

Participation in the workforce by Australian medical graduates

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Objectives: To investigate workforce participation patterns among Australian medical graduates, and the extent of cohort differences in these patterns.

Design: A retrospective longitudinal cohort study, with data collected by postal survey on current occupation, location, absences from the workforce and occupation since graduation.

Setting & participants: Participants were graduates who completed their basic medical training at Monash University, Melbourne, Australia (one of the two university medical schools within the state of Victoria, Australia). Those graduating in 1980, 1985, 1990 and 1995 were invited to participate (n=546), and 368 took part in the study (69%).

Main outcome measures: The main outcome measures were the proportion of graduates in the Australian medical workforce, the equivalent full time contribution to the Australian medical workforce, and the proportion taking temporary absences from the workforce.

Results: The rate of participation in the Australian medical workforce was 96% two years after graduation, and then declined further to reach 82% (males) and 89% (females) by ten years. The rates regained slightly by fifteen years after graduation, to 85% (males) and 90% (females). Over half of the female graduates, but only 9% of male graduates had taken two or more short term absences from the medical workforce since graduating. The most common reasons for short term absences were parental leave, travel, a break from clinical work, and further study. The rate of absences for women peaked between 4 and 12 years after graduation. The equivalent full time contribution to the Australian medical workforce differed by gender. There was no indication that the 1995 cohort had a lower contribution to the Australian medical workforce than the earlier cohorts in the first seven years after graduation.

Conclusions: Although there are few indications of differences between these cohorts during the first seven years after graduation, the main contributing factors to losses from the Australian medical workforce – medical work overseas and parental leave – do not exert their maximum influence until a later time point. Any trend toward lower participation by more recent cohorts will intensify medical workforce shortages. Future studies should use national samples to confirm the extent to which the findings of this study reflect national trends.

Current approaches to medical workforce planning in Australia rely on cross-sectional rather than longitudinal cohort data, and as such do not incorporate important variables in workforce participation, such as rates and duration of overseas medical work, parental and other leave, and any changes that may be occurring in these over time. Medical workforce planning could be improved by better monitoring and analysis of these important factors.