

2009 Medical Students Exit Questionnaire

National Data Report

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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 2009 EQ.

2.0 Method

All students completing their medical studies in 2009 were invited to complete the EQ. Eight Australian medical schools had students completing their studies at this time. A list of these medical schools can be found in Appendix A. The MSOD identified and tracked ten groups from within these medical schools (IMU [International Medical School, Malaysia] is considered a group for the purpose of this report). Table 1 presents the number of respondents from each group. Data for more schools will become available in the coming years as students complete their medical studies.

Table 1. Number of respondents in each group

Group	Frequency	Percentage
Australian National University (Graduate-entry)	54	5.0
Flinders University (Graduate-entry)	67	6.2
Griffith University (Graduate-entry)	50	4.6
Monash University (Undergraduate-entry)	184	17.0
University of Melbourne (Undergraduate-entry)	179	16.5
University of Melbourne (Undergraduate-entry) IMU	11	1.0
University of Melbourne (Graduate-entry)	57	5.3
University of Notre Dame (Fremantle [Graduate-entry])	78	7.2
University of Queensland (Graduate-entry)	213	19.7
University of Sydney (Graduate-entry)	189	17.5
Total	1082	100

Base: All surveyed individuals (n=1082)

Paper versions of 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. Six medical schools (Australian National University, Flinders University, Griffith University, The University of Melbourne, The University of Queensland and The University of Sydney) also gave students the option to complete the questionnaire electronically via the internet.

2.1 Questionnaire

The 14 item (21 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, additional qualifications and internship placement). A link to the 2009 EQ can be found in Appendix B.

2.2 Response Rate

One thousand and eighty two students from eight Australian medical schools completed the EQ in 2009. Six hundred and three of these respondents had also completed the CMSQ in 2005, 2006 or 2007 (Table 2). The majority (80%) of respondents, who had completed both the CMSQ and the EQ, completed the CMSQ in 2006.

Table 2. Status of those who completed EQ in 2009

Group	Completed CMSQ in 2005	Completed CMSQ in 2006	Completed CMSQ in 2007	Did not complete a CMSQ
Australian National University (Graduate-entry)	0	44	0	10
Flinders University (Graduate-entry)	1	54	0	12
Griffith University (Graduate-entry)	1	31	0	18
Monash University (Undergraduate-entry)	105	0	0	79
University of Melbourne (Undergraduate-entry)	0	0	0	179
University of Melbourne (Undergraduate-entry) IMU	0	0	11	0
University of Melbourne (Graduate-entry)	2	0	0	55
University of Notre Dame (Fremantle [Graduate-entry])	0	68	0	10
University of Queensland (Graduate-entry)	0	163	0	50
University of Sydney (Graduate-entry)	1	122	0	66
Total	110	482	11	479

Base: All surveyed individuals (n=1082)

The Exit Questionnaire sample also contains data from 479 students who had not completed a CMSQ (Table 2). These students are likely to be predominantly 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 2006 students who defer or intermit, an estimate of the

retention rate could be calculated by comparing the number of respondents (n=1082) to the total number of students from the eight medical schools who completed the CMSQ in 2006 (n=1268), i.e. $1082/1268 = 85\%$. Another response rate could be calculated by comparing the number of respondents (n=1082) to the number of graduates from the eight medical schools for 2009¹.

This report includes all EQ data regardless of whether the respondents had completed CMSQ's. The population therefore consists of 1082 individuals enrolled at eight Australian medical schools 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.

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 3. Sixty eight percent of the sample was over the age of 25, with the majority (52%) of respondents reporting an age between 25-29 years. The mean age was 27 years old (Standard Deviation [SD] = 4.2).

Table 3. Age range of respondents

Age Group	Frequency	Percentage
20-24 years	351	32.6
25-29 years	556	51.7
30-34 years	112	10.4
35-39 years	32	3.0
40 years and over	25	2.3
Total responses	1076	100
Missing	6	
Total	1082	

Base: All surveyed individuals (n=1082)

¹This figure is unavailable at this time and the responses rate will be calculated as soon as it becomes available.

The majority (99.7%) of respondents who answered the question relating to indigenous status identified themselves as having neither Aboriginal nor Torres Strait Islander origin (Table 4).

