

2008 Medical Students Exit Questionnaire

National Data Report

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Prepared by Jonathan P. Gerber & Katie DeLoyde



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1.0 Introduction

The Medical Schools Outcomes Database and Longitudinal Tracking Project (MSOD) is an on-going longitudinal study that is conducted by Medical Deans Australia and New Zealand. The project has been operating since 2005 and is the Australian Government's main data collection tool for medical student information. Data is collected directly from students at entry to medical school (Commencing Medical Students Questionnaire [CMSQ]); in the final year of medical school (Exit Questionnaire [EQ]); and one year after completion of their medical studies (PGY1). Information on student placements and electives is collected directly from medical schools throughout the duration of the program. In coming years data will also be collected at three and five years after completion of medical studies. This report presents summary data from the 2008 EQ.

2.0 Method

In 2005, students at six medical schools were invited to participate in the MSOD study. By 2008, three of these schools had students completing their studies. These schools were all conducting graduate-entry programs and include: Flinders University, Griffith University and The University of Sydney. All completing students at these schools were invited to complete the EQ. Data for more schools will become available in the coming years as students complete their medical studies.

The EQ's were distributed to students in the final year of medical school. Once completed the questionnaires were returned to Medical Deans Australia and New Zealand and scanned at Educational Assessment Australia (EAA) located at the University of New South Wales. Data was then fed back to Medical Deans Australia and New Zealand in SPSS 17.0 for analysis.

2.1 Questionnaire

The 12 item (19 question) EQ gathers student information about basic demographic details, future medical practice and internship placements. The majority of the questions are quantitative, with three qualitative questions (relating to partner occupation and internship placement). A link to the 2008 EQ can be found in Appendix A.

2.2 Response Rate

Two hundred and sixty-four students from Flinders University (n=28), Griffith University (n=22) and The University of Sydney (n=214) completed the EQ in 2008 (Table 1). One hundred and forty eight of these respondents had also completed the CMSQ in 2005 and one had completed the CMSQ in 2006 (Table 1). Given that 300 students from Flinders, Griffith & Sydney Universities completed the CMSQ in 2005 the effective retention rate is $148/300 = 50\%$. This number is likely to be an underestimate due to the fact that some

students defer or intermit during their medical degree. The effective retention rate by school was 25% for Flinders University, 26% for Griffith University and 82% for Sydney University.

The EQ sample also contains data from 115 students who had not completed a CMSQ. These students are likely to be students who started before 2005 but deferred or intermitted for at least one year. Considering that these students are likely to be reflective of the 2005 students who defer or intermit, a better estimate of the response rate might be $264/300 = 88\%$. Another response rate could be calculated by comparing the number of respondents ($n=264$) to the number of graduates for 2008 from the three medical schools ($n=430$), i.e. $264/430 = 61\%$.

This report includes all EQ data regardless of whether the respondents had completed CMSQ's. The population therefore consists of 264 individuals enrolled in three graduate-entry medical programs at three Australian medical schools (Table 1) for which usable data was available. The majority (56%) of EQ's came from MSOD participants (those students who had completed the CMSQ). The remainder (44%) were from students who had not completed the CMSQ. Given the increasing response rates of the CMSQ (currently at 92%) and the flow through of intermitted students the number of unlinked EQ's is expected to drop over the coming years.

Table 1. Number of responses to CMSQ and EQ

	Flinders University	Griffith University	Sydney University	Total
Completed EQ	28	22	214	264
Completed both CMSQ and EQ	24	20	105	149

Some cell samples with a value of five or less have been suppressed for confidentiality reasons (indicated by x). All percentages are rounded to one decimal place, except total percentages which are rounded to the whole number. The significance level is set at the 5% level.

3.0 Results

3.1 Students' characteristics

Respondent ages were grouped into 5-year age ranges and are presented in Table 2. Ninety two percent of the sample was over the age of 25, with the majority (72%) of respondents reporting an age between 25-29 years. The mean age was 28 years old (Standard Deviation [SD] = 3.6).

Table 2. Age range of respondents

Age Group	Frequency	Percentage
20-24 years	22	8.4
25-29 years	189	72.4
30-34 years	38	14.6
35-39 years	x	x
40 years and over	x	x
Total responses	261	100
Missing	3	
Total	264	

Base: All surveyed individuals (n=264)

All Respondents who answered the question relating to indigenous status identified themselves as having neither Aboriginal nor Torres Strait Islander origin (Table 3).

