city’s area of influence. The “buffer zones” are based on road distance calculations provided by the Australian Population and Migration Research Centre. The sizes of the “buffer zones” were agreed to by the Rural Classification Technical Working Group, which comprised key stakeholders and technical experts.

The resulting classification ranges from MM1 to MM7. Further information can be found on the DoctorConnect website – http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator

Appendix D:

EXTENDED DATA TREND TABLES

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- Table D29: New fellows: Proportion of females by medical speciality, 2000–2014
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- Table D31: Fellows by medical speciality, 2008–2014
- Table D32: Fellows by state/territory, 2008–2014
- Table D33: Female fellows by state/territory, 2008–2014
- Table D34: Fellows: Proportion of females by medical speciality, 2008–2014
- Table D35: Fellows: Proportion of females by state/territory, 2008–2014
- Table D36: Overseas trained doctors with section 19AB exemptions, 2002–2015

Table D1: Commencing medical students: Domestic, international and proportion of females, 2000–2015

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	2015 ^(a)	Change 2000–2015 (%)
Domestic	1,361	1,471	1,470	1,511	1,699	1,871	2,071	2,560	2,934	2,955	2,940	3,241	3,035	3,033	3,185	3,210	135.9
Proportion female (%)	52.9	54.4	55.3	55.8	57.3	55.2	55.1	54.4	54.0	54.8	52.9	50.9	48.1	51.2	52.3	51.9	..
Annual change (%)	..	8.1	-0.1	2.8	12.4	10.1	10.7	23.6	14.6	0.7	-0.5	10.2	-6.4	-0.1	5.0	0.8	..
International	299	309	367	378	421	460	426	436	499	487	529	529	651	636	552	567	89.6
Proportion female (%)	na	53.1	50.4	48.7	51.1	57.2	53.1	49.8	50.9	47.0	42.5	47.6	47.5	45.6	50.4	48.9	..
Annual change (%)	..	3.3	18.8	3.0	11.4	9.3	-7.4	2.3	14.4	-2.4	8.6	0.0	23.1	-2.3	-13.2	2.7	..
Total	1,660	1,780	1,837	1,889	2,120	2,331	2,497	2,996	3,433	3,442	3,469	3,770	3,686	3,669	3,737	3,777	127.5
Annual change (%)	..	7.2	3.2	2.8	12.2	10.0	7.1	20.0	14.6	0.3	0.8	8.7	-2.2	-0.5	1.9	1.1	..

(a) These figures exclude all offshore programs, including UQ Ochsner and Monash Malaysia.

Source: Medical Deans Australia and New Zealand Inc

Table D2: Commencing medical students by university and state/territory, 2005–2015

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	2015 ^(a)
New South Wales											
Newcastle/UNE	..	0	113	193	196	223	198	204	218	194	200
Notre Dame Sydney	..	0	..	111	113	108	113	115	121	120	122
Sydney	..	0	264	267	299	276	327	302	310	298	321
UNSW	242	257	275	274	277	283	275	263	273	295	272
UWS	..	..	104	120	133	130	122	126	120	127	129
Wollongong	..	..	79	82	86	84	85	85	85	85	82
Total NSW	242	257	835	1,047	1,104	1,104	1,120	1,095	1,127	1,119	1,126
Victoria											
Deakin	..	..	..	120	136	141	132	139	136	134	137
Melbourne PG	..	..	93	79	85	..	..	0	0	0	0
Melbourne UG	227	298	230	248	..	..	0	0	0	0	0
Melbourne MD	..	..	..	na	..	..	331	328	330	347	362
Monash PG	..	..	..	na	73	78	89	87	82	81	90
Monash UG	251	272	313	293	301	306	305	316	321	310	310
Total VIC	478	570	636	740	595	525	857	870	869	872	899
Queensland											
Bond	..	0	85	90	91	92	87	95	96	94	100
Griffith	..	0	150	149	156	156	154	154	158	153	155
Queensland	..	0	374	402	429	483	447	444	421	413	419
UQ Ochsner (USA) Cohort	..	..	..	..	..	..	..	83	105	..	..
James Cook	99	99	112	174	180	209	195	192	235	214	200
Total QLD	99	99	721	815	856	940	883	968	1,015	874	874

Table D3: Commencing domestic medical students by university and state/territory, 2005–2015

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
New South Wales											
Newcastle/UNE	..	..	92	167	172	195	179	183	192	173	173
Notre Dame Sydney	..	..	..	111	113	108	113	115	121	120	122
Sydney	..	..	226	226	251	223	261	223	232	229	245
UNSW	186	211	214	208	210	215	206	199	214	214	188
UWS	..	..	104	115	118	109	104	103	103	108	109
Wollongong	..	..	72	71	74	74	78	75	76	80	76
Total NSW	186	211	708	898	938	924	941	898	938	924	913
Victoria											
Deakin	..	..	..	120	134	134	131	130	131	129	134
Melbourne PG	..	..	84	74	79	..	..	0	0	0	0
Melbourne UG	147	220	157	172	..	..	..	0	0	0	0
Melbourne MD	..	..	..	..	..	..	305	290	294	302	310
Monash PG	..	..	..	..	67	70	67	77	75	76	80
Monash UG	176	187	238	227	247	251	249	253	263	242	247
Total Vic	323	407	479	593	527	455	752	750	763	749	771
Queensland											
Bond	..	..	85	85	83	88	85	95	95	94	100
Griffith	..	..	150	149	156	156	154	154	152	150	150
Queensland	..	..	320	302	306	318	305	302	308	306	327
James Cook	95	93	106	169	162	182	182	166	201	182	170
Total Qld	95	93	661	705	707	744	726	717	756	732	747

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Western Australia											
Notre Dame Fremantle	..	..	100	105	109	104	102	106	111	113	110
UWA MD	..	..	..	..	..	..	..	..	..	210	211
UWA PG	..	..	..	59	64	63	65	60	0	0	0
UWA UG	148	169	174	119	145	146	146	0	0	0	0
Total WA	148	169	274	283	318	313	313	166	111	323	321
South Australia											
Adelaide	102	117	146	157	155	185	175	178	124	116	121
Flinders	..	..	105	116	125	122	142	147	143	152	154
Total SA	102	117	251	273	280	307	317	325	267	268	275
Tasmania											
Tasmania	55	55	106	106	99	103	100	94	100	99	97
Australian Capital Territory											
ANU	..	..	81	76	86	94	92	85	98	90	86
Total	909	1,052	2,560	2,934	2,955	2,940	3,241	3,035	3,033	3,185	3,210
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, 2005–2015

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	2015 ^(a)
New South Wales											
Newcastle/UNE	..	0	21	26	24	28	19	21	26	21	27
Notre Dame Sydney	..	0	0	0	0	0	0	0	0	0	0
Sydney	..	0	38	41	48	53	66	79	78	69	76
UNSW	56	46	61	66	67	68	69	64	59	81	84
UWS	..	0	0	5	15	21	18	23	17	19	20
Wollongong	..	0	7	11	12	10	7	10	9	5	6
Total NSW	56	46	127	149	166	180	179	197	189	195	213
Victoria											
Deakin	..	0	0	0	2	7	1	9	5	5	3
Melbourne PG	..	..	9	5	6	..	0	0	0	0	0
Melbourne UG	80	78	73	76	0	..	0	0	0	0	0
Melbourne MD	..	..	..	..	..	..	26	38	36	45	52
Monash PG	0	0	0	0	6	8	22	10	7	5	10
Monash UG	75	85	75	66	54	55	56	63	58	68	63
Total VIC	155	163	157	147	68	70	105	120	106	123	128
Queensland											
Bond	..	0	0	5	8	4	2	0	1	0	0
Griffith	..	0	0	0	0	0	0	0	6	3	5
Queensland	..	0	54	100	123	165	142	142	113	107	92
UQ Ochsner (USA)	..	..	..	..	..	..	..	83	105	..	..
James Cook	4	6	6	5	18	27	13	26	34	32	30
Total QLD	4	6	60	110	149	196	157	251	259	142	127

Table D5: Medical students in Australian universities, 2000–2015

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 ^(a)	2015 ^(a)	Increase 2000–2015 (%)
Domestic	6,617	6,803	6,962	7,108	7,484	8,026	8,768	9,796	11,028	12,097	12,946	13,956	14,177	14,267	14,384	14,424	117.4
Proportion female (%)	49.5	50.9	52.6	54.0	48.3	55.2	55.7	55.8	55.3	54.6	54.2	53.0	51.5	51.2	51.3	51.9	..
Annual increase (%)	..	2.8	2.3	2.1	5.3	7.2	9.2	11.7	12.6	9.7	7.0	7.8	1.6	0.6	0.8	0.3	..
International	1,129	1,192	1,386	1,573	1,749	1,909	2,081	2,153	2,309	2,424	2,451	2,535	2,691	2,727	2,453	2,535	117.3
Proportion female (%)	na	46.6	49.4	49.3	34.3	53.4	53.9	52.3	52.5	51.4	50.1	49.1	48.7	47.3	48.8	48.9	..
Annual increase (%)	..	5.6	16.3	13.5	11.2	9.1	9.0	3.5	7.2	5.0	1.1	3.4	6.2	1.3	-10.0	3.3	..
Total	7,746	7,995	8,348	8,681	9,233	9,935	10,849	11,949	13,337	14,521	15,397	16,491	16,868	16,994	16,837	16,959	117.4
Annual change (%)	..	3.2	4.4	4.0	6.4	7.6	9.2	10.1	11.6	8.9	6.0	7.1	2.3	0.7	-0.9	0.7	..

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

Source: Medical Deans Australia and New Zealand Inc

Table D6: Medical students: Domestic, international and total by state/territory, 2005–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2005	Domestic	1,891	1,610	872	860	371	..	165	8,026
	International	495	117	335	60	90	..	11	1,909
	2005 Total	2,752	1,727	1,207	920	461	..	176	9,935
2006	Domestic	2,308	1,876	895	938	364	..	240	8,768
	International	532	168	316	84	82	..	11	2,081
	2006 Total	2,840	2,044	1,211	1,022	446	..	251	10,849
2007	Domestic	2,573	2,253	945	1,229	406	..	330	9,796
	International	562	213	307	102	90	..	16	2,153
	2007 Total	3,135	2,923	2,466	1,252	496	..	346	11,949
2008	Domestic	3,004	2,326	2,540	1,059	422	..	326	11,028
	International	599	888	323	270	94	..	21	2,309
	2008 Total	3,603	3,214	2,863	1,329	516	..	347	13,337
2009	Domestic	3,414	2,523	2,830	1,124	452	..	321	12,097
	International	661	822	419	247	106	..	24	2,424
	2009 Total	4,075	3,345	3,249	1,371	558	..	345	14,521
2010	Domestic	3,870	2,606	2,957	1,243	471	..	338	12,946
	International	700	724	530	219	104	..	17	2,451
	2010 Total	4,570	3,330	3,487	1,462	575	..	355	15,397
2011	Domestic	4,231	2,993	3,068	1,324	472	..	350	13,956
	International	774	638	628	210	113	..	17	2,535
	2011 Total	5,005	3,631	3,696	1,534	585	..	367	16,491