Table 4. Indigenous status of respondents

Indigenous Status	Frequency	Percentage
Neither Aboriginal or Torres Strait Islander origin	1072	99.7
Aboriginal origin	x	x
Torres Strait Islander origin	x	x
Both Aboriginal and Torres Strait Islander origin	x	x
Total responses	1075	100
Missing	7	
Total	1082	

Base: All surveyed individuals (n=1082)

Seventy seven percent of respondents were either Australian or New Zealand citizens, or Australian permanent residents. The remainder of respondents held a temporary entry permit or indicated 'other' status (Table 5).

Table 5. Citizenship of respondents

Citizenship Status	Frequency	Percentage
Australian citizen	800	76.3
New Zealand citizen	23	2.2
Australian permanent resident status	13	1.2
Temporary entry permit	206	19.6
Status other than one of the above	7	0.7
Total responses	1049	100
Missing	33	
Total	1082	

Base: All surveyed individuals (n=1082)

3.2 Marital Status, Dependents and Employment

Over half (56%) of respondents reported themselves to be *single* (

Table 6). Fourteen percent reported *being in a relationship but not living with partner* and a further 23% reporting either being *married* or *living with a partner*.

Table 6. Marital status of respondents

Marital Status	Frequency	Percentage
Single	604	56.1
Separated	7	0.7
Married	99	9.2
In a relationship but not living with partner	145	13.5
Divorced	39	3.6
Widowed	30	2.8
Living with partner	152	14.1
Total responses	1076	100
Missing	6	
Total	1082	

Base: All surveyed individuals (n=1082)

The number of respondents with children under the age of 16 is shown in Table 7. Ninety four percent of individuals reported having no children, while 5% reported having one or two children, and 1% 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 8]).

Table 7. Number of children reported by respondents

Number of Children	Frequency	Percentage
0	951	93.8
1	31	3.1
2	22	2.2
3	x	x
4 or more	x	x
Total responses	1014	100
Missing	68	
Total	1082	

Base: All surveyed individuals (n=1082)

Table 8. Number of dependents reported by respondents

Number of Dependents	Frequency	Percentage
0	956	96.2
1	32	3.2
2 or more	6	0.6
Total responses	994	100
Missing	88	

Total	1082
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Base: All surveyed individuals (n=1082)

Respondents were asked to indicate the average number of hours they work per week in all paid employment (full time, part-time, casual and/or vacation [Table 9]). Forty three percent of respondents indicated that they were not currently in any paid employment, while 21% indicated they were working in paid employment on average 5-9 hours per week, followed by 20% 1-4 hours per week.

Table 9. Amount of paid employment while completing medical degree

Amount of Paid Employment	Frequency	Percent
No paid employment	462	42.7
1-4 hrs/week	217	20.1
5-9 hrs/week	224	20.7
10-14 hrs/week	77	7.1
15-19 hrs/week	53	4.9
20-24 hrs/week	15	1.4
25-29 hrs/week	7	0.6
30+ hrs/week	26	2.4
Total responses	1081	100
Missing	1	
Total	1082	

Base: All surveyed individuals (n=1082)

3.3 Future Medical Practice

Table 10 shows respondents' first, second and third preferences for location of practice on completion of their basic medical degree. Ninety three percent of respondents reported that their **first preference** was within Australia. The majority (35%) reported Victoria to be their **first preference** for location of future practice. For those reporting a **second** and **third preference** the majority of respondents reported NSW (28%), and Queensland (20%) respectively.

Table 10. Preferred jurisdiction of future practice

State	1 st Preference		2 nd Preference		3 rd Preference	
	n	%	n	%	n	%
NSW	216	20.1	255	27.8	153	18.5
TAS	19	1.8	68	7.4	57	6.9
SA	54	5.0	55	6.0	61	7.4
WA	100	9.3	69	7.5	77	9.3
NT	11	1.0	33	3.6	55	6.7
ACT	38	3.5	44	4.8	57	6.9
VIC	373	34.8	197	21.5	117	14.2
QLD	190	17.7	135	14.7	162	19.6
Country other than Australia	72	6.7	62	6.8	87	10.5
Total responses	1073	100	918	100	826	100
Missing	9		164		256	
Total	1082		1082		1082	

Base: All surveyed individuals (n=1082)

Capital cities were the most preferred geographical location for future practice within Australia (68%). The percentage of individuals reporting a particular location decreased as the population of the centre decreased, with just 5% preferring smaller towns or small communities (Table 11).