Table 3. Indigenous status of respondents

Indigenous Status	Frequency	Percentage
Neither Aboriginal or Torres Strait Islander origin	263	100
Aboriginal origin	0	0
Torres Strait Islander origin	0	0
Both Aboriginal and Torres Strait Islander origin	0	0
Total responses	263	100
Missing	1	
Total	264	

Base: All surveyed individuals (n=264)

3.2 Marital Status and Dependents

Half (50%) of respondents reported themselves to be *single* (Table 4). Seventeen percent reported *being in a relationship but not living with partner* and a further 32% reporting either being *married* or *living with a partner*.

Table 4. Marital status of respondents

Marital Status	Frequency	Percentage
Single	133	50.4
Separated	x	x
Married	44	16.7
In a relationship but not living with partner	44	16.7
Living with partner	39	14.8
Multiple answers	x	x
Total responses	263	100
Missing	1	
Total	264	

Base: All surveyed individuals (n=264)

The number of respondents with children under the age of 16 is shown in Table 5. Ninety three percent of individuals reported having no children, while 5% reported having one or two children, and 2% reported having three or more.

Similarly 96% of respondents reported having no dependents (people who are financially dependent on them excluding children under the age of 16 [Table 6]).

Table 5. Number of children reported by respondents

Number of Children	Frequency	Percentage
0	239	93.0
1	7	2.7
2	7	2.7
3	x	x
4 or more	x	x
Total responses	257	100
Missing	7	
Total	264	

Base: All surveyed individuals (n=264)

Table 6. Number of dependents reported by respondents

Number of Dependents	Frequency	Percentage
0	242	95.7
1	x	x
2 or more	x	x
Total responses	253	100
Missing	11	
Total	264	

Base: All surveyed individuals (n=264)

3.3 Future Medical Practice

Table 7 shows respondents' first, second and third preferences for location of practice on completion of their basic medical degree. Ninety two percent of respondents reported that their **first preference** was within Australia. The majority (69%) reported NSW to be their **first preference** for location of future practice. For those reporting a **second** and **third preference** the majority of respondents reported Victoria (37%), and Queensland (29%) respectively.

Table 7. Preferred jurisdiction of future practice

State	1 st Preference		2 nd Preference		3 rd Preference	
	n	%	n	%	n	%
NSW	183	69.3	38	15.4	12	5.3
VIC	18	6.8	91	36.8	60	26.5
QLD	19	7.2	48	19.4	65	28.8
SA	18	6.8	11	4.5	7	3.1
WA	x	x	9	3.6	20	8.8
TAS	x	x	6	2.4	7	3.1
NT	x	x	9	3.6	9	4.0
ACT	x	x	12	4.9	11	4.9
Country other than Australia	20	7.6	23	9.3	35	15.5
Total responses	264	100	247	100	226	100
Missing	0		17		38	
Total	264		264		264	

Base: All surveyed individuals (n=264)

Capital cities were the most preferred geographical location for future practice within Australia (69%). The percentage of individuals reporting a particular location decreased as the population of the centre decreased, with just 2% preferring smaller towns or small communities (Table 8).

Table 8. Preferred geographical location of future practice

Location within Australia	Frequency	Percentage
Capital city	174	69.0
Major urban centre (>100,000)	36	14.3
Regional city or large town (25,000-100,000)	34	13.5
Smaller town (10,000-24,999)	x	x
Small community (<10,000)	x	x
Multiple responses recorded	x	x
Total responses	252	100
Missing	12	
Total	264	

Base: All surveyed individuals (n=264)

The following three tables show the preferred specialisation respondents reported being most interested in on completion of their basic medical degree. The tables below group the results into the following categories: all respondents regardless of whether they indicated they have decided on what specialisation they would pursue (Table 9); those who indicated they had decided on the specialisation they are interested in pursuing (Table 10); and those who had not yet decided (Table 11).

Table 9 shows the first, second and third preference, regardless of whether the respondent had decided what specialisation they would pursue. The most commonly selected areas for respondents' first preference were surgery (25%), adult/internal medicine (20%) and general practice (11%). The majority of respondents reported their second preference to be emergency medicine (15%), followed by adult/internal medicine (14%), and their third preference to be general practice (17%) and emergency medicine (17%).

