

# **Medical Schools Outcome Database 2009 National Forum**

## **Reflecting on MSOD: the past, present and future**

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# Commencement of MSOD

- Commonwealth first invested in May 2004
  - seen as providing key information on the medical education and training pipeline
  - data source for assessment and evaluation of the outcomes of medical education initiatives in which the Commonwealth makes significant annual investments
    - Rural Clinical Schools (RCS)
    - Rural Undergraduate Support & Coordination program (RUSC)
    - University Departments of Rural Health (UDRH)
    - Medical Rural Bonded Scholarships (MRBS)
    - Other associated programs

# MSOD today

- Every student in the first year of their medical studies in Australia is being asked to complete a comprehensive survey covering their demographics, background and career intentions
  - this is now fully established as routine
  - the data is representative of all students with high response rates at around 90%
  - data is collated and reported back to medical schools
  - data is made more broadly available to the Commonwealth and researchers alike
- Five years on, we now have the first complete set of data on students from their first year through to completion of their undergraduate studies

# MSOD – into the future

- Only current national source of data on medical students
- Presents consistent information on medical students, including student intentions and demographics
- Allows examination of trends in key areas such as rural student enrolments
- Data resource for other research
- Remains currently the only piece of information we have at a national level on how a number of Commonwealth programs are affecting career choices and, ultimately, changes in the distribution of medical practitioners

# National workforce data

## - data into the future

- Workforce data has been poor and not sufficient to inform workforce planning initiatives as needed
- Over the next couple of years there will be the introduction of a number of new national systems and processes, which have the potential to provide new sources of workforce data
  - establishment of *Health Workforce Australia*
  - introduction of unique Health Provider Identifier
  - Clinical Placements Management System
  - National Registration and Accreditation Scheme
- Data quality is also being improved for the Medical Training and Review Panel report
- Data from Medicare and special collections are also being better utilised in national workforce planning tools

# National Clinical Placement System

- Non-mandatory use of system
- Decisions regarding professions, rules and payments still being made
- Phased approach to introduction
  - First data to be collected 2010
    - education only
    - interim, retrospective data on student placements
  - Move to more comprehensive data 2011
    - education and health service providers
    - add requests for placements and what's on offer
- Working groups of education providers, health services and government currently identifying the data items to be included