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2012	Domestic	3,091	3,151	1,398	1,363	487	..	356	14,177
	International	847	774	225	147	98	..	22	2,691
	2012 Total	3,669	3,925	1,623	1,510	585	..	378	16,868
2013	Domestic	3,200	3,266	1,393	1,174	467	..	355	14,267
	International	871	858	233	122	103	..	22	2,727
	2013 Total	3,718	4,124	1,626	1,296	570	..	377	16,994
2014 ^(a)	Domestic	3,214	3,313	1,404	1,208	450	..	356	14,384
	International	894	606	244	123	112	..	8	2,453
	2014 Total	3,680	3,919	1,648	1,331	562	..	364	16,837
2015 ^(a)	Domestic	3,277	3,328	1,384	1,233	461	..	348	14,424
	International	945	603	237	120	111	..	19	2,535
	2015 Total	3,777	3,931	1,621	1,353	572	..	367	16,959

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

Source: Medical Deans Australia and New Zealand Inc

Table D7: Domestic medical school graduates from Australian universities, 1997–2014

University	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adelaide	96	93	103	98	90	84	81	94	85	92	85	98	83	94	97	111	127	137
ANU	..	..	..	..	..	..	..	..	..	..	71	90	72	83	75	87	85	87
Bond	..	..	..	..	..	..	..	..	..	..	..	..	55	74	81	69	85	78
Deakin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	109	123	136	115
Flinders	72	56	56	54	54	58	56	67	62	66	77	75	74	102	109	113	111	110
Griffith	..	..	..	..	..	..	..	..	..	..	..	70	116	151	133	150	144	138
James Cook	..	..	..	..	..	..	..	..	58	74	65	66	82	94	88	92	136	160
Melbourne	161	168	184	190	193	174	206	179	178	211	186	199	198	212	234	231	240	297
Monash	131	131	132	125	129	150	145	144	143	123	137	159	165	181	219	290	297	244
Newcastle	56	62	65	60	65	65	59	65	59	61	67	77	85	104	70	140	147	171
Notre Dame Fremantle	..	..	..	..	..	..	..	..	..	..	..	75	80	86	98	104	114	95
Notre Dame Sydney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	103	106	107	109
Queensland	219	211	224	191	220	220	215	225	218	215	284	238	279	332	290	307	314	311
Sydney	197	205	201	137	119	185	188	190	176	147	202	208	208	221	222	237	231	256
Tasmania	52	42	45	56	54	53	45	55	46	62	58	64	73	89	67	97	104	85
UNSW	156	134	145	157	158	165	159	163	188	166	186	177	163	166	187	198	203	219
UWA	104	117	101	127	121	110	112	105	107	118	126	142	182	207	172	165	183	179
UWS	..	..	..	..	..	..	..	..	..	..	..	..	..	..	86	91	108	104
Wollongong	..	..	..	..	..	..	..	..	..	..	..	..	..	63	67	66	72	73
Total	1,244	1,219	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738	1,915	2,259	2,507	2,777	2,944	2,968

Source: Medical Deans Australia and New Zealand Inc

Table D8: Medical graduates: Domestic, international and proportion of domestic, international and females, 1999–2014

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013 ^(a)	2014 ^(a)
Domestic	1,256	1,195	1,203	1,264	1,266	1,287	1,320	1,335	1,544	1,738	1,915	2,259	2,507	2,777	2,944	2,968
Proportion domestic (%)	89.7	88.7	91.4	88.7	86.2	85.6	83.2	81.8	83.0	81.3	80.5	82.7	84.6	84.6	85.6	86.4
Proportion female (%)	na	na	na	na	na	na	na	na	56.2	57.2	54.1	54.1	55.0	53.2	52.8	51.4
International	144	152	113	161	203	216	267	298	316	401	465	474	457	507	497	469
Proportion international (%)	10.3	11.3	8.6	11.3	13.8	14.4	16.8	18.2	17.0	18.7	19.5	17.3	15.4	15.4	14.4	13.6
Proportion female (%)	na	na	na	na	na	na	na	na	52.5	54.6	51.6	54.2	51.6	52.9	49.1	48.2
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	2,964	3,284	3,441	3,437
Annual change (%)	..	-3.8	-2.3	8.3	3.1	2.3	5.6	2.9	13.9	15	11.3	14.8	8.5	10.8	4.8	-0.1

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

Source: Medical Deans Australia and New Zealand Inc

Table D9: Medical graduates: Domestic, international and total by state/territory, 2004–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2004	Domestic	418	323	225	161	105	55	..	1,287
	International	69	80	4	53	2	8	..	216
	2004 Total	487	403	229	214	107	63	..	1,503
2005	Domestic	423	321	276	147	107	46	..	1,320
	International	79	111	8	57	2	10	..	267
	2005 Total	502	432	284	204	109	56	..	1,587
2006	Domestic	374	334	289	158	118	62	..	1,335
	International	81	126	10	62	7	12	..	298
	2006 Total	455	460	299	220	125	74	..	1,633
2007	Domestic	455	323	349	162	126	58	71	1,544
	International	85	124	21	68	4	13	1	316
	2007 Total	540	447	370	230	130	71	72	1,860
2008	Domestic	462	358	374	173	217	64	90	1,738
	International	112	140	51	70	10	14	4	401
	2008 Total	574	498	425	243	227	78	94	2,139
2009	Domestic	456	363	532	157	262	73	72	1,915
	International	111	171	75	66	15	21	6	465
	2009 Total	567	534	607	223	277	94	78	2,380
2010	Domestic	554	393	651	293	196	89	83	2,259
	International	115	184	81	25	54	11	4	474
	2010 Total	669	577	732	318	250	100	87	2,733

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2011									
Domestic	735	562	592	206	270	67	..	75	2,507
International	98	159	101	40	27	28	..	4	457
2011 Total	833	721	693	246	297	95	..	79	2,964
2012									
Domestic	838	644	618	224	269	97	..	87	2,777
International	133	151	134	43	21	16	..	9	507
2012 Total	971	795	752	267	290	113	..	96	3,284
2013^(a)									
Domestic	868	673	679	238	297	104	..	85	2,944
International	144	152	118	35	28	12	..	8	497
2013 Total	1012	825	797	273	325	116	..	93	3,441
2014^(a)									
Domestic	932	656	687	247	274	85	..	87	2,968
International	156	86	116	47	30	25	..	9	469
2014 Total	1088	742	803	294	304	110	..	96	3,437

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

Source: Medical Deans Australia and New Zealand Inc

Table D10: Postgraduate year 1: Commencing trainees or supervised training places by state/territory, 2004–2015

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
New South Wales/ Australian Capital Territory	554	566	628	^(b) 533	688	..	..	..	..	..	..	..
New South Wales	..	..	..	..	..	668	657	756	^(c) 849	^(f) 923	^(g) 957	^(h) 979
Australian Capital Territory	..	..	..	..	..	62	62	78	88	93	96	92
Victoria	371	397	406	447	454	506	557	625	698	707	753	762
Queensland	246	280	323	357	411	444	558	644	663	678	695	701
South Australia	155	171	183	213	227	^(d) 246	230	247	256	276	278	254
Western Australia	136	132	137	155	175	228	240	267	282	300	312	313
Tasmania	49	52	71	^(e) 56	51	62	58	71	73	75	76	79
Northern Territory	20	24	23	15	24	27	32	35	41	44	44	44
Commonwealth funded ^(a)	..	..	..	..	..	..	..	..	..	22	76	81
Australia	1,531	1,622	1,771	1,776	2,030	2,243	2,394	2,723	2,950	3,118	3,287	3,305

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

(b) January allocation only, previous years include mid-year allocation.

(c) Actual allocation figures were not available. Figures based on number of offers made.

(d) South Australia has 233 accredited positions, plus 17 interns carried over from 2008 and 8 of these share 4 full time positions.

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

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

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

(h) For 2015 clinical year NSW had 980 intern positions. NSW also funds 5 positions in Southern NSW (Bega and Goulburn) that are filled via the ACT Prevocational Training Network.

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

Table D11: Postgraduate year 2: Commencing doctors by state/territory, 2004–2015

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
New South Wales/ Australian Capital Territory	394	416	414	449	..	..	..	..	..	..	..	..
New South Wales	..	..	..	..	na	640	686	617	803	881	912	1027
Australian Capital Territory	..	..	..	..	36	40	62	58	73	64	85	88
Victoria ^(a)	436	412	432	477	467	540	543	^(b) 585	^(b) 644	^(b) 742	742	^(m) 764
Queensland	na	337	na	284	^(c) 441	^(d) 458	474	^(e) 575	^(e) 734	683	671	760
South Australia	124	134	172	220	161	^(e) 300	183	^(h) 189	⁽ⁱ⁾ 244	⁽ⁱ⁾ 356	^(m) 238	^(o) 225
Western Australia	190	145	172	96	224	276	241	330	469	^(j) 308	333	321
Tasmania	54	68	88	^(b) 28	49	107	79	103	87	104	71	41
Northern Territory	18	24	24	32	44	44	45	64	47	56	55	49
Australia	1,216	1,536	1,302	1,586	1,422	2,405	2,313	2,521	3,101	3,194	3,107	3,275

- (a) Victoria does not collect data regarding the fee status of domestic students studying in Victoria or interstate. Also these numbers are an underestimate as not all PGY2 posts are included in the postgraduate medical council computer match.
- (b) Actual allocation was not available. Figures based on number of offers made.
- (c) Figure based on number of offers made.
- (d) Commencement data are based upon the total number of declined job offers registered in the eRecruitment system.
- (e) Approximate number only. Postgraduate Medical Council of SA was in its first year of managing TMO recruitment.
- (f) A total of 667 Hospital medical officer 2 positions were included in the computer matching process and 644 positions were matched. Of these 644 matched positions, 18 candidates declined their Victorian offer. All Hospital medical officer positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service. This figure is based on incomplete data and only reflects the number of PGY2 positions advised by health services to include in the Victorian Hospital medical officer match. Health services are able to exempt positions from the matching process, so the number is an underestimate.
- (g) Commencement data are approximate and based upon the total number of acceptances registered in the eRecruitment system.
- (h) Includes only the number of PGY2 commencing who completed internship in SA.
- (i) A total of 667 Hospital medical officer 2 positions were included in the computer matching process and 644 positions were matched. Of the 644 matched positions, 18 candidates declined their Victorian offer. All Hospital medical officer positions (i.e. 667) were filled either from candidates who participated in the Match (and were unmatched) or via direct recruitment of a health service.
- (j) Data based on the total number of positions made to PGY2 doctors via the SA MET centralised process. Additional employment could occur outside of this process. Data are not available.
- (k) A total of 708 Hospital medical officer 2 positions were included in the Hospital medical officer Computer Match and of these, 689 positions were matched. From the 689 matched candidates 17 subsequently declined their offer. A further 36 candidates were offered and accepted a Hospital medical officer 2 position. A further 34 positions were directly recruited by health services.

- (l) New data checking processing has enabled cleaner data and ensured the capture of PGY2 doctors only.
- (m) Data based on number of job offers made to PGY2 doctors via SA MET centralised process. Additional employment occurs outside of this process.
- (n) This figure only reflects the number of PGY2 positions advised by health services to include the Victorian hospital medical offer match. Health services recruited at least 28 positions outside of the match.
- (o) Data based on the number of job offers made to PGY2 doctors via the SA MET centralised process. Additional employment occurs outside this process.