Table 9. Specialisation intentions of practice for ALL students

Area of Medicine	1 st Preference		2 nd Preference		3 rd Preference	
	n	%	n	%	n	%
Adult medicine/Internal medicine	51	20.8	21	13.5	13	9.4
Anaesthesia	15	6.1	15	9.6	10	7.2
Dermatology	5	2.0	x	x	x	x
Emergency medicine	12	4.9	24	15.4	23	16.7
General practice	27	11.0	19	12.2	24	17.4
Intensive care medicine	x	x	5	3.2	8	5.8
Medical administration	0	0	x	x	x	x
Non-specialist hospital practice	x	x	x	x	0	0.0
Obstetrics and gynaecology	19	7.8	9	5.8	17	12.3
Occupational medicine	x	x	0	0.0	0	0.0
Ophthalmology	8	3.3	x	x	6	4.3
Paediatrics and child health	23	9.4	16	10.3	11	8.0
Pathology	x	x	x	x	x	x
Psychiatry	6	2.4	9	5.8	x	x
Public health medicine	0	0	x	x	x	x
Radiology	x	x	x	x	x	x
Rehabilitation medicine	0	0	x	x	0	0.0
Rural and remote medicine	x	x	x	x	7	5.1
Surgery	61	24.9	11	7.1	x	x
Other	6	2.4	2	1.3	x	x
Total responses	245	100	156	100	138	100
Missing	19		108		126	
Total	264		264		264	

Base: All surveyed individuals (n=264)

Table 10 shows the first preference for respondents who stated they **had decided** what specialisation they would pursue. The majority indicated surgery (32%), followed by adult/internal medicine (16%) and general practice (11%).

Table 10. Specialisation intentions for respondents who indicated they HAVE decided on which specialisation to pursue

Area of Medicine	Frequency	Percentage
Adult medicine/internal medicine	24	16.4
Anaesthesia	8	5.5
Dermatology	x	x
Emergency medicine	6	4.1
General practice	16	11.0
Intensive care medicine	x	x
Obstetrics and gynaecology	13	8.9
Ophthalmology	x	x
Paediatrics and child health	10	6.8
Pathology	x	x
Psychiatry	x	x
Radiology	x	x
Rural and remote medicine	x	x
Surgery	46	31.5
Other	5	3.4
Total responses	146	100
Missing	5	
Total	151	

Base: Respondents who have decided on specialisation intentions (n=151)

Those who stated they **had not decided** what specialisation they would pursue were still asked to rank the areas in terms of their interest. The first, second and third preference for these respondents are shown in Table 11. The leading choices for respondents' first choice were adult/internal medicine (27%), surgery (14%) and pediatrics/child health (13%). The majority of respondents reported their second preference to be adult/internal medicine (16%), followed by anaesthesia and emergency medicine (both 12%), and their third preference to be general practice (18%) and emergency medicine (16%).

Table 11. Specialisation intentions for those respondents who HAVE NOT decided on which specialisation to pursue

Area of Medicine	1 st Preference		2 nd Preference		3 rd Preference	
	n	%	n	%	n	%
Adult medicine/Internal medicine	27	27.6	16	16.3	7	7.8
Anaesthesia	7	7.1	12	12.2	4	4.4
Dermatology	x	x	x	x	x	x
Emergency medicine	6	6.1	12	12.2	14	15.6
General practice	11	11.2	10	10.2	16	17.8
Intensive care medicine	x	x	x	x	x	x
Non-specialist hospital practice	x	x	x	x	0	0.0
Obstetrics and gynaecology	6	6.1	7	7.1	10	11.1
Occupational medicine	x	x	0	0.0		0.0
Ophthalmology	x	x	x	x	x	x
Paediatrics and child health	13	13.3	9	9.2	10	11.1
Pathology	x	x	x	x	x	x
Psychiatry	x	x	x	x	x	x
Public health medicine	x	x	x	x	x	x
Radiology	x	x	x	x	x	x
Rehabilitation medicine	x	x	x	x	x	x
Rural and remote medicine	x	x	x	x	x	x
Surgery	14	14.3	7	7.1	x	x
Other	1	1.0	1	1.0	1	1.1
Total responses	98	100	98	100	90	100
Missing	14		14		22	
Total	112		112		112	

Base: Respondents who have not decided on specialisation intentions (n=112)

When asked if they were interested in becoming involved with medical teaching, 84% of respondents said that they would be interested while 13% were undecided (Table 12). When asked if they were interested in becoming involved with research, 55% of respondents said that they would be interested while 29% were undecided (Table 13).