# National Clinical Placement System

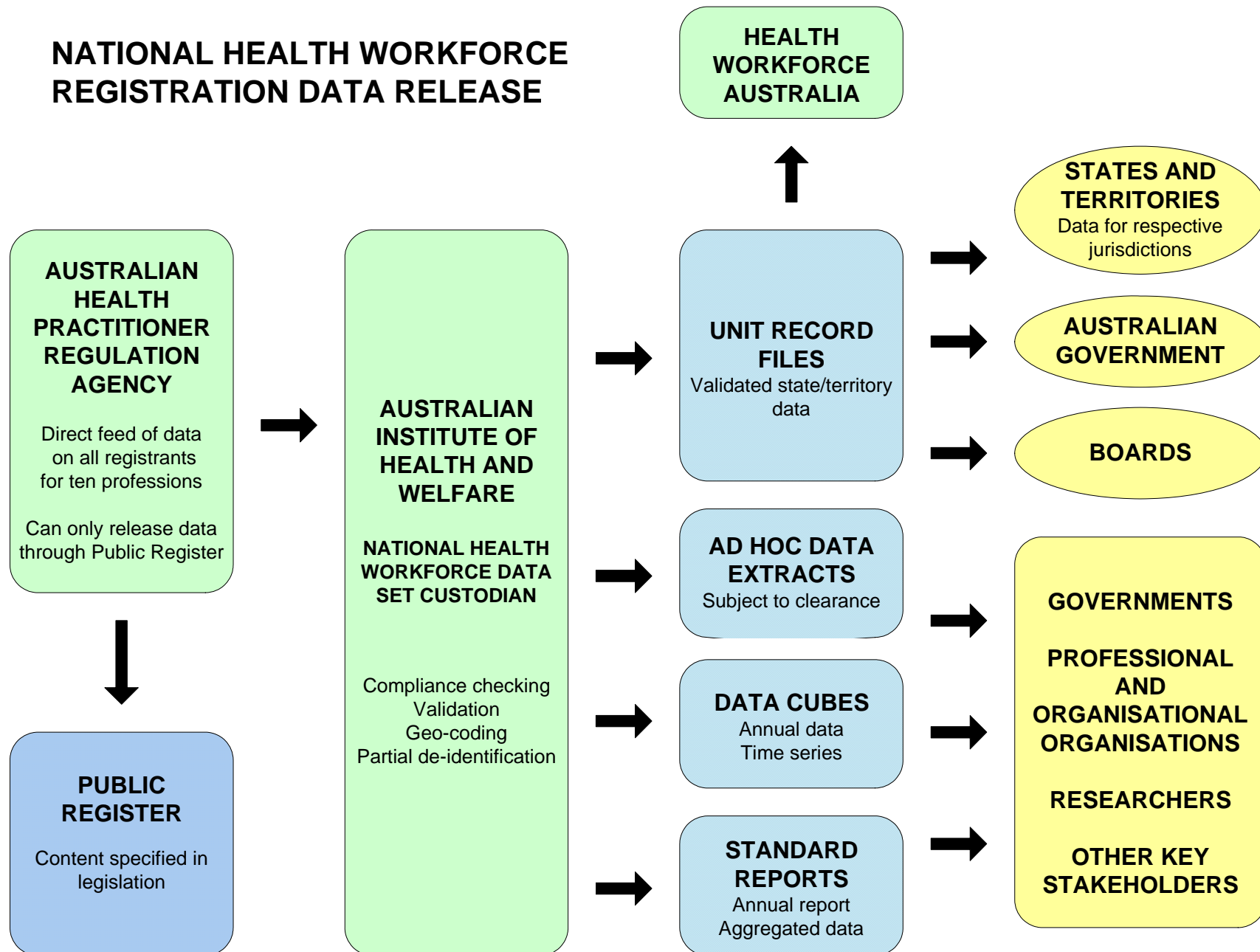
## - into the future

- National data on all placements for selected professions
- System that can also be used by other professions
- Potential to work as management system
  - contingent upon extent of use/maintenance/updating
  - does not replace personal contact/arrangements
  - potential to facilitate 'matching' of students with capacity in the system across traditional boundaries
- Ability to quantify and standardise reporting on capacity and potentially better utilise this

# Australian Health Practitioner Regulation Agency

- National registration to commence in July 2010
- National Health Workforce Data Set by-product
  - AIHW data custodian
  - comprised of registration and additional workforce information
  - non-mandatory status of many items
- Student registration
  - Medical board to determine when
  - decision regarding application of new identifier and this ties in with HPI to be given to all registrants

# NATIONAL HEALTH WORKFORCE REGISTRATION DATA RELEASE



# Data set items

- Sex
- Month and year of birth
  - state/territory
  - country of birth
- Indigenous status
- Residential locality/suburb
- Visa type
- First qualification in health profession
  - year
  - state/territory
  - country
- Labour force status
- Clinical/non-clinical role
- Hours worked
  - total
  - by role
  - by sector and setting
- Work locality/postcode
- Main sector
- Main setting
- Field of medicine
- Specialty area
- Intended years in profession
- Length of employment

# Data handling and sensitivities

- Data from AHPRA will be de-identified when extracted
  - new identifier applied to allow matching of records for individuals across years
- AIHW release of data subject to confidentiality and data handling protocols and legislation governing AIHW and all national data sets
  - what is available is dependent upon response rates and data quality
- Rationalised collection initially with scope to add additional items in future years
  - very conscious of maximising response to key questions essential for workforce planning purposes, specifically labour force status and hours

# National Health Workforce Data Set – into the future

- New MeTEOR health workforce data definitions to standardise data collection and reporting
- On-line access to variety of data products
  - standard reports and extract tables
    - aggregated, as available currently
  - data cubes of de-identified data
  - ability to request ad-hoc data extracts
- New capability
  - time series with previous labour force surveys into future as dataset builds
  - single record for each health provider across years
  - data from student registration through career
  - ability to profile those out of labour force

# Medical Training and Review Panel report – into the future

- Work began last year and further steps have been made to improve the data reported
  - data specifications were developed
  - templates prepared for data entry by jurisdictions and colleges to make completion easier
  - national reporting standards adopted
- Evolving authoritative source of data on medical education and training covering undergraduate, PGY1/2 and vocational years
  - greater consistency in the supply of data and simplified presentation of information
  - additional data on overseas trained professionals
  - more trend analysis wherever possible

# Opportunities in the future

- Together this information is going to provide a far better composite picture of the medical workforce
- For the first time we will be collecting data nationally on all medical practitioners across the continuum of their education and working lives
- As each collection builds, we will be able to look at trends in consistently collected data
- The input data necessary for projecting supply and needs into the future will be available

# Challenges for the future

- Preserve unique data collected through various processes
- Minimise duplication of efforts and rationalise content to minimise the burden on respondents and maximise data completeness and quality
- Utilise data linkage where legislation allows
- Be more creative in the way data is matched and held to allow more complex analysis at a national level
- Maintain efforts to ensure continued supply of good quality, standardised national data