Table 11. Preferred geographical location of future practice

Location within Australia	Frequency	Percentage
Capital city	688	68.3
Major urban centre (>100,000)	141	14.0
Regional city or large town (25,000-100,000)	116	11.5
Smaller town (10,000-24,999)	35	3.5
Small community (<10,000)	10	1.0
Multiple responses recorded	18	1.8
Total responses	1008	100
Missing	74	
Total	1082	

Base: All surveyed individuals (n=1082)

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 which specialisation they would pursue (Table 12); those who indicated they had decided on the specialisation they are interested in pursuing (Table 13); and those who had not yet decided (Table 14).

Table 12 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 adult/internal medicine (18%), surgery (15%), and general practice (13%). The majority of respondents reported their second and third preferences to be general practice (both 14%) and emergency medicine (14% and 13% respectively).

Table 12. 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	165	18.0	79	13.3	66	11.8
Anaesthesia	72	7.9	52	8.8	39	7.0
Dermatology	13	1.4	7	1.2	14	2.5
Emergency medicine	79	8.6	82	13.8	72	12.9
General practice	116	12.6	83	14.0	78	14.0
Intensive care medicine	22	2.4	32	5.4	39	7.0
Medical administration	x	x	8	1.3	8	1.4
Non-specialist hospital practice	x	x	x	x	x	x
Obstetrics and gynaecology	66	7.2	38	6.4	31	5.6
Occupational medicine	6	0.7	x	x	6	1.1
Ophthalmology	31	3.4	20	3.4	16	2.9
Paediatrics and child health	81	8.8	62	10.5	37	6.6
Pathology	12	1.3	8	1.3	x	x
Psychiatry	16	1.7	19	3.2	22	3.9
Public health medicine	7	0.8	12	2.0	19	3.4
Radiology	12	1.3	12	2.0	20	3.6
Rehabilitation medicine	8	0.9	12	2.0	14	2.5
Rural and remote medicine	41	4.5	20	3.4	22	3.9
Surgery	133	14.5	40	6.7	32	5.7
Other	34	3.7	4	0.7	12	2.2
Total responses	917	100	593	100	557	100
Missing	165		489		525	
Total	1082		1082		1082	

Base: All surveyed individuals (n=1082)

Table 13 shows the first preference for respondents who stated they **had decided** what specialisation they would pursue. The majority indicated surgery (20%), followed by adult/internal medicine and general practice (both 13%).

Table 13. Specialisation intentions for respondents who indicated they HAVE decided on which specialisation to pursue

Area of Medicine	Frequency	Percentage
Adult medicine/Internal medicine	65	12.8
Anaesthesia	34	6.7
Dermatology	x	x
Emergency medicine	38	7.5
General practice	64	12.6
Intensive care medicine	6	1.2
Medical administration	x	x
Obstetrics and gynaecology	40	7.9
Occupational medicine	x	x
Ophthalmology	21	4.1
Paediatrics and child health	42	8.3
Pathology	10	2.0
Psychiatry	10	2.0
Public health medicine	x	x
Radiology	8	1.6
Rehabilitation medicine	7	1.4
Rural and remote medicine	24	4.7
Surgery	103	20.3
Other	23	4.5
Total responses	508	100
Missing	7	
Total	515	

Base: Respondents who have decided on specialisation intentions (n=515)

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 14. The leading choices for respondents' first choice were adult/internal medicine (25%) and general practice (13%). The majority of respondents reported their second preference to be general practice (16%), followed by adult/internal medicine (14%); and their third preference to be adult/internal medicine (14%), followed by general practice (13%).

Table 14. 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	99	24.6	55	14.0	53	14.0
Anaesthesia	38	9.5	30	7.6	24	6.3
Dermatology	9	2.2	x	x	13	3.4
Emergency medicine	41	10.2	48	12.2	39	10.3
General practice	52	12.9	61	15.5	50	13.2
Intensive care medicine	16	4.0	15	3.8	24	6.3
Medical administration	x	x	x	x	6	1.6
Non-specialist hospital practice	x	x	x	x	x	x
Obstetrics and gynaecology	24	6.0	26	6.6	23	6.1
Occupational medicine	x	x	x	x	x	x
Ophthalmology	10	2.5	15	3.8	13	3.4
Paediatrics and child health	38	9.5	46	11.7	28	7.4
Pathology	x	x	x	x	x	x
Psychiatry	6	1.5	17	4.3	16	4.2
Public health medicine	x	x	8	2.0	15	4.0
Radiology	x	x	x	x	10	2.6
Rehabilitation medicine	x	x	9	2.3	10	2.6
Rural and remote medicine	16	4.0	15	3.8	13	3.4
Surgery	29	7.2	26	6.6	24	6.3
Other	11	2.7	3	0.8	6	1.6
Total responses	402	100	393	100	379	100
Missing	153		162		176	
Total	555		555		555	

Base: Respondents who have not decided on specialisation intentions (n=555)

When asked if they were interested in becoming involved with medical teaching, 80% of respondents said that they would be interested while 16% were undecided (Table 15). When asked if they were interested in becoming involved with research, 50% of respondents said that they would be interested while 28% were undecided (Table 16).