Source: State and territory government health departments

Table D12: Basic training positions/trainees by medical speciality, 2000–2015

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Adult medicine	487	585	765	626	784	726	809	967	1,609	1,666	1,893	1,951	2,197	2,475	2,699	2,732
Anaesthesia	..	..	..	..	324	318	318	360	410	509	504	617	615	555	543	539
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	39
Dermatology	..	..	..	..	..	..	..	38	41	39	42	44	42	46	45	46
Emergency medicine	21	165	183	214	244	231	292	320	319	732	803	785	821	727	756	711
General practice – ACRIM Independent Pathway	..	..	..	..	..	..	..	..	..	..	50	141	..	..	..	..
Intensive care	..	..	..	..	..	..	..	125	114	82	167	152	192	199	208	..
Obstetrics and gynaecology	..	..	..	..	..	..	..	na	277	301	295	330	354	356	376	385
Ophthalmology	..	..	..	..	22	48	52	50	51	53	55	53	55	53	54	53
Paediatrics	155	199	240	143	259	199	173	190	436	459	554	530	664	812	818	754
Psychiatry	..	..	..	..	..	638	602	610	623	661	677	661	804	833	868	1000
Rehabilitation medicine	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Surgery	901	225	151	164	168	493	557	607	207	..	..	..	..	..	..	..
Total	1,582	1,174	1,339	1,147	1,801	2,653	2,803	3,267	4,087	4,502	5,040	5,264	5,744	6,056	6,367	6,259

Source: Medical colleges

Table D13: Basic training positions/trainees by state/territory, 2000–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	551	420	254	154	142	32	4	25	1,582
2001	376	336	180	125	92	28	12	25	1,174
2002	432	408	212	100	114	32	13	28	1,339
2003	360	357	188	95	86	27	9	25	1,147
2004	596	496	306	137	152	51	22	41	1,801
2005	869	761	453	209	232	54	18	57	2,653
2006	930	782	543	196	214	55	27	56	2,803
2007	1,162	988	831	375	409	238	188	225	3,267
2008	1,262	1,078	870	309	352	93	45	78	4,087
2009	1,336	1,155	1,034	369	372	92	43	96	4,502
2010	1,492	1,275	1,148	424	437	106	53	105	5,040
2011	1,508	1,388	1,189	419	481	130	42	107	5,264
2012	1,607	1,548	1,285	478	537	134	46	109	5,744
2013	1,710	1,603	1,382	469	583	132	53	124	6,056
2014	1,824	1,650	1,414	476	644	146	66	147	6,367
2015	1,928	1,646	1,311	439	604	135	60	136	6,259
Change 2000–2015 (%)	249.9	291.9	416.1	185.1	325.4	321.9	1,400.0	444.0	295.6

Source: Medical colleges

Table D14: Basic training first-year positions/trainees by medical speciality, 2000–2015

Medical speciality	2000	2001 ^(b)	2002 ^(b)	2003 ^(b)	2004 ^(b)	2005 ^(b)	2006 ^(b)	2007	2008	2009	2010	2011	2012	2013	2014	2015
Adult medicine	na	177	247	na	207	253	262	202	336	436	522	583	610	585	662	825
Anaesthesia	na	..	..	na	na	162	159	195	197	169	240	321	314	215	201	199
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	39
Dermatology	na	..	..	na	..	..	..	16	23	18	23	20	26	22	26	19
Emergency medicine	na	..	..	na	..	na	na	54	9	..	..	..	240	241	277	311
Intensive care	na	..	..	na	..	..	..	14	7	2	11	7	9	28	5	..
Obstetrics and gynaecology	na	..	..	na	..	..	..	..	81	81	77	87	83	89	88	90
Ophthalmology	na	..	..	na	..	25	30	24	24	27	25	26	28	25	23	27
Paediatrics	na	52	57	na	33	49	66	23	67	114	123	142	181	151	168	160
Psychiatry	na	..	..	na	..	..	124	90	109	118	223	239	314	313	^(c) 216	285
Surgery ^(a)	na	..	164	na	168	195	220	234	1	..	..	..	..	..	..	..
Total	na	229	468	na	408	684	861	852	854	965	1,244	1,425	1,805	1,669	1,666	1,955

(a) With the introduction of the SET program in 2008, which does not distinguish between basic and advanced trainees, all trainees are reported under advanced training.

(b) Estimated number of positions that were likely to be available in this particular year.

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

Source: Medical colleges

Table D15: Basic training first-year positions/trainees by state/territory, 2000–2015

Year ^(a)	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	na	na	na	na	na	na	na	na	na
2001	62	74	42	30	11	2	3	5	229
2002	164	146	49	41	37	12	6	13	468
2003	na	na	na	na	na	na	na	na	na
2004	137	123	45	36	38	11	5	13	408
2005	230	188	119	54	50	16	10	17	684
2006	260	245	150	61	74	12	12	17	861
2007	215	240	233	55	65	25	6	13	852
2008	214	250	196	71	70	25	11	17	854
2009	257	286	210	90	78	20	4	20	965
2010	350	341	267	124	100	22	16	24	1,244
2011	387	410	298	124	130	39	15	22	1,425
2012	407	545	420	146	190	50	17	30	1,805
2013	397	494	402	132	154	38	15	37	1,669
2014	391	505	397	122	153	47	15	36	1,666
2015	610	535	424	121	164	41	20	40	1,955

(a) Covers basic training in anaesthesia from 2004, dermatology from 2007, general practice (ACRRM Independent Pathway) from 2010, intensive care from 2007, obstetrics and gynaecology from 2008, ophthalmology from 2004, psychiatry from 2005, rehabilitation medicine for 2000 and surgery up to 2008.

Source: Medical colleges

Table D16: Basic trainees: Proportion of females by medical speciality, 2000–2015

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Adult medicine	42.5	44.4	41.6	41.1	..	43.1	42.6	60.8	41.0	44.8	47.4	49.9	48.9	49.5	49.2	50.3
Anaesthesia	..	..	..	..	16.0	18.2	18.2	38.9	40.0	33.2	45.0	45.9	46.0	45.8	44.2	44.3
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41.0
Dermatology	..	..	..	..	..	..	..	63.2	73.2	64.1	64.3	63.6	45.2	56.5	66.7	76.1
Emergency medicine	38.1	44.8	38.3	40.7	43.0	42.4	46.2	45.9	46.7	38.4	38.2	39.4	42.4	42.9	45.4	49.6
Intensive care	..	..	..	..	..	..	..	24.8	28.1	31.7	33.5	24.3	32.3	40.2	40.4	..
Obstetrics and gynaecology	..	..	..	..	..	..	..	..	63.2	65.1	69.8	77.6	79.0	80.6	81.6	81.6
Ophthalmology	..	..	..	..	45.5	35.4	26.9	34.0	33.3	35.8	40.0	43.4	41.8	34.0	35.2	30.2
Paediatrics	61.9	58.3	58.3	61.5	62.9	66.8	72.8	0.0	66.7	66.4	67.9	70.6	72.7	71.4	72.9	73.3
Psychiatry	..	..	..	..	..	52.2	53.3	54.3	50.6	55.2	54.1	55.4	48.3	54.5	56.1	51.3
Surgery	14.8	27.1	24.5	22.0	24.4	21.5	23.5	25.5	22.2	..	..	..	..	..	..	..
Total (%)	28.9	43.5	42.0	40.8	40.4	39.9	40.3	56.1	46.0	47.4	49.6	50.8	51.6	53.4	53.9	54.5
Total female trainees	457	511	562	468	727	1,058	1,130	1,834	1,878	2,133	2,498	2,672	2,962	3,235	3,433	3,413

Source: Medical colleges

Table D17: Basic trainees: Proportion of females by state/territory, 2000–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	29.6	28.8	33.9	29.2	23.9	9.4	25.0	16.0	28.9
2001	45.5	39.0	51.1	42.4	43.5	35.7	33.3	40.0	43.5
2002	44.4	40.4	42.5	40.0	39.5	43.8	38.5	39.3	42.0
2003	41.1	40.9	45.2	37.9	37.2	29.6	44.4	36.0	40.8
2004	37.7	45.4	38.6	38.7	42.1	39.2	45.0	35.0	40.4
2005	39.1	44.4	36.2	40.2	38.8	25.9	38.9	36.8	39.9
2006	39.6	42.8	36.6	44.4	39.7	34.5	48.1	42.9	40.3
2007	51.2	54.7	40.7	35.7	34.2	11.8	4.8	20.0	56.1
2008	49.1	50.0	40.5	42.4	42.0	32.3	37.8	52.6	46.0
2009	48.6	53.4	41.2	46.9	46.0	27.2	55.8	47.9	47.4
2010	51.3	56.0	42.0	50.0	49.7	29.2	41.5	51.4	49.6
2011	52.2	56.5	44.5	48.2	49.5	40.8	52.4	53.3	50.8
2012	51.9	55.6	46.9	51.5	52.0	44.0	52.2	51.4	51.6
2013	53.6	57.0	48.8	53.9	53.9	45.5	58.5	58.9	53.4
2014	53.3	56.3	49.9	57.4	53.6	54.1	63.6	59.2	53.9
2015	54.2	57.0	51.9	56.0	54.6	45.9	53.3	58.1	54.5

Source: Medical colleges

Table D18: Vocational training positions/trainees: Total, basic, female basic and first-year basic trainees, 2000–2015

Year	Training positions/trainees	Basic training positions/trainees	Proportion basic training positions/trainees (%)	Female basic trainees	Proportion female basic trainees (%)	First-year basic trainees	Proportion first-year basic trainees (%)
2000	7,262	1,582	21.8	457	28.9	na	na
2001	6,835	1,174	17.2	511	43.5	229	19.5
2002	7,213	1,339	18.6	562	42.0	468	35.0
2003	7,273	1,147	15.8	468	40.8	na	..
2004	8,188	1,801	22.0	727	40.4	408	22.7
2005	8,710	2,653	30.5	1,058	39.9	684	25.8
2006	9,317	2,803	30.1	1,130	40.3	861	30.7
2007	11,249	3,267	29.0	1,834	56.1	852	26.1
2008	11,668	4,087	35.0	1,878	46.0	854	20.9
2009	12,958	4,502	34.7	2,133	47.4	965	21.4
2010	14,679	5,040	34.3	2,498	49.6	1,244	24.7
2011	15,478	5,264	34.0	2,672	50.8	1,425	27.1
2012	16,740	5,744	34.3	2,962	51.6	1,805	31.4
2013	17,888	6,056	33.9	3,235	53.4	1,669	27.6
2014	19,158	6,367	33.2	3,433	53.9	1,666	26.2
2015	20,069	6,259	31.2	3,413	54.5	1,955	31.2
Change 2000–2015 (%)	176.4	295.6	43.2	646.8	88.7	..	..