Table 12. Respondent's interest in Medical teaching

Interest in Medical Teaching	Frequency	Percentage
Yes	222	84.1
No	8	3.0
Undecided	34	12.9
Total	264	100

Base: All surveyed individuals (n=264)

Table 13. Respondent's interest in research

Interest in Research	Frequency	Percentage
Yes	144	54.8
No	42	16.0
Undecided	77	29.3
Total responses	263	100
Missing	1	
Total	264	

Base: All surveyed individuals (n=264)

Respondents were asked to indicate how certain they were that they would practice within their most preferred specialisation. Table 14 shows that 20% of respondents were not certain at all, while a similar number (18%) were absolutely certain. The majority (63%) of respondents were moderately certain about which specialisation they would pursue.

Table 14. Certainty of future practice in area of interest

Certainty	Frequency	Percentage
Not at all certain	51	19.5
Moderately certain	165	63.0
Absolutely certain	46	17.6
Total responses	262	100
Missing	2	
Total	264	

Base: All surveyed individuals (n=264)

Respondents were asked to rate on a scale of one to four (where 0=not at all and 4=a great deal) how much a certain factor will influence entering their most preferred specialisation. Table 15 lists each factor along with the mean score and SD. The factor reported as having the most influence was *intellectual content* ($\bar{x}=3.16$), followed by *an interest in helping people* ($\bar{x}=3.08$) and *atmosphere/work culture within the discipline* ($\bar{x}=2.98$). The factors reported as having the least influence were *cost of training within the discipline* ($\bar{x}=0.72$), followed by the *financial cost of medical school/debt* ($\bar{x}=0.73$) and *family influence* ($\bar{x}=0.84$).

Table 15. Factors influencing choice of specialty

Factors	Mean Influence Score	SD
Intellectual content	3.16	.85
Interest in helping	3.08	.89
Atmosphere/work culture	2.98	.93
Experience	2.96	1.00
Consultants/mentors	2.85	1.01
Skills	2.86	.90
Procedural work opportunity	2.66	1.22
Type of Patient	2.53	1.11
Flexible hours	2.45	1.25
Hours	2.41	1.23
Advancement prospects	2.36	1.07
Domestic circumstances	2.22	1.23
Job Security	2.20	1.17
Vocational training	2.18	1.05
Research opportunity	2.00	1.28
Number of years of training	1.83	1.23
Financial prospects	1.53	1.14
Work experience	1.48	1.36
Prestige	1.29	1.15
Risk of litigation and insurance costs	1.20	1.02
Family Influence	.84	1.03
Financial costs of medical school/debt	.73	.99
Cost of training	.72	.90
Other	1.43	1.79

Base: All surveyed individuals (n=264)

A one-way ANOVA was then used to test for differences among influence scores of certain factors (listed in Table 15) and respondent's certainty of practice (not at all certain, moderately certain and absolutely certain [Table 14]). Table 16 presents results from the one-way ANOVA including mean, SD and *p*-value. The one-way ANOVA revealed that influence scores of certain factors differed significantly between respondents' certainty of practice. All significant *p*-values are underlined in Table 16. The mean influence score for *hours* as a factor that influenced preferred specialisation differed significantly between certainty of practice ($F(2, 259) = 8.26, p < 0.001$). *Flexible hours* and *research opportunity* as factors that influenced preferred specialisation also differed significantly between certainty of practice ($[F(2, 257) = 5.18, p = 0.006]$ and $[F(2, 259) = 4.63, p = 0.011]$ respectively). Additionally *skills* and *consultants/mentors* differed significantly between certainty of practice ($[F(2, 259) = 3.66, p = 0.027]$ and $[F(2, 256) = 3.55, p = 0.030]$ respectively).