Table 15. Respondent's interest in Medical teaching

Interest in Medical Teaching	Frequency	Percentage
Yes	841	80.3
No	40	3.8
Undecided	166	15.9
Total responses	1047	100
Missing	35	
Total	1082	

Base: All surveyed individuals (n=1082)

Table 16. Respondent's interest in research

Interest in Research	Frequency	Percentage
Yes	528	50.5
No	230	22.0
Undecided	287	27.5
Total responses	1045	100
Missing	37	
Total	1082	

Base: All surveyed individuals (n=1082)

Respondents were asked to indicate how certain they were that they would practice within their most preferred specialisation. Table 17 shows that 24% of respondents were not certain at all, while 17% were absolutely certain. The majority (59%) of respondents were moderately certain about which specialisation they would pursue.

Table 17. Certainty of future practice in area of interest

Certainty	Frequency	Percentage
Not at all certain	261	24.3
Moderately certain	627	58.5
Absolutely certain	184	17.2
Total responses	1072	100
Missing	10	
Total	1082	

Base: All surveyed individuals (n=1082)

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 18 lists each factor along with the mean score and SD. The factor reported as having

the most influence was *intellectual content* ($\bar{x}=3.09$), followed by *atmosphere/work culture* within the discipline ($\bar{x}=3.05$) and *an interest in helping people* ($\bar{x}=3.05$). The factors reported as having the least influence were *financial cost of medical school/debt* ($\bar{x}=0.92$), followed by *cost of training within the discipline* ($\bar{x}=1.03$) and *family influence* ($\bar{x}=1.05$).

Table 18. Factors influencing choice of specialty

Factors	Mean Influence Score	SD
Intellectual content	3.09	.85
Atmosphere/work culture	3.05	.88
Interest in helping	3.05	.94
Skills	3.00	.87
Experience	2.99	.96
Consultants/mentors	2.87	1.01
Procedural work opportunity	2.77	1.16
Flexible hours	2.57	1.21
Hours	2.55	1.19
Type of Patient	2.46	1.13
Domestic circumstances	2.41	1.17
Advancement prospects	2.32	1.12
Vocational training	2.27	1.13
Job Security	2.23	1.17
Work experience	2.07	1.24
Research opportunity	1.98	1.22
Number of years of training	1.93	1.17
Financial prospects	1.75	1.17
Risk of litigation and insurance costs	1.43	1.15
Prestige	1.37	1.12
Family Influence	1.05	1.15
Cost of training	1.03	1.06
Financial costs of medical school/debt	.92	1.09
Other	.79	1.39

Base: All surveyed individuals (n=1082)

A one-way ANOVA was then used to test for differences among influence scores of certain factors (listed in Table 18) and respondent's certainty of practice (not at all certain, moderately certain and absolutely certain [Table 17]). Table 19 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 19. The mean influence score for *hours* and *flexible hours* as factors that influenced preferred specialisation differed significantly between certainty of practice ([F (2,1058) = 11.54, *p* < 0.001] and [F (2, 1052) = 11.99, *p* < 0.001] respectively). *Intellectual content* and *skills* as factors that influenced

preferred specialisation also differed significantly between certainty of practice ([F (2, 1047) = 6.15, $p = 0.002$] and [F (2, 1052) = 4.14, $p = 0.016$] respectively). Additionally *risk of litigation and insurance costs, family influence and Interest in helping* differed significantly between certainty of practice ([F (2, 1045) = 3.66, $p = 0.026$], [F (2, 1052) = 3.10, $p = 0.045$] and [F (2, 1039) = 3.10, $p = 0.046$] respectively).

Table 19. Differences in influential factors between certainties of practice.