Source: Medical colleges

Table D19: Advanced training positions/trainees by medical speciality, 1997–2015

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Addiction medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	11	13	18	24	22	20
Adult medicine	444	478	426	443	440	510	596	663	672	690	948	1,043	1,157	1,406	1,469	1,468	1,513	1,699	1,822
Anaesthesia	426	578	459	454	452	478	531	465	477	477	416	463	485	612	566	609	657	664	697
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	36	49	45	53	51	58	59	65	66	27
Dermatology ^(b)	42	43	50	56	55	58	60	61	60	64	31	33	39	45	54	57	49	54	62
Emergency medicine ^(c)	602	678	655	688	498	489	489	471	458	486	462	480	811	881	1,090	1,204	1,339	1,355	1,461
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	..	..	..	..	..
– AGPT Program ^(d)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2,948	3,289	3,932	4,315	4,936
– ACRRM Independent Pathway	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	156	155	171	179
– RVTS	..	..	..	..	..	..	..	..	..	..	..	..	..	..	61	71	87	103	113
Intensive care	108	126	100	102	142	220	186	146	187	180	285	326	375	332	312	302	281	336	383
Medical administration	107	99	99	102	95	88	90	96	81	84	86	80	92	105	86	98	107	115	104
Obstetrics and gynaecology	350	317	333	309	312	288	258	292	299	325	338	109	131	123	143	133	159	165	153
Occupational and environmental medicine	24	na	49	46	46	44	49	62	72	74	59	61	55	87	80	84	102	92	89

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ophthalmology ^(e)	90	90	91	91	100	95	102	105	53	50	47	70	77	⁽ⁱ⁾ 49	⁽ⁱ⁾ 86	^(m) 80	⁽ⁱ⁾ 90	⁽ⁱ⁾ 90	⁽ⁱ⁾ 91
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	38	38	38	39
Paediatrics ^(e)	179	143	135	141	147	180	233	258	234	284	286	395	453	583	640	593	556	662	713
Palliative medicine ^(e)	..	..	..	..	..	..	..	..	..	..	..	..	..	58	71	24	80	⁽ⁱ⁾ 28	⁽ⁱ⁾ 36
Pathology	224	224	221	236	224	251	251	273	282	194	176	211	224	301	314	314	301	307	307
Pathology and RACP, jointly	..	..	..	..	..	..	..	..	..	107	95	124	137	131	173	208	213	236	248
Psychiatry ^(e)	..	..	..	..	..	..	..	..	87	178	177	278	322	350	^(k) 368	⁽ⁱ⁾ 417	⁽ⁱ⁾ 418	⁽ⁱ⁾ 418	^(k) 402
Public health medicine	75	75	75	56	52	62	62	65	71	80	75	75	61	60	72	61	81	81	77
Radiation oncology	50	50	51	52	58	61	69	68	77	57	96	104	328	110	137	141	122	117	108
Radiodiagnosis	186	186	189	187	195	205	236	241	263	288	299	314	101	333	366	372	364	410	428
Rehabilitation medicine	68	46	61	67	77	92	97	118	118	125	131	121	138	143	162	177	191	202	205
Sexual health medicine ^(e)	..	..	..	..	..	..	..	..	..	..	..	..	..	19	7	10	20	13	13
Sport and exercise medicine ^(e)	..	..	..	..	..	..	..	..	..	..	..	..	..	na	27	28	⁽ⁱ⁾ 30	41	⁽ⁱ⁾ 41
Surgery ⁽ⁱ⁾	478	498	541	546	590	604	660	652	663	732	774	791	901	1,000	966	⁽ⁱ⁾ 1,094	983	1,094	⁽ⁱ⁾ 1,056
Total	5,056	5,072	5,013	5,031	5,008	5,154	5,415	6,387	6,059	6,514	6,833	7,324	8,249	9,432	10,275	11,105	11,957	12,894	13,810

- (a) Addiction medicine, palliative medicine, sexual health medicine and sports and exercise medicine were recognised as specialties in 2009.
- (b) Dermatology was able to identify and report advanced trainees separately from 2007.
- (c) Emergency medicine and paediatrics data account for trainees undertaking paediatric emergency medicine.
- (d) Until the end of 2014, the AGPT program was managed by GPEI, which was owned and funded by the Australian Government.
- (e) Ophthalmology and psychiatry was able to identify and report advanced trainees separately from 2005.
- (f) RACS does not differentiate between basic and advanced surgical trainees as the surgical program is an integrated program (SET).
- (g) Includes 39 trainees undertaking dual training in adult medicine and paediatrics. Also includes 6 ophthalmology trainees in overseas training positions.
- (h) Includes advanced Australian trainees who were undertaking FRANZCOG training only and not overseas trained specialists (referred to by the college as SIMG) who were also undertaking RANZCOG advanced training as a requirement to obtain college fellowship.
- (i) Includes 3rd and 4th years only, not 5th year.
- (j) Includes 6 trainees who were completing their final year of training overseas.
- (k) Includes 170 fellows undertaking subspecialty training.
- (l) Excludes 4 trainees living overseas. The definition of what counted as advanced training changed in 2012, hence the significant change in the number of posts.
- (m) Includes 11 trainees who were completing their final year of training overseas.
- (n) Includes 229 fellows in subspecialty training.
- (o) Includes 183 New Zealand, 7 overseas accredited training posts and 7 New Zealand and 2 overseas SET trainees on approved extended leave.
- (p) Excludes New Zealand and Hong Kong advanced trainees.
- (q) Includes 15 trainees who are currently completing their final year overseas.
- (r) Includes fellows completing advanced training certificates.
- (s) Excludes 9 trainees based overseas.
- (t) Includes 10 trainees who were completing their final year of training overseas.
- (u) Includes Chapter trainees only. Excludes Clinical Diploma Chapter trainees as this training program is not leading to fellowship of RACP or AChPM.
- (v) Includes 215 fellows in subspecialty training.
- (w) Includes 12 trainees who were completing their final year of training overseas.
- (x) Includes 231 Fellows completing advanced training certificates post Fellowship.
- (y) Excludes 7 trainees based overseas.
- (z) Data excludes 54 trainees on approved interruption to training.

Source: Medical colleges and the Australian Government Department of Health

Table D20: Advanced training positions/trainees by state/territory, 1997–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
1997	1,827	1,447	947	497	540	115	70	164	5,665
1998	1,825	1,407	939	534	534	108	73	166	5,561
1999	1,839	1,438	950	476	555	121	79	146	5,645
2000	1,826	1,487	947	498	581	112	77	138	5,680
2001	1,839	1,472	930	580	572	116	80	148	5,661
2002	1,971	1,524	968	502	556	109	86	140	5,874
2003	2,044	1,656	1,020	543	562	94	99	100	6,126
2004	2,185	1,786	1,051	531	565	103	81	76	6,378
2005	2,093	1,673	1,030	486	513	111	76	77	6,059
2006	2,188	1,770	1,144	524	529	116	102	98	6,514
2007	2,312	1,831	1,220	525	619	121	101	107	6,833
2008	2,486	2,040	1,351	599	689	147	120	129	^(b) 7,581
2009	2,727	2,190	1,486	623	722	156	130	122	8,249
2010	3,033	2,448	1,780	740	700	170	176	252	9,277
2011	3,314	2,596	2,042	852	912	207	151	139	10,194
2012	3,580	2,769	2,244	888	983	239	178	151	10,996
2013	3,859	2,916	2,476	914	1,052	250	208	143	11,832
2014	4,203	3,160	2,634	969	1,205	264	203	153	12,791
2015	4,464	3,234	2,932	1,055	1,393	299	262	171	13,810
Change 1997–2015 (%)	144.3	123.5	209.6	112.3	158.0	160.0	274.3	4.3	143.8

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

(b) Australian total is higher because state/territory data on 20 positions were not available.

Source: Medical colleges and the Australian Government Department of Health

Table D21: Advanced training first-year positions/trainees by medical speciality, 1997–2015

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Addiction medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	6	7	7	4
Adult medicine	148	118	192	204	166	184	228	257	274	247	na	na	384	432	408	418	437	677	700
Anaesthesia	145	165	148	141	158	134	219	153	159	159	155	145	159	214	193	196	201	174	191
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	20	24	19	22	26	26	29	28	27
Dermatology	13	8	6	9	14	15	12	3	17	17	18	18	16	18	28	28	16	32	21
Emergency medicine ^{(b),(c)}	120	121	150	150	98	115	91	108	122	110	102	^(d) na	305	282	262	293	332	180	242
General Practice																			
– AGPT Program	400	400	410	450	450	450	600	624	626	648	648	648	684	814	918	1,006	^(h) 1,152	^(h) 1,222	1,529
– ACRIM Independent Pathway	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	^(h) 43	0	..	..
– RVTS Intensive care	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34
Medical administration	20	20	20	20	20	21	27	27	27	30	19	15	32	8	25	24	32	33	39
Obstetrics and gynaecology	55	55	50	50	50	47	47	48	56	69	65	56	65	59	58	66	89	87	87
Occupational and environmental medicine	12	na	10	na	na	na	8	na	na	na	na	na	6	27	19	23	0	21	16
Ophthalmology	21	24	18	18	18	26	28	25	22	26	27	27	20	27	28	27	29	28	31
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	6
Paediatrics ^(c)	59	43	68	68	50	48	63	97	89	119	na	na	162	131	170	141	119	315	312

Medical specialty	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Palliative medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	41	11	9	67	15	17
Pathology	50	43	49	48	71	54	44	46	58	87	90	^(b) 85	^(b) 66	50	40	51	65	57	65
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41	49	54	65	62
Psychiatry	118	122	118	117	126	127	106	115	142	131	39	102	99	129	112	^(c) 216	119	105	65
Public health medicine	24	24	24	na	na	16	15	18	12	10	10	14	8	28	22	12	0	33	30
Radiation oncology	..	4	na	11	12	6	10	14	15	14	25	15	24	15	27	24	27	18	22
Radiodiagnosis	43	50	62	41	41	34	37	21	9	51	48	32	47	56	96	70	65	86	84
Rehabilitation medicine	13	14	19	20	25	27	29	29	30	30	32	20	38	30	34	57	0	61	63
Sexual health medicine ^(d)	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	1	3
Sport and exercise medicine ^(e)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	1	7	8	11
Surgery	128	139	139	162	184	185	188	197	240	208	421	218	299	250	207	246	^(f) 238	249	^(g) 211
Total	1,369	1,350	1,483	1,509	1,483	1,489	1,752	1,782	1,898	1,956	1,719	1,419	2,589	2,696	2,802	^(h) 3,114	3,184	3,556	3,904

(a) Addiction medicine, palliative medicine, sexual health medicine and sports and exercise medicine were recognised as specialties in 2009.

(b) RACP data were included with ACEM totals.

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

(d) Due to retrospective data collection, the number of estimated first year advanced trainees in 2009 is unavailable.

(e) Includes trainees from pathology and RACP (jointly).

(f) Excludes 1 trainee living overseas.

(g) Includes 71 fellows in subspecialty training.

(h) Total number of first year registrars across all states (excluding double counting of registrars and one trainee from overseas).

(i) Figures include both basic and advanced trainees together. It also includes those who are enrolled or who have completed training.

(j) Excludes 28 trainees that deferred SET training commencement in 2012.

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

(l) Data exclude 14 trainees who deferred training commencement in 2014.

