



THE AUSTRALIAN NATIONAL UNIVERSITY

Medical Career Structures Australia
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- Shortages and distribution problems for most professions
- Workforce rigidities: demarcation within & between professions
- Professions effectively control training & numbers, especially medicine

- Rural & outer urban areas receive fewer services because workforce shortages
- Some areas have service levels well above national average
- Skewing of training, e.g. nurse training heavily hospital rather than community based; doctor training increasingly specialised and very long duration; other health professions not well equipped to undertake broader diagnosis & treatment roles

- The lack of integration between the different stages of the process, as well as the large number of different organisations involved in the accreditation, control and delivery of the various programs has been noted as problematic (McGrath et al 2006).
- A Federal Government study of medical education commenced in 2005 (conducted by the Department of Education, Science and Training) and the report from this study was due for release during 2008 but is yet to be released.

- Significantly increased numbers in recent years from around 1300 pa in 2004 to over 3000 by 2013
- Proportion of females has stabilised at around 55% (MTRP 2007). The proportion of females among doctors in the pre-vocational and vocational training stages is continuing to increase, and is now approaching 50% for junior hospital doctors, and 40% for specialists in training (Figure 2). Among fully qualified practitioners, general practice has 36% females while specialists have 21% females.
- The 'character' of medical schools is increasingly diverse, with many of the new schools expressing an explicit aim to promote general practice and rural practice to their students (Joyce et al 2007).

- Of the 20 medical schools, 12 are wholly or partly graduate entry programs, and graduates of these programs will comprise 45% of all medical graduates by 2012 (Joyce et al 2007).
- International students have comprised approximately 20% of commencing cohorts since 2000 (Figure 3).
- Rural bonded places (with scholarships or without) now constitute 14% of all enrolled students – some 1700 students (Figure 4).
- Domestic full-fee paying students have comprised a growing proportion of students in recent years (Figure 4) but this will decline again in the coming years as there has been a change in government policy, with no new domestic full-fee paying students to be enrolled from 2009.