

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-207

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL SCHOOLS OUTCOMES DATABASE (MSOD)

Written Question on Notice

Senator Nash asked:

Please provide the following information from MSOD for each year since data was recorded:

- a) Total number of commencing medical students from RRMA 3, RRMA 4-7 enrolled in each Australia medical school as a whole number and proportion of total enrolments;
- b) Total number of medical student commencements (and proportion of total medical student commencements in that year) classified as being of rural origin who had evidence that they had lived for 5 years or less in a rural area; 5-10 years in a rural area; more than 10 years in a rural area. Please advise the evidence students were required to provide to prove this claim.
- c) Total number of medical student commencements (and proportion of total medical student commencements in that year) classified as being of rural origin who had evidence that they had undertaken the whole of their primary school education in a rural area; the whole of their secondary school education in a rural area; the whole of both their primary and secondary education in a rural area.
- d) Total number of medical students from RRMA3, and RRMA 4-7 who commenced an enrolment in an RCS (identified by each RCS) as a whole number and a proportion of total commencements in the RCS in that year, and as a proportion of total medical student enrolments at that medical school in that year;
- e) Total number of metropolitan origin and overseas full fee paying medical students that commenced in an RCS in each year (identified by each RCS) as a whole number and a proportion of total enrolments (and as a proportion of total overseas student enrolments in that HEI in that year);
- f) Total average duration of rural exposure for all students enrolled in each RCS in each given year, compared to total average duration of metropolitan exposure for all enrolled medical students in a given year;

- g) Total number of effective full time medical graduates that commenced post-vocational medical training in a rural location in that year (separately identified as RRMA 3, and RRMA 4-7). (This question acknowledges that medical graduates may undertake various rotations within and outside rural areas and therefore asks for the information to be broken down into effective full time to ensure only time spent in a rural area is counted).
- h) Attrition and progress rate of rural origin medical students in each year compared to attrition and progress rates from non-rural medical students expressed as a whole number and a proportion;
- i) Total number and proportion of medical graduates that commenced in rural practice in each year broken down into separate columns as follows (full time and part time rural practice - broken down by the number and proportion practicing as a GP and those practicing as a specialist or other medical professional); where part time, the proportion of their time spent in a rural area; location of rural practice by remoteness area; whether the practitioner was originally of rural origin, non-rural origin of overseas full fee paying; where overseas full fee paying the number and proportion that are subject to the Moratorium; where non-rural the number and proportion subject to rural bonded scholarship or similar obligation; the number and proportion that enrolled in an RCS program; the proportion that discontinued rural practice in each year).

Answer:

a) – i)

Although the Department of Health and Ageing previously funded the MSOD project, it does not have any rights to MSOD data outside of that which is already in the public domain (<http://www.medicaldeans.org.au/medical-schools-outcomes-database/publications-resources/data-and-progress-reports>).

The MSOD board, through the project administrators, can be contacted by interested parties for access to unpublished data for valid reasons, such as for research or policy analysis purposes.