Source: Medical colleges and the Australian Government Department of Health

Table D22: Advanced training first-year positions/trainees by state/territory, 1997–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
1997	378	321	187	108	130	24	15	42	1,205
1998	403	324	242	133	133	28	21	46	1,330
1999	469	384	233	120	148	31	17	35	1,437
2000	478	392	250	111	129	41	17	41	1,459
2001	474	397	252	124	139	31	19	47	1,483
2002	485	394	247	110	142	27	23	45	1,473
2003	507	416	265	157	129	34	29	12	1,549
2004	511	445	259	120	144	38	39	17	1,573
2005	561	448	286	119	153	37	32	21	1,657
2006	669	492	351	157	176	49	33	29	1,956
2007	364	290	235	94	102	24	25	9	1,143
2008	471	364	271	110	135	31	22	15	1,419
2009	830	717	473	201	229	64	32	44	2,590
2010	856	687	581	227	243	53	46	40	2,733
2011	1,022	724	522	190	214	70	30	45	2,817
2012	1,034	788	657	222	257	77	44	41	3,114
2013	1,070	747	662	248	290	64	62	44	3,184
2014	1,139	860	722	281	370	76	59	49	3,556
2015	1,257	866	854	300	403	82	87	55	3,904

Source: Medical colleges and the Australian Government Department of Health

Table D23: Advanced trainees: Proportion of females by medical speciality, 1997–2015

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Addiction medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	36.4	30.8	44.4	46.0	45.5	40.0
Adult medicine	34.2	39.5	36.7	39.2	43.9	42.0	47.8	40.3	41.2	43.2	43.0	43.1	40.2	42.3	43.0	45.6	48.0	50.7	52.0
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	44.0	44.9	47.6	47.8
Anaesthesia – pain medicine	..	..	..	..	..	..	..	..	..	..	26.5	31.1	35.8	29.4	27.6	38.9	52.3	42.4	44.4
Dermatology	38.1	32.5	36.0	41.1	43.6	54.7	50.0	49.2	55.0	54.7	51.6	66.7	59.0	55.6	61.1	73.7	63.3	50.0	53.2
Emergency medicine	30.7	28.0	39.4	37.8	38.4	39.5	39.9	39.9	39.1	41.4	44.2	43.5	41.9	38.6	41.1	40.9	41.4	40.5	42.3
General practice	56.6	59.7	58.9	60.3	60.8	60.6	60.5	59.1	58.2	58.9	58.9	62.0	63.8	64.9	..	..	..	..	..
– AGPT Program ^(b)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	65.8	64.9	64.9	64.9	64.5
– ACRRM Independent Pathway	..	..	..	..	..	..	..	..	..	..	..	..	..	..	33.3	27.5	25.0	18.1	25.1
– RVTS	..	..	..	..	..	..	..	..	..	..	..	..	..	..	23.0	26.8	26.4	28.2	35.4
Intensive care	11.1	9.5	19.0	24.5	18.3	22.3	36.0	28.1	23.5	20.0	34.7	24.5	24.3	27.1	26.9	30.5	32.7	32.1	32.1
Medical administration	34.6	25.7	25.7	41.2	49.5	50.0	44.4	37.5	35.8	33.3	20.9	10.0	14.1	27.6	41.9	39.8	40.2	37.4	41.3
Obstetrics and gynaecology	48.6	61.2	56.8	49.5	60.0	62.5	60.5	59.6	63.2	65.5	65.7	68.8	67.9	65.0	60.1	65.4	69.2	74.5	79.7
Occupational and environmental medicine	25.0	na	16.3	19.6	23.9	34.1	24.5	24.2	25.0	23.0	23.7	16.4	25.5	14.9	21.3	20.2	24.5	31.5	40.4
Ophthalmology	20.0	18.2	19.8	23.1	25.0	31.4	34.3	41.9	39.6	48.0	31.9	34.3	31.2	38.8	38.4	23.8	40.0	42.2	40.7

Medical speciality	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Oral and maxillofacial surgery	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	7.9	7.9	10.5	17.9
Paediatrics	62.0	66.7	66.7	65.2	63.3	65.0	57.9	63.4	62.0	64.1	63.6	60.1	58.7	61.4	65.9	65.3	67.0	72.8	74.9
Palliative medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	53.4	63.8	60.0	67.5	57.1	61.1
Pathology ^(c)	46.6	43.3	42.7	42.8	48.7	50.2	51.8	55.7	55.3	77.5	53.9	45.3	64.5	80.1	59.2	64.3	58.8	62.5	64.5
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	47.4	35.7	56.3	57.6	60.9
Psychiatry	44.6	45.8	45.9	46.0	48.4	47.6	49.4	52.3	55.2	47.8	52.5	26.3	53.1	55.1	63.0	55.6	55.0	50.7	50.5
Public health medicine	50.7	50.7	50.7	48.2	48.1	51.6	66.7	64.6	66.2	68.8	69.3	54.7	59.0	61.7	52.8	67.0	65.0	72.8	68.8
Radiation oncology	..	..	51.0	48.1	56.9	60.1	55.1	58.8	54.5	70.2	44.8	52.9	57.4	58.2	51.8	56.7	53.2	51.3	52.8
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	34.8	31.8	31.4	46.5	34.0	37.6	36.0
Rehabilitation medicine	34.0	30.8	26.8	42.9	57.1	54.3	52.6	55.1	51.7	60.8	60.3	60.3	61.6	61.5	64.8	68.9	69.0	66.3	63.4
Sexual health medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	52.6	28.6	80.0	70.0	69.2	53.8
Sport and exercise medicine ^(a)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22.2	25.0	20.5	22.0	34.1
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	^(b) 23.8	25.5	28.1	27.5	27.4
Total (%)	45.9	47.2	49.6	48.8	50.7	51.4	52.5	45.9	45.5	46.3	46.6	46.7	48.1	47.6	49.9	50.4	52.0	52.6	53.6
Total number	2,322	2,393	2,488	2,456	2,538	2,650	2,845	2,930	2,758	3,015	3,181	3,421	3,967	4,494	5,116	5,536	6,160	6,733	7,399

(a) Addiction medicine, palliative medicine, sexual health medicine and sport and exercise medicine were recognised as specialties in 2009.

(b) Until the end of 2014, the AGPT program was managed by GPEI, which was owned and funded by the Australian Government.

(c) Data include trainees undertaking pathology and RACP jointly up to 2010.

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

Source: Medical colleges and the Australian Government Department of Health

Table D24: Advanced trainees: Proportion of females by state/territory, 1997–2015

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
1997	41.8	39.5	40.0	37.7	39.1	38.3	57.1	44.4	41.0
1998	43.5	41.3	40.7	43.4	44.2	35.2	39.5	53.3	43.0
1999	44.8	43.3	41.6	44.7	45.1	45.1	50.6	45.2	44.1
2000	42.6	43.9	43.0	45.2	43.5	43.8	40.3	42.8	43.2
2001	45.5	46.3	42.0	45.2	41.1	48.3	46.3	45.9	44.8
2002	46.1	47.8	40.9	41.4	44.4	43.1	53.5	42.9	45.1
2003	48.0	46.1	43.6	45.3	47.2	56.4	53.5	39.0	46.4
2004	46.3	46.7	44.0	44.1	46.0	52.4	50.6	42.1	45.9
2005	45.3	46.2	44.2	41.4	46.1	51.3	55.7	40.3	45.6
2006	46.9	47.7	46.0	41.4	46.8	49.1	55.9	39.8	46.3
2007	47.5	47.5	45.2	43.6	46.0	43.8	60.4	30.8	46.6
2008	46.3	45.0	44.3	44.9	42.7	46.9	59.2	33.3	45.1
2009	39.2	49.4	46.2	47.2	45.2	48.7	60.0	42.6	48.1
2010	50.0	48.8	46.1	46.4	48.9	57.6	52.3	40.1	47.6
2011	53.8	49.9	47.3	48.2	47.3	51.2	61.6	34.5	50.2
2012	52.7	50.8	46.8	50.2	50.9	52.7	60.1	35.8	50.3
2013	53.4	52.5	48.8	52.2	54.2	53.6	57.7	39.9	52.1
2014	54.0	53.4	49.4	50.9	53.8	55.3	58.6	45.1	52.6
2015	54.0	54.6	50.0	54.7	55.5	56.4	58.8	50.9	53.6

Source: Medical colleges and the Australian Government Department of Health

Table D25: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 1997–2015

Year	Training positions/trainees	Advanced training positions/trainees	Proportion advanced training positions/trainees (%)	Female advanced trainees	Proportion female advanced trainees (%)	Part-time advanced trainees	Proportion part-time advanced trainees (%)
1997	6,422	5,665	88.2	2,332	41.2	296	5.2
1998	6,818	5,561	81.6	2,393	43.0	337	6.1
1999	6,910	5,645	81.7	2,488	44.1	388	6.9
2000	7,262	5,680	78.2	2,456	43.2	368	6.5
2001	6,835	5,661	82.8	2,538	44.8	325	5.7
2002	7,213	5,874	81.4	2,650	45.1	357	6.1
2003	7,273	6,126	84.2	2,845	46.4	534	8.7
2004	8,188	6,387	78.0	2,930	45.9	704	11.0
2005	8,710	6,059	69.6	2,765	45.6	932	15.4
2006	9,317	6,514	69.9	3,018	46.3	676	10.4
2007	11,249	6,833	60.7	3,181	46.6	739	10.8
2008	11,668	7,324	62.8	3,421	46.7	556	7.6
2009	12,958	8,249	63.7	3,967	48.1	1,052	12.8
2010	14,679	9,432	64.3	4,494	47.6	971	10.3
2011	15,478	10,214	66.0	5,116	50.1	1,416	13.9
2012	16,740	10,996	65.7	5,536	50.3	1,220	11.1
2013	17,888	11,832	66.1	6,160	52.1	1,576	13.3
2014	19,158	12,791	66.8	6,733	52.6	2,075	16.2
2015	20,069	13,810	68.8	7,399	53.6	2,229	16.1
Change 1997–2015 (%)	212.5	143.8	-22.0	217.3	30.2	653.0	208.9

Source: Medical colleges and the Australian Government Department of Health

Table D26: New fellows by medical speciality, 2000–2014

Medical speciality	2000–2014										Change 2000–2014		Change 2000–2014 (%)					
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		2012	2013	2014	2000–2014	2000–2014
Addiction medicine	..	..	..	..	..	..	..	..	..	6	3	1	4	3	2	..	..	..
Adult medicine	159	129	170	168	190	181	247	209	303	397	346	362	456	438	307	148	..	93.1
Anaesthesia	95	123	165	133	128	198	135	150	234	197	243	223	229	256	208	113	..	118.9
Anaesthesia – pain medicine	..	..	..	..	..	5	5	7	11	9	17	12	19	14	27	..	..	..
Dermatology	8	14	21	9	12	13	14	23	11	11	26	21	20	23	31	23	..	287.5
Emergency medicine	40	61	34	82	80	58	78	69	95	82	77	78	135	115	137	97	..	242.5
General practice	365	324	670	746	661	671	628	592	819	928	835	1,037	1,216	1,096	1,283	918	..	251.5
– RACGP	..	..	..	..	..	..	..	21	22	40	28	38	63	85	74	..	..	..
– ACRRM	11	22	20	15	20	29	23	36	62	63	60	50	63	52	40	29	..	263.6
Intensive care	9	7	6	10	15	4	13	11	10	9	18	14	19	13	28	19	..	211.1
Medical administration	54	49	46	57	29	28	49	46	66	56	82	90	81	68	99	45	..	83.3
Obstetrics and gynaecology	3	1	4	4	6	6	6	6	11	11	5	2	4	8	9	6	..	200.0
Occupational and environmental medicine	25	21	20	30	20	26	16	30	14	11	26	29	38	36	37	12	..	48.0
Ophthalmology	na	na	na	na	na	na	na	na	na	na	na	4	8	11	9	..	..	..
Oral and maxillofacial surgery	40	41	51	55	57	74	73	47	114	116	91	102	146	134	102	62	..	155.0
Paediatrics	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Medical specialty	Change 2000–2014													Change 2000–2014 (%)			
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		2013	2014	
Palliative medicine	..	..	..	..	..	..	..	..	..	8	6	7	16	15	39	..	
Pathology ^(a)	42	35	37	43	41	48	46	77	68	64	94	88	99	98	95	53	126.2
Psychiatry	80	70	82	70	109	85	90	72	147	125	154	131	136	141	133	53	66.3
Public health medicine	11	11	13	6	8	4	13	15	13	12	15	4	7	7	12	1	9.1
Radiation oncology	14	12	10	9	10	19	9	12	11	18	13	22	20	23	17	3	21.4
Radiodiagnosis	46	26	36	40	37	39	74	54	54	44	54	77	115	100	79	33	71.7
Rehabilitation medicine	13	10	13	12	15	13	19	24	21	13	22	23	26	20	33	20	153.8
Sexual health medicine	..	..	..	..	..	..	..	..	..	1	0	3	3	3	5	..	..
Sport and exercise medicine	..	..	..	..	..	..	7	3	5	1	1	3	2	^(m) 2	4	..	..
Surgery	111	103	108	117	115	155	155	176	171	^(b) 174	^(b) 184	^(b) 212	^(b) 217	^(b) 193	^(b) 183	72	64.9
Total	1,126	1,059	1,506	1,606	1,553	1,656	1,700	1,680	2,262	2,396	2,400	2,633	3,142	2,954	2,993	1,867	165.8

(a) From 2010, data include new fellows from pathology, and pathology and RACP (jointly).