Table 16. Differences in influential factors between certainty of practice

Factors	Not at all Certain Mean (SD)	Moderately Certain Mean (SD)	Absolutely Certain Mean (SD)	Significance
Hours	3.00 (1.02)	2.33 (1.20)	2.09 (1.33)	$p < 0.001$
Skills	2.65 (0.87)	2.87 (0.89)	3.1 (0.86)	$p = 0.027$
Experience	2.86 (0.93)	2.98 (1.02)	2.98 (1.04)	$p = 0.765$
Domestic circumstances	2.49 (1.19)	2.23 (1.22)	1.93 (1.25)	$p = 0.085$
Family influence	0.78 (1.06)	0.86 (1.02)	.87 (1.05)	$p = 0.887$
Financial	1.53 (1.08)	1.53 (1.13)	1.52 (1.24)	$p = 0.998$
Flexible hours	2.94 (0.96)	2.38 (1.29)	2.20 (1.28)	$p = 0.006$
Consultants/mentors	2.54 (0.95)	2.88 (1.02)	3.07 (0.99)	$p = 0.030$
Intellectual content	3.04 (0.87)	3.17 (0.83)	3.29 (0.94)	$p = 0.360$
Work Experience	1.34 (1.42)	1.41 (1.26)	1.91 (1.54)	$p = 0.069$
Prestige	1.02 (0.97)	1.34 (1.17)	1.41 (1.26)	$p = 0.164$
Cost of training	0.82 (0.89)	0.74 (0.95)	0.57 (0.72)	$p = 0.352$
Financial cost of medical school/debt	0.75 (0.93)	0.76 (1.03)	0.61 (0.95)	$p = 0.666$
Type of patient	2.57 (1.06)	2.52(1.09)	2.48 (1.28)	$p = 0.923$
Number of years of training	2.04 (1.26)	1.80 (1.22)	1.71 (1.25)	$p = 0.374$
Research opportunity	1.61 (1.27)	2.01 (1.28)	2.39 (1.24)	$p = 0.011$
Job Security	2.04 (1.18)	2.22 (1.17)	2.24 (1.16)	$p = 0.587$
Procedural work opportunity	2.57 (1.15)	2.64 (1.19)	2.83 (1.37)	$p = 0.550$
Advancement prospects	2.12 (1.03)	2.36 (1.10)	2.59 (0.96)	$p = 0.096$
Atmosphere/work culture	3.10 (0.73)	2.90 (0.99)	3.09 (0.94)	$p = 0.286$
Vocational training	2.20 (0.96)	2.20 (1.08)	2.13 (1.05)	$p = 0.922$
Risk of litigation and insurance costs	1.37 (1.06)	1.22 (1.03)	1.00 (0.92)	$p = 0.197$
Interest in helping	2.96 (0.92)	3.09 (0.87)	3.20 (0.93)	$p = 0.426$
Other	1.27 (1.68)	1.29 (1.75)	2.07 (2.02)	$p = 0.335$

Base: All surveyed individuals (n=264)

3.4 Medical Program and Internships

Respondents' satisfaction with their medical programs is presented in Table 17. The majority (76%) of respondents were *satisfied* with their medical program, while 13% were *very satisfied*. Eleven percent of respondents were either *dissatisfied* or *very dissatisfied*.

Table 17. Satisfaction with medical program

Satisfaction	Frequency	Percentage
Very satisfied	34	13.0
Satisfied	198	75.6
Dissatisfied	25	9.5
Very dissatisfied	x	x
Not applicable	x	x
Total responses	262	100
Missing	2	
Total	264	

Base: All surveyed individuals (n=264)

Respondents were asked to list the states in which they have applied for an internship (Table 18). As respondents could select as many states as they had applied for internships the percentages do not equal 100. Ninety seven percent of respondents had applied within Australia. Seventy eight percent had applied for an internship within NSW. Fifteen percent had applied within Queensland, and 11% had applied within South Australia.

Table 18. Internship preferences

State	Frequency	Percentage
NSW	205	77.7
VIC	22	8.3
QLD	39	14.8
SA	30	11.4
WA	x	x
TAS	x	x
NT	x	x
ACT	6	2.3
Country other than Australia	7	2.7
Total	321	
Total students	264	

Base: All surveyed individuals (n=264)

Respondents were then asked to indicate the state in which they had been accepted to undertake their internship (Table 19). Similarly to the states which respondents had applied to 74% had been accepted within NSW, while 10% and 9% had been accepted within Queensland and South Australia respectively.

Table 19. Internship jurisdiction.