Factors	Not at all Certain Mean (SD)	Moderately Certain Mean (SD)	Absolutely Certain Mean (SD)	Significance
Hours	2.77 (1.15)	2.56 (1.16)	2.23(1.27)	$p < 0.001$
Skills	2.92 (0.93)	2.98 (0.84)	3.15 (0.86)	$p = 0.016$
Experience	2.89 (1.00)	3.01 (0.90)	3.09 (1.07)	$p = 0.076$
Domestic circumstances	2.50 (1.18)	2.42 (1.17)	2.26 (1.15)	$p = 0.108$
Family influence	1.12 (1.16)	1.07 (1.14)	0.86 (1.13)	$p = 0.045$
Financial	1.80 (1.16)	1.75 (1.16)	1.67 (1.23)	$p = 0.541$
Flexible hours	2.78 (1.11)	2.60 (1.19)	2.22 (1.31)	$p < 0.001$
Consultants/mentors	2.83 (1.03)	2.87 (0.97)	2.97 (1.10)	$p = 0.321$
Intellectual content	2.97 (0.87)	3.09 (0.81)	3.26 (0.92)	$p = 0.002$
Work Experience	2.03 (1.25)	2.09 (1.21)	2.10 (1.31)	$p = 0.766$
Prestige	1.28 (1.06)	1.38 (1.11)	1.46 (1.24)	$p = 0.263$
Cost of training	1.10 (1.10)	1.04 (1.06)	0.90 (0.99)	$p = 0.124$
Financial cost of medical school/debt	0.99 (1.16)	0.90 (1.06)	0.88 (1.12)	$p = 0.467$
Type of patient	2.45 (1.12)	2.44 (1.09)	2.58 (1.27)	$p = 0.316$
Number of years of training	2.16 (1.12)	1.93 (1.15)	1.69 (1.26)	$p < 0.001$
Research opportunity	2.00 (1.22)	1.96 (1.19)	2.06 (1.35)	$p = 0.581$
Job Security	2.18 (1.18)	2.24 (1.15)	2.34 (1.20)	$p = 0.380$
Procedural work opportunity	2.69 (1.06)	2.77 (1.17)	2.91 (1.24)	$p = 0.146$
Advancement prospects	2.34 (1.08)	2.31 (1.11)	2.38 (1.18)	$p = 0.778$
Atmosphere/work culture	3.06 (0.91)	3.02 (0.83)	3.18 (0.97)	$p = 0.080$
Vocational training	2.35 (1.15)	2.26 (1.10)	2.26 (1.20)	$p = 0.517$
Risk of litigation and insurance costs	1.54 (1.21)	1.45 (1.12)	1.24 (1.16)	$p = 0.026$
Interest in helping	2.94 (0.96)	3.07 (0.89)	3.15 (1.05)	$p = 0.046$
Other	0.77 (1.32)	0.64 (1.26)	1.27 (1.70)	$p = 0.001$

Base: All surveyed individuals (n=1082)

3.4 Medical Program and Internships

Respondents' satisfaction with their medical programs is presented in Table 2. The majority (73%) of respondents were *satisfied* with their medical program, while 13% were *very satisfied*. Thirteen percent of respondents were either *dissatisfied* or *very dissatisfied*.

Table 20. Satisfaction with medical program

Satisfaction	Frequency	Percentage
Very satisfied	141	13.3
Satisfied	776	73.0
Dissatisfied	119	11.2
Very dissatisfied	23	2.2
Not applicable	4	0.4
Total responses	1063	100
Missing	19	
Total	1082	

Base: All surveyed individuals (n=1082)

Respondents were asked to list in order of preference the states within Australia in which they have applied for an internship (Table 21). For respondents first preference the most frequently reported state was Victoria (37%), followed by Queensland (25%) and NSW (21%). For those reporting a second and third preference the majority of respondents reported Victoria (39% and 40% respectively). The majority (39%) of respondents again indicated Victoria as their fourth preference.

Table 21. Internship preferences

State	1 st Preference		2 nd Preference		3 rd Preference		4 th Preference	
	n	%	n	%	n	%	n	%
NSW	198	20.5	188	22.6	177	23.5	157	25.3
VIC	357	36.9	323	38.9	304	40.3	243	39.2
QLD	242	25.0	196	23.6	176	23.3	157	25.3
SA	59	6.1	40	4.8	37	4.9	24	3.9
WA	49	5.1	47	5.7	44	5.8	7	1.1
TAS	x	x	x	x	x	x	x	x
NT	10	1.0	14	1.7	x	x	x	x
ACT	26	2.7	9	1.1	x	x	10	1.6
Overseas	24	2.5	12	1.4	x	x	18	2.9
Total responses	968	100	831	100	754	100	620	100
Missing	114		251		328		462	
Total	1082		1082		1082		1082	

Base: All surveyed individuals (n=1082)

Respondents were then asked to indicate the state in which they had been accepted to undertake their internship (Table 22). Similarly to the states which respondents had applied

to 36% had been accepted within Victoria, while 24% and 20% had been accepted within Queensland and NSW respectively.