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

(c) An additional 151 new fellows who live overseas joined the college in 2010.

(d) Excludes 2 new fellows awarded fellowship who live overseas.

(e) Excludes 96 new fellows who live overseas.

(f) Includes 5 New Zealand and Hong Kong new fellows.

(g) Includes 10 new fellows trained overseas.

(h) Excludes 107 new fellows awarded fellowship but living overseas.

(i) Includes 13 overseas trained specialists.

(j) Excludes 99 new fellows who live overseas.

(k) Excludes 17 new fellows who live overseas.

(l) Excludes 6 new fellows who live overseas.

(m) Excludes 1 New Zealand new fellow.

Source: Medical colleges and the Australian Government Department of Health

Table D27: New fellows by state/territory, 2000–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS ^(a)
2000	361	301	197	90	108	29	11	29	1,126
2001	361	260	172	96	114	27	10	19	1,059
2002	499	392	254	115	155	38	15	25	1,493
2003	518	384	324	140	167	43	8	9	1,592
2004	476	414	262	161	173	23	4	10	1,553
2005	501	434	310	157	179	35	10	14	1,640
2006	530	468	308	165	163	30	11	18	1,693
2007	538	470	327	151	135	30	11	15	1,677
2008	635	543	441	213	246	49	15	23	2,165
2009	620	548	471	196	225	47	25	41	2,285
2010	734	603	479	179	272	52	29	40	2,388
2011	744	713	603	198	242	45	31	41	2,617
2012	863	759	702	241	328	89	43	64	3,103
2013	832	747	660	204	364	61	44	42	2,954
2014	933	758	624	214	330	49	34	51	2,993
Change 2000–2014 (%)	158.4	151.8	216.8	137.8	205.6	69.0	209.1	75.9	165.8

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

Source: Medical colleges

Table D28: New female fellows by state/territory, 2000–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	152	109	84	36	45	8	3	15	454
2001	136	104	74	43	56	12	4	10	439
2002	210	172	87	48	63	17	9	12	618
2003	228	162	130	47	71	17	5	2	662
2004	222	166	120	62	77	12	2	8	683
2005	213	171	114	65	74	20	3	7	667
2006	233	192	119	74	55	12	3	9	697
2007	218	194	131	63	54	13	5	4	682
2008	261	225	182	78	102	19	6	12	885
2009	256	234	178	83	90	29	11	14	895
2010	315	289	201	66	121	24	19	17	1,052
2011	330	340	248	83	86	27	9	22	1,145
2012	395	351	296	103	148	38	19	35	1,385
2013	411	344	266	99	155	28	20	18	1,341
2014	468	362	276	100	131	23	16	23	1,399
Change 2000–2014 (%)	207.9	232.1	228.6	177.8	191.1	187.5	433.3	53.3	208.1

Source: Medical colleges

Table D29: New fellows: Proportion of females by medical speciality, 2000–2014

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Addiction medicine	..	..	..	..	..	..	..	..	..	50.0	33.3	..	25.0	33.3	100.0
Adult medicine	42.1	34.0	41.8	40.5	38.4	38.7	36.8	38.3	41.6	35.8	37.6	37.0	39.9	42.7	36.2
Anaesthesia	18.9	32.5	30.9	27.8	28.9	36.4	43.0	31.3	35.0	29.4	32.5	31.8	41.5	42.2	36.1
Anaesthesia – pain medicine	..	..	..	..	..	40.0	40.0	0.0	9.1	33.3	29.4	33.3	15.8	35.7	33.3
Dermatology	37.5	42.9	33.3	33.3	66.7	69.2	42.9	34.8	90.9	90.9	53.8	57.1	65.0	52.2	80.6
Emergency medicine	25.7	29.5	25.0	39.0	42.5	37.9	30.8	33.3	36.8	36.6	44.2	34.6	45.2	38.3	44.5
General practice															
– RACGP	59.2	56.8	47.9	47.6	46.8	45.8	46.8	50.0	44.8	43.3	56.0	52.6	50.8	52.6	51.4
– ACPFRM	..	..	..	..	..	..	..	14.3	31.8	27.5	39.3	23.7	31.7	32.9	31.1
Intensive care	18.2	18.2	10.0	20.0	20.0	20.7	8.7	13.9	25.8	23.8	23.3	24.0	11.1	30.8	15.0
Medical administration	22.2	28.6	66.7	50.0	53.3	100.0	30.8	27.3	50.0	11.1	27.8	7.1	42.1	46.2	35.7
Obstetrics and gynaecology	44.4	59.2	56.5	56.1	51.7	53.6	46.9	58.7	62.1	62.5	56.6	63.3	54.3	60.3	63.6
Occupational and environmental medicine	0	0	16.7	50.0	0	50.0	33.3	16.7	45.5	9.1	20.0	0	50.0	0	0
Ophthalmology	24.0	19.0	20.0	13.3	50.0	38.5	31.3	50.0	35.7	36.4	30.8	10.3	28.9	30.6	29.7
Oral and maxillofacial surgery	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0
Paediatrics	77.5	52.2	64.7	50.9	64.9	59.5	45.2	57.4	56.1	47.4	57.1	63.7	64.4	56.7	65.7
Palliative medicine	..	..	..	..	..	..	..	..	..	62.5	66.7	85.7	56.3	86.7	69.2
Pathology	45.2	42.9	45.9	37.2	45.0	54.2	65.2	53.2	51.5	46.9	47.6	59.3	55.7	50.9	60.4
Pathology and RACP (jointly)	..	..	..	..	..	..	..	..	..	..	48.4	37.9	51.7	44.2	52.4
Psychiatry	32.5	45.7	42.7	42.9	45.9	50.6	54.4	43.1	42.2	42.4	46.8	45.0	52.9	45.4	53.4
Public health medicine	63.6	45.5	30.8	66.7	62.5	75.0	84.6	80.0	69.2	58.3	53.3	75.0	57.1	71.4	50.0
Radiation oncology	35.7	41.7	50.0	66.7	50.0	52.6	55.6	50.0	36.4	44.4	53.8	50.0	45.0	65.2	76.5
Radiodiagnosis	19.6	38.5	22.2	25.0	37.8	21.1	33.8	24.1	25.9	40.9	24.1	29.9	31.3	32.0	32.9

Medical speciality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Rehabilitation medicine	15.4	60.0	61.5	75.0	40.0	38.5	63.2	62.5	52.4	69.2	59.1	60.9	57.7	70.0	69.7
Sexual health medicine	..	..	..	..	..	..	..	..	..	100.0	..	100.0	33.3	33.3	80.0
Sport and exercise medicine	..	..	..	..	..	..	..	..	..	..	..	33.3	50.0	100.0	25.0
Surgery	7.2	12.6	13.0	14.0	6.1	10.3	13.5	16.5	15.2	19.5	14.1	15.1	19.4	19.2	27.9
Total	40.3	40.9	41.1	41.3	44.0	40.8	41.2	40.7	41.0	39.0	44.0	43.7	44.7	45.4	46.7

Source: Medical colleges

Table D30: New fellows: Proportion of females by state/territory, 2000–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2000	42.1	36.2	42.6	40.0	41.7	27.6	27.3	51.7	40.3
2001	37.7	40.0	43.0	44.8	49.1	44.4	40.0	52.6	41.5
2002	42.1	43.9	34.3	41.7	40.6	44.7	60.0	48.0	41.4
2003	44.0	42.2	40.1	33.6	42.8	39.5	62.5	22.2	41.6
2004	46.6	40.1	45.8	38.5	44.5	52.2	50.0	80.0	44.0
2005	42.5	39.4	36.8	41.4	41.3	57.1	30.0	50.0	40.7
2006	44.0	41.0	38.6	44.8	33.7	40.0	27.3	50.0	41.2
2007	40.5	41.3	40.1	41.7	40.0	43.3	45.5	26.7	40.7
2008	41.1	41.4	41.3	36.6	41.5	38.8	40.0	52.2	40.9
2009	41.3	42.7	37.8	42.3	40.0	61.7	44.0	34.1	39.2
2010	42.9	47.9	42.0	36.9	44.5	46.2	65.5	42.5	44.1
2011	44.4	47.7	41.1	41.9	35.5	60.0	29.0	53.7	43.8
2012	45.8	46.2	42.2	42.7	45.1	42.7	44.2	54.7	44.8
2013	49.4	46.1	40.3	48.5	42.6	45.9	45.5	42.9	45.4
2014	50.2	47.8	44.2	46.7	39.7	46.9	47.1	45.1	46.7

Source: Medical colleges

Table D31: Fellows by medical speciality, 2008–2014

Medical speciality	2008	2009	2010	2011	2012	2013	2014	Change 2008–2014	Change 2008–2014 (%)
Addiction medicine	..	171	164	167	182	^(b) 155	151	..	..
Adult medicine	6,436	6,765	6,284	6,861	7,754	^(b) 6,823	7,004	568	8.8
Anaesthesia	3,448	3,197	3,425	3,612	3,815	4,043	4,163	715	20.7
Anaesthesia – pain medicine	187	191	212	221	239	252	270	83	44.4
Dermatology	354	434	390	411	491	^(c) 495	531	177	50.0
Emergency medicine	1,009	1,106	1,134	1,204	1,340	1,453	1,601	592	58.7
General practice									
– RACGP	9,956	14,748	14,651	^(a) 16,563	^(a) 17,822	^(a) 17,261	18,472	8,516	85.5
– ACRRM	1,392	1,356	1,352	^(a) 1,363	1,443	^(a) 1,459	1,443	51	3.7
Intensive care	642	554	584	634	640	^(b) 713	703	61	9.5
Medical administration	436	441	299	^(a) 458	485	411	329	-107	-24.5
Obstetrics and gynaecology	1,330	1,696	1,492	1,497	1,559	1,586	1,678	348	26.2
Occupational and environmental medicine	265	323	245	253	252	^(b) 240	244	-21	-7.9
Ophthalmology	767	784	796	797	822	827	924	157	20.5
Oral and maxillofacial surgery	..	..	..	..	..	172	181	..	..
Paediatrics	1,923	2,013	1,723	1,955	2,325	^(b) 1,984	2,054	131	6.8
Palliative medicine	..	210	181	227	261	^(b) 220	252	..	..
Pathology	1,416	1,488	1,379	1,381	1,263	1,241	1,258	-158	-11.2
Pathology and RACF (jointly)	..	..	225	236	410	501	552	..	..