State	Frequency	Percentage
NSW	193	74.2
VIC	9	3.5
QLD	26	10.0
SA	22	8.5
WA	x	x
TAS	x	x
NT	x	x
ACT	x	x
Country other than Australia	x	x
Total responses	260	100
Missing	4	
Total	264	

Base: All surveyed individuals (n=264)

4.0 Discussion

As would be expected of students at university the majority (73%) of respondents were either *single* or *in a relationship but not living with partner*, and had no children or dependents. Furthermore of those individuals who did have children 100% of them were either *married* (94%) or *living with a partner* (6%). All of those who reported having children were over the age of 25, and 89% of these were over the age of 30. As these circumstances may possibly affect future decisions respondents make around location of future practice this information could be potentially beneficial. For example the preferences and needs of respondents' partners are likely to be taken into account when considering both state of future practice, and geographical location. Those with children are also likely to consider the environment of any future location in which to bring up a family. In contrast however Table 15 shows that *family influence* was reported as one of the bottom three factors to most influence respondents' choice of speciality. It is unclear as to whether family influence would affect the location of future practice even if results suggest it does not influence choice of speciality.

One hundred percent of respondents who reported at least one dependent (people who are financially dependent on them excluding children under the age of 16) were also either *married* (82%) or *living with partner* (18%). Again any dependents and the needs of these dependents would have to been considered when respondents were deciding on their future career choices.

The most frequently reported preferred state for location of future practice within Australia was NSW. This is not unexpected as the majority (81%) of respondents completed their medical studies at Sydney University and so may wish to remain within the state for future practice. New South Wales is also the most populated state within Australia and therefore is

likely to have a large number of job opportunities. This data correlated well with data collected on respondents' internship preferences and placements; the majority of respondents had applied for an internship within NSW (78%) and a similar number indicated they have been accepted (74%). In addition respondents were also more likely to report a *capital city* or a *major urban centre* as their preferred location of future practice compared to more rural areas. It may be possible this is due to the fact that respondents consider these areas to have more amenities, e.g. shops, restaurants and be more convenient to other services and facilities such as airports and schools, than places in rural areas. Nevertheless it is also likely that the majority of students are originally from a capital city or major urban centre (as reported in previous CMSQ data) and so may prefer to practice within these areas due to experience from past exposure. This should be considered when analysing CMSQ data from 2005.

In line with previous MSOD studies the most frequently reported preferred specialisation by respondents was *surgery* and *adult medicine/internal medicine*. Regardless of whether respondents had decided on which specialisation they would pursue, surgery was still the most frequently reported area. Future analysis should link specialisation intentions to the factors which may influence specialisation listed in Table 15.

Evidence from Table 15 shows that the factors which respondents considered to most influence their choice of speciality were based upon practical experience, for example *intellectual content* and *interest in helping people*. Unexpectedly the *cost of training* and *debt from medical school* were considered the factors to least influence speciality. This evidence indicates that medical students are influenced more by the practical experience they are going to receive in a certain speciality rather than any financial cost or gain. This could prove extremely important when trying to encourage students into a certain geographical area or area of medicine.

The mean influence score for *hours* as a factor that influenced preferred specialisation differed significantly between certainty of practice; respondents who were uncertain about their specialisation were more influenced by *hours*. *Skills* as a factor that influenced preferred specialisation was also significant between certainty of practice, however in contrast the more certain participants were of their specialisation intentions the more they considered skills to be an influential factor. This suggests that those students who had decided which specialisation they would pursue were more concerned with concrete factors such as *skills* or *consultants/mentors*, rather than uncertain factors such as hours. This suggests that practical experience is more important to those respondents who were certain about which specialisation they would pursue, while extrinsic factors such as hours/flexible hours were more important to those who were undecided. It therefore may be possible to encourage those who were not certain as to which area of medicine they will pursue to enter a particular specialisation by offering incentives through extrinsic factors such as *hours*.

This report is the first step in analysing EQ data by the MSOD, once this data has been analysed in conjunction with the 2005 CMSQ data it will provide a clearer picture as to the changes in intentions and circumstances of respondents as well as the differences between certain groups such as gender and graduate-entry/undergraduate-entry programs. There is also the opportunity to continue to follow these respondents throughout their medical career and analyse their career intentions alongside their actual decisions.

Appendix

Appendix A

Link to the 2008 EQ:

http://www.medicaldeans.org.au/MSOD_Webpages/Docs_Website/Questionnaires%20and%20Data%20Collection/2008%20Exit%20Q%20FINAL.pdf