Table 22. Internship jurisdiction.

State	Frequency	Percentage
NSW	210	19.9
VIC	375	35.5
QLD	257	24.3
SA	70	6.6
WA	53	5.0
TAS	x	x
NT	x	x
ACT	33	3.1
Country other than Australia	46	4.4
Total responses	1057	100
Missing	25	
Total	1082	

Base: All surveyed individuals (n=1082)

4.0 Discussion

As would be expected of students at university the majority (70%) of respondents were either *single* or *in a relationship but not living with partner* and had no children or dependents. Furthermore the majority of those individuals who did have children were either *married* or *living with partner* (56%); or *divorced* or *separated* (30%). The remainder of respondents with children were either *widowed* (10%), *in a relationship but not living with partner* (2%) or *single* (2%). The majority (99%) of respondents who reported having children were over the age of 25, and 76% 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 18 shows that *family influence* was reported as one of the bottom three factors influencing 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. It may be valuable to consider this in future analysis.

The majority 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* (58%) or *living with partner* (11%). Again any dependents and the needs of these

dependents would have to be considered when respondents were deciding on their future career choices.

The 2009 CMSQ (Appendix B) included an additional question to the 2008 CMSQ relating to citizenship status. This has allowed comparisons to be made between certain variables and citizenship status. Australian and New Zealand citizens and Australian permanent residents were more likely than temporary entry and 'other' permit holders to report some form of paid employment during their medical degree (24% and 66% respectively). Ninety four percent of respondents who reported working more than 25 hours a week were Australian and New Zealand citizens and Australian permanent residents. In total 57% of students were in some form of paid employment. It is unclear at this stage the implications paid employment has on medical studies.

Of the 41 respondents who indicated their first preference for future practice was *rural and remote medicine* (Table 12), 10% held either a temporary entry permit or indicated 'other' status. It is still uncertain as to the future career commitments, and contributions within Australia, of those medical students who hold a temporary visa.

The most frequently reported preferred state for location of future practice within Australia was Victoria. This is not unexpected as the majority (40%) of respondents completed their medical studies in Victoria, at either Monash University or The University of Melbourne, and so may wish to remain within the state for future practice. This data correlated well with data collected on respondents' internship preferences and placements. The majority of respondents reported Victoria as their first preference for location of internship (37%) and a similar number indicated they have been accepted (36%). This is comparable to 2008 exit data where the majority of students attended medical school in NSW and in turn reported NSW as their preferred location of future practice. These results may have implications for trying to encourage students to practice in jurisdictions with workforce shortages.

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 is possible that respondents consider these areas to be more likely than rural areas to have greater choice of amenities, e.g. shops and restaurants, and be more convenient to other services and facilities such as airports and schools. Nevertheless it is also likely that the majority of respondents 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 2006. Given the shortage of doctors in rural areas within Australia it may be considered reasonable, in an attempt to increase the number of these doctors, to attract more medical students from rural areas.

In line with previous MSOD studies the most frequently reported preferred specialisation by respondents was *adult medicine/internal medicine* and *surgery*. For those respondents that had decided which specialisation they would pursue surgery was most frequently reported. However in contrast respondents who had not decided did not report surgery in the top five specialisations they wish to pursue. Future analysis should consider linking specialisation intentions to the factors which influence specialisation listed in Table 18.

Evidence from Table 18 shows that the factors which respondents considered to most influence their choice of speciality were based upon practical experience, for example *intellectual content*, *atmosphere/work culture* 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* and *flexible 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 have decided which specialisation they would pursue were more concerned with intrinsic factors such as *skills* or *intellectual content*, rather than extrinsic 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 uncertain 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 2006 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

List of Australian medical schools:

Australian National University

Flinders University

Griffith University

The University of Melbourne

Monash University

The University of Notre Dame

The University of Queensland

The University of Sydney

Appendix B

Link to the 2009 EQ:

http://www.medicaldeans.org.au/MSOD_Webpages/Docs_Website/Questionnaires%20and%20Data%20Collection/2009_MedicalStudentsExitQuestionnaire_NCMv2.pdf