Medical speciality	2008	2009	2010	2011	2012	2013	2014	Change 2008–2014	Change 2008–2014 (%)
Psychiatry	2,588	2,741	2,949	3,101	3,073	3,154	3,314	726	28.1
Public health medicine	454	799	725	^(a) 574	571	^(b) 402	405	-49	-10.8
Radiation oncology	249	253	269	293	314	327	335	86	34.5
Radiodiagnosis	1,284	1,457	1,562	1,674	1,741	1,786	1,842	558	43.5
Rehabilitation medicine	317	323	354	365	398	400	428	111	35.0
Sexual health medicine	..	130	111	^(a) 156	145	^(b) 111	115	..	..
Sport and exercise medicine	..	..	140	^(a) 119	^(a) 155	70	122	..	..
Surgery	3,841	3,912	4,089	4,281	4,467	4,618	4,727	886	23.1
Total	38,294	45,092	44,735	48,403	51,967	50,704	53,098	14,804	38.7

(a) Includes fellows living overseas.

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

(c) Excludes 17 fellows who live overseas.

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

(e) Excludes 19 fellows who live overseas.

(f) Excludes 197 fellows who live overseas.

Source: Medical colleges

Table D32: Fellows by state/territory, 2008–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	11,820	9,311	7,033	3,350	3,327	869	179	519	36,408
2009	13,261	10,538	7,930	3,573	3,927	999	360	814	42,739
2010	14,233	11,323	8,577	3,824	4,232	1,059	386	879	44,513
2011	14,843	11,911	9,088	3,938	4,404	1,103	394	922	46,603
2012	15,143	12,307	9,628	4,029	4,629	1,137	441	972	50,215
2013	15,816	12,948	10,188	4,170	4,971	1,178	454	977	50,704
2014	16,531	13,554	10,718	4,311	5,273	1,215	462	1,034	53,098
Change 2008–2014 (%)	39.9	45.6	52.4	28.7	58.5	39.8	158.1	99.2	45.8

Source: Medical colleges

Table D33: Female fellows by state/territory, 2008–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	3,534	2,861	2,121	989	990	278	79	141	10,993
2009	4,155	3,393	2,458	1,068	1,233	327	164	290	13,586
2010	4,575	3,764	2,725	1,165	1,367	362	172	316	14,446
2011	4,827	4,044	2,916	1,206	1,433	385	174	333	15,318
2012	5,179	4,365	3,218	1,310	1,565	406	201	374	17,271
2013	5,534	4,680	3,435	1,382	1,719	435	215	383	17,783
2014	5,959	4,991	3,734	1,470	1,845	454	220	413	19,086
Change 2008–2014 (%)	68.6	74.4	76.0	48.6	86.4	63.3	178.5	192.9	73.6

Source: Medical colleges

Table D34: Fellows: Proportion of females by medical speciality, 2008–2014

Medical speciality	2008	2009	2010	2011	2012	2013	2014
Addiction medicine	..	25.1	25.0	24.6	24.2	25.8	26.5
Adult medicine	24.7	25.4	24.2	25.1	28.6	29.8	30.3
Anaesthesia	21.1	24.4	25.1	25.6	26.9	27.9	28.3
Anaesthesia – pain medicine	17.6	18.8	19.8	20.8	20.5	21.4	22.6
Dermatology	39.3	36.2	39.5	40.4	39.7	40.4	45.6
Emergency medicine	27.2	28.7	28.9	29.4	31.0	31.3	32.3
General practice							
– RACGP	44.4	43.5	45.8	45.3	45.8	46.7	47.1
– ACRRM	29.1	19.9	19.5	19.6	20.8	21.3	22.9
Intensive care	15.0	14.4	14.9	14.7	15.8	16.8	17.1
Medical administration	24.5	24.5	27.8	24.0	26.4	27.0	32.2
Obstetrics and gynaecology	32.2	34.9	36.2	37.1	38.7	39.8	41.5
Occupational and environmental medicine	17.7	18.0	18.8	19.0	19.0	19.2	18.9
Ophthalmology	16.7	17.3	17.3	17.6	19.2	19.5	19.8
Oral and maxillofacial surgery	..	..	..	..	..	9.3	8.8
Paediatrics	41.8	42.2	40.9	42.8	46.8	47.2	48.6
Palliative medicine	..	47.1	44.2	48.0	47.5	51.8	55.2
Pathology	34.5	35.7	35.9	37.2	40.5	41.7	43.3
Pathology and RACP (jointly)	..	..	45.3	45.3	36.6	36.9	37.3
Psychiatry	34.1	33.9	34.7	35.9	38.3	37.6	38.3
Public health medicine	36.8	36.5	38.1	40.8	36.3	42.0	41.7
Radiation oncology	34.5	35.2	35.7	39.2	40.1	41.3	42.1
Radiodiagnosis	22.7	22.8	24.3	24.0	25.0	25.6	25.7
Rehabilitation medicine	37.9	38.4	40.7	40.8	43.2	44.0	46.5
Sexual health medicine	..	46.9	47.7	51.3	53.1	54.1	54.8
Sport and exercise medicine	..	..	16.4	22.7	19.4	37.1	21.3
Surgery	7.3	7.7	8.2	8.6	9.2	9.7	10.5
Total	30.1	31.8	32.5	33.1	34.6	35.1	35.9

Source: Medical colleges

Table D35: Fellows: Proportion of females by state/territory, 2008–2014

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2008	29.9	30.7	30.2	29.5	29.8	32.0	44.1	27.2	30.2
2009	31.3	32.2	31.0	29.9	31.4	32.7	45.6	35.6	31.8
2010	32.1	33.2	31.8	30.5	32.3	34.2	44.6	35.9	32.5
2011	32.5	34.0	32.1	30.6	32.5	34.9	44.2	36.1	32.9
2012	34.2	35.5	33.4	32.5	33.8	35.7	45.6	38.5	34.4
2013	35.0	36.1	33.7	33.1	34.6	36.9	47.4	39.2	35.1
2014	36.0	36.8	34.8	34.1	35.0	37.4	47.6	39.9	35.9

Source: Medical colleges

Table D36: Overseas trained doctors with section 19AB exemptions, 2002–2015

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	1,303	1,722	2,290	2,878	3,634	4,476	5,483	5,914	6,892	7,785	9,053	10,459	11,138	12,495

Source: The Australian Government Department of Health administrative data

Appendix E:

DATA SPECIFICATIONS

To assist in preparation of data inputs data templates and specifications were first developed for the MTRP 12th report. In order to improve data comparability and quality these were refined for the 13th report and the specifications further expanded to cover the prevocational and vocational levels, and international medical graduates and overseas trained specialists for the MTRP 14th report onwards.

The data specifications used for the production of the MTRP 19th report are listed below. These were sent to all states and territories, medical colleges, the Australian Health Practitioner Regulation Agency, the Australian Medical Council and the Australian Government Department of Immigration and Border Protection as relevant to the data each provides.

Prevocational training

Definition:	<p>Postgraduate training undertaken by junior doctors who enter the medical workforce.</p> <p>Postgraduate Year 1 (PGY1)</p> <p>The year of supervised clinical training completed by graduates of an Australian Medical Council (AMC) accredited medical school. This is also known as the intern year.</p> <p>Rural area</p> <p>Rural area classification as RA2 to RA5 under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.</p> <p>New rural area classification as MM3 to MM7 under the Modified Monash Model introduced in early 2015.</p> <p>Rural internship</p> <p>Rural internship is a type of internship when all or majority of it is undertaken in an RA2-RA5 hospital and MM3-MM7 hospital.</p> <p>Rotational positions</p> <p>Rotational positions are the rural based intern positions that are filled on rotation by doctors from a metropolitan hospital.</p> <p>Postgraduate Year 2 (PGY2)</p> <p>The year of structured supervised clinical training placements, commenced once medical practitioners have completed their internship and gained general medical registration.</p>
Data source:	<p>State and territory health departments, the Australian Government Department of Health (for Commonwealth Medical Internships initiative).</p>

Scope:	<p>All junior doctors undertaking postgraduate prevocational training in Australia. This includes all junior doctors who accepted their applications to commence their training either at the beginning of the academic year or during additional intakes during the given year of data collection.</p> <p>It also includes International Medical Graduates (IMGs) who have completed the Australian Medical Council (AMC) multiple choice questionnaire (MCQ) and clinical examinations and who must complete a supervised year of training to be eligible for general medical registration.</p>
Statistical unit:	<p>Number of trainees/doctors</p> <p>Number of supervised training positions</p> <p>Number of rural intern positions</p> <p>Number of rotational positions (RA2-RA5)</p>
Collection period:	Academic year 2015
Guide for use	
State/Territory:	<p>This is the state/territory where training is being provided.</p> <p>It is not the place of residence of trainees undertaking the vocational training.</p>

Prevocational medical training 2015

Data items	Values
Commencing postgraduate year 1 trainees or supervised training positions	
Type of graduate	<p>Australian trained local (own state)</p> <ul style="list-style-type: none"> • Commonwealth-supported • Full-fee paying
	<p>Australian trained local (interstate)</p> <ul style="list-style-type: none"> • Commonwealth-supported • Full-fee paying
	<p>New Zealand medical graduates</p> <p>International students who graduated from an Australian medical school and were placed by states/territories</p> <ul style="list-style-type: none"> • Own state • Interstate
	<p>Australian Medical Council graduates</p> <p>International students who graduated from an Australian medical school and were placed by the Commonwealth</p>
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT

Data items	Values
Commencing postgraduate year 1 trainees or supervised training positions (RA2-RA5)	
Type of graduate	Rural intern positions where postgraduate year 1 trainees can undertake majority of their internship in a rural location Postgraduate year 1 trainees undertaking rural internship (RA2-RA5) Rotational positions (RA2-RA5)
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT
Commencing doctors in postgraduate year 2 training positions	
Type of graduate	Australian trained local (own state) Australian trained local (interstate) New Zealand medical graduates International students who graduated from an Australian medical school Australian Medical Council graduates Other/Unspecified
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and 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
Scope:	The scope includes Australian medical school graduates who are: <ul style="list-style-type: none"> • 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:	<p>Calendar year 2015</p> <p>Latest available data for trainees who are undertaking basic or advanced training in 2015.</p> <p>Calendar year 2014</p> <p>Examination/assessment outcome data, new fellow and fellow data are to be reported for the previous year, 2014.</p>
Definition:	<p>Overseas trained specialist</p> <p>A doctor whose specialist medical qualifications were acquired in a country other than Australia.</p>
Data source:	Medical colleges
Scope:	All overseas trained specialists who have applied to the Australian Medical Council for recognition of their specialty qualifications and who have been referred to the relevant medical college for assessment of the comparability of their qualifications to Australian standards.
Statistical unit:	Number of overseas trained specialists
Collection period:	Calendar year 2014
Guide for use	
Basic training	A period of defined training required by some specialist medical colleges to be undertaken in order for trainees to meet eligibility criteria for entering an advanced training program.
Advanced training	<p>A period of defined and structured education and training, that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and/or to practise as a specialist. This may be preceded by completion of basic training requirements.</p> <p>Some colleges have an integrated training program and do not have separate basic and advance components. Data on these programs should be included under advanced training.</p>
State/Territory	<p>This is the state/territory in which the vocational training is provided by the accredited specialist medical college/faculty or other vocational training provider.</p> <p>This is not the place of residence of trainees undertaking the vocational training.</p>
State/Territory of fellow	<p>This is the place of residence of fellows.</p> <p>It includes fellows who have been trained overseas and are accepted by the college to practise in Australia. It excludes fellows who are residing overseas.</p>
Accreditation approach	<p>Approach that is adopted by a college or other vocational training provider whereby a college determines whether its specified requirements for the clinical experience, infrastructure and educational support required of a hospital/training position are met.</p> <p>Accreditation varies depending upon whether positions or posts, sites, facilities, units or programs are accredited.</p>

Guide for use

Training discontinuation	<p>A trainee is considered discontinued either when he or she has officially withdrawn from the training program or the medical college has terminated or dismissed a trainee in accordance with the college regulations or employment conditions.</p> <p>Trainees who have been given approved extended leave are excluded.</p>
Part-time training	<p>Trainees who have been given approval to undertake training for a period at less than full-time during the year of data collection.</p>
Examination outcome	<p>The total number of trainees who have sat an examination and the number who have sat and passed the examination.</p> <p>Data excludes examination results from overseas medical practitioners wishing to practise in Australia.</p> <p>Examination results for international medical graduates who have been assessed as being partially comparable are not to be included.</p>
Examination name	<p>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.</p>
Rural pathway	<p>Rural Pathway registrars undertake their training in rural and remote areas. These areas were previously defined as Rural, Remote and Metropolitan Area (RRMA) classification areas 3–7.</p> <p>Since 1 January 2010 rural areas have been defined using the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) as Remoteness Areas 2–5.</p>
New fellow	<p>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.</p>
Fellow	<p>A medical practitioner, who has been granted fellowship of the medical college through completion of a college training program or by other mechanisms.</p> <p>This includes active fellows who have been trained overseas and who either successfully completed assessment or were exempted from assessments for admission into the college.</p> <p>It excludes those who hold life membership by virtue of their age and those who are retired.</p>
Substantially comparable	<p>Medical colleges assess overseas trained specialists to determine whether they meet Australian standards to practise their specialty within Australia.</p> <p>Overseas trained specialists who are assessed as substantially comparable are eligible to become fellows of the relevant medical college without further examination but may require a period of up to 12 months oversight and peer review prior to admission to Fellowship.</p>
Partially comparable	<p>Partially comparable overseas trained specialists require up to two years additional training and/or supervision and formal assessments, prior to being considered to be eligible to become fellows.</p>

Vocational medical training

Medical colleges

Accreditation approach

Data item	Value
Accreditation approach	
Specialty	As defined by the medical college
Accreditation approach	Positions/Posts Facilities/Programs

Vocational training

Data item	Values
Basic and advanced training	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and 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	
Basic training – first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT
Advanced training – first year	
Specialty	As defined by the medical college
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT

Data item	Values
AGPT Program – first year trainees	
Regional Training Provider	
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT
AGPT Program – first year trainees	
Regional Training Provider	
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and ACT
Rural pathway – all trainees	
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT, ACT
Subspecialty – all vocational trainees	
Subspecialty	As defined by medical college
Sex	Female

College fellows

Data item	Values
New fellows	
Specialty	As defined by medical college
Sex	Female
State/Territory	NSW, VIC, QLD, SA, WA, TAS, NT and 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 and 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 overseas trained specialist assessment	Substantially comparable Partially comparable Not comparable
Fellows	
Specialty	As represented by colleges
Sex	Female

International medical graduates

Overseas trained specialists

Definition:	<p>International medical graduate A doctor whose basic medical qualifications were acquired in a country other than Australia.</p> <p>Overseas trained specialist A doctor whose specialist medical qualifications were acquired in a country other than Australia.</p>
Data source:	<ul style="list-style-type: none"> • The AMC for pathway data relating to international medical graduates • Medical colleges.
Scope:	<p>The scope includes international medical graduates who have applied and whose qualification have been assessed as suitable for entering into the training program to allow them eligibility for fellowship by the college.</p> <p>It also includes overseas trained specialists who have applied to the college and who were assessed as being exempted from any assessment or requiring further assessment to allow them eligibility for fellowship by the college.</p>
Statistical unit:	<ul style="list-style-type: none"> • Number of international medical graduates • Number of overseas trained specialists
Collection period:	<p>Calendar year 2014.</p> <p>Latest available data at a specified time of data collection for international medical graduates and overseas trained specialists.</p>

International medical graduates Overseas trained specialists 2014

Data item	Values
International medical graduates and overseas trained specialists	
AMC pathways	Competent authority Standard pathway (AMC examination) Standard pathway (workplace-based assessment) Specialist assessment
Type of overseas trained specialist assessment	Substantially comparable Partially comparable Not comparable
Overseas trained specialist assessment	Initial processing College processing Substantially comparable Partially comparable Not comparable Withdrawn

Appendix F:

TRAINING PROGRAM TERMINOLOGY

Medical colleges

Guide for use as defined in the MTRP report

Basic training	A defined period of elementary training required by some specialist medical colleges prior to admission to an advanced training program.
Advanced training	A period of defined and structured education and training, that, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college and/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 advanced components. Data on these programs should be included under advanced training.

The table below illustrates what is defined under the category of the terms used in MTRP for ‘basic training’ and ‘advanced training’ for each medical specialty. These are not the training requirements of each medical college, but rather show what is included under the term ‘basic’ or ‘advanced’ for each medical specialty. For example, at the Royal Australasian College of Physicians (RACP) basic training provides essential exposure to the breadth of medicine before a trainee focuses on a specialty.

Specialty	MTRP defined	Year of training	Medical college defined
Anaesthesia	Basic	Year 1	0.5 year Introductory Training/0.5 year Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Provisional Fellowship Training
Dermatology	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training ^(a)
Emergency medicine	Basic	Year 1	Provisional Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training

(a) Offered as an additional year if required; most trainees finish in the fourth year.

Specialty	MTRP defined	Year of training	Medical college defined
General practice (ACRRM and RACGP) ^(b)	Advanced	Year 1	ACRRM – Core clinical training time
	Advanced	Year 2	ACRRM – Primary rural and remote training
	Advanced	Year 3	ACRRM – Primary rural and remote training
	Advanced	Year 4	ACRRM – Advanced specialised training
	Advanced	Year 1	RACGP – Hospital training time
	Advanced	Year 2	RACGP – GP Terms – GPT1, GPT2
	Advanced	Year 3	RACGP – GP Terms – GPT3/extended skills
	Advanced	Year 4	RACGP – Advanced skills training (only for FARGP)
Intensive care	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training
Medical administration	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Obstetrics and gynaecology	Basic	Year 1	Core Training Program (Year 1)
	Basic	Year 2	Core Training Program (Year 2)
	Basic	Year 3	Core Training Program (Year 3)
	Basic	Year 4	Core Training Program (Year 4)
	Advanced	Year 5	Advanced Training Program (Year 5)
	Advanced	Year 6	Advanced Training Program (Year 6)
Ophthalmology	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
Oral and maxillofacial surgery	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
Pain medicine ^(c)	Basic	Year 1	Core Training
	Advanced	Year 2	Practice Development

(b) GP titles are more curricula descriptors rather than actual training year names.

(c) Training requirements vary from one to three years, depending on the primary specialist qualification.

Specialty	MTRP defined	Year of training	Medical college defined
Pathology	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
Physicians – addiction medicine	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
Physicians – adult medicine ^(d)	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Basic	Year 3	Basic Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training ^(e)
Physicians – occupational and environmental medicine ^(f)	Advanced	Year 1	Stage A/B
	Advanced	Year 2	Stage B
	Advanced	Year 3	Stage B/C
	Advanced	Year 4	Stage C
Physicians – paediatrics ^(d)	Basic	Year 1	Basic Training
	Basic	Year 2	Basic Training
	Basic	Year 3	Basic Training
	Advanced	Year 4	Advanced Training
	Advanced	Year 5	Advanced Training
	Advanced	Year 6	Advanced Training
Physicians – palliative medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Physicians – public health medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
Physicians – rehabilitation medicine ^{(f),(g)}	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
Physicians – sexual health medicine ^(f)	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training

(d) Basic training program requirements are to be met prior to entering the particular physician training program.

(e) Some advanced training programs such as, for example, joint programs, are up to five years duration; some trainees may need to complete up to eight years of training, including basic training.

(f) Entry requirements of a minimum of two years clinical experience.

(g) An exception exists for paediatric rehabilitation, which is three years basic and three years advanced training.

Specialty	MTRP defined	Year of training	Medical college defined
Psychiatry ^(h)	Basic	Year 1	Stage 1 (Year 1)
	Basic	Year 2	Stage 2 (Year 2)
	Basic	Year 3	Stage 2 (Year 3)
	Advanced	Year 4	Stage 3 (Year 4)
	Advanced	Year 5	Stage 3 (Year 5)
Radiation oncology	Advanced	Year 1	Phase 1 (18–24 months)
	Advanced	Year 2	Phase 1 (18–24 months)
	Advanced	Year 3	Phase 2 (36–42 months)
	Advanced	Year 4	Phase 2 (36–42 months)
	Advanced	Year 5	Phase 2 (36–42 months)
Clinical radiology	Advanced	Year 1	Phase 1 – General clinical radiology training
	Advanced	Year 2	Phase 1 – General clinical radiology training
	Advanced	Year 3	Phase 1 – General clinical radiology training
	Advanced	Year 4	Phase 2 – Systems focused rotations
	Advanced	Year 5	Phase 2 – Systems focused rotations
Sport and exercise medicine ⁽ⁱ⁾	Advanced	Year 1	Advanced Training
	Advanced	Year 2	Advanced Training
	Advanced	Year 3	Advanced Training
	Advanced	Year 4	Advanced Training
Surgery ^(j)	Advanced	Year 1	Surgical education and training year 1
	Advanced	Year 2	Surgical education and training year 2
	Advanced	Year 3	Surgical education and training year 3
	Advanced	Year 4	Surgical education and training year 4
	Advanced	Year 5	Surgical education and training year 5
	Advanced	Year 6	Surgical education and training year 6

(h) This structure applies to the 2012 Fellowship program. Training is undertaken in three stages:

Stage 1 (12 months FTE), Stage 2 (24 months FTE) and Stage 3 (24 months FTE).

(i) Three years basic training (PGY1-PGY3) to be completed prior to entering the medical college training program.

(j) Five year training programs for general surgery, orthopaedic surgery, otolaryngology, plastic surgery, urology and vascular surgery; six year training programs for cardiothoracic surgery and neurosurgery; and up to seven years for paediatric surgery.

