MEDICAL SCHOOLS OUTCOMES DATABASE AND LONGITUDINAL TRACKING PROJECT
Medical Deans Australia and New Zealand (Medical Deans) is the peak representative body for the Australian and New Zealand medical schools. Medical Deans and seven other organisations including AMSA, is conducting a project officially titled the Medical Schools Outcomes Database and Longitudinal Tracking Project, to establish a national data collection process and database for information on medical students. This project has been approved by the Human Research Ethics Committee at your University.

FOR INFORMATION
For further information about the project and/or questionnaire please contact the Medical Schools Outcomes Database and Longitudinal Tracking Project Office at Medical Deans, The University of Sydney, Sydney NSW 2000.
Telephone: (02) 9114 1719, Facsimile: (02) 9036 3377, Email: msodadmin@medicaldeans.org.au

INSTRUCTIONS:
• Use a blue/black pen or 2B pencil
• Do not use red or felt tip pen
• Do not use liquid paper
• Do not fold or bend questionnaire

Response Ovals
Write in the boxes provided then mark the oval corresponding to the number in each row.

Number of Secondary School

Written Responses
Please print neatly in the space provided.

Name of Secondary School

Correct Mistakes Like This
If you make a mistake, rub or cross out your response and fill in the correct option or write your correct answer within the box/line or as close to the box/line as possible.

Your University Student ID:

We are requesting this information to enable you to participate in successive surveys. This information is stored securely and it is not linked to your name to ensure confidentiality.

Medical School:

- Australian National University
- Bond University
- Deakin University
- Flinders University
- Griffith University
- James Cook University
- Monash University (Undergraduate)
- Monash University (Graduate)
- University of Adelaide
- University of Melbourne (Undergraduate)
- University of Melbourne (Graduate)
- University of Newcastle
- University of New England
- University of New South Wales
- University of Notre Dame (Fremantle)
- University of Notre Dame (Sydney)
- University of Queensland
- University of Sydney
- University of Tasmania
- University of Western Australia (Undergraduate)
- University of Western Australia (Graduate)
- University of Western Sydney
- University of Wollongong
Date of Birth:  

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 9</td>
</tr>
</tbody>
</table>

Your marital status:  

- Single  
- Divorced  
- Separated  
- Widowed  
- Married  
- Living with partner  
- In a relationship but not living with partner  

Occupation/Profession of partner (if applicable):

Are you of Aboriginal or Torres Strait Islander origin?  

- No  
- Yes, Aboriginal  
- Yes, Torres Strait Islander  

Additional tertiary qualifications:  

Please list the details in the table below if you have undertaken any additional University qualification(s) **since commencing medical school**.

<table>
<thead>
<tr>
<th>Name of completed degree(s) (in full)</th>
<th>Expected year of completion</th>
<th>Name of University (in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Bachelor of Laws</td>
<td>2010</td>
<td>Monash University</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Paid employment while completing degree:  

Please indicate average number of hours worked per week in all paid employment (full time, part-time, casual and/or vacation) while undertaking your medical degree? (If none please mark 0)

<table>
<thead>
<tr>
<th>NUMBER OF HOURS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Preferred location of future medical practice:

On completion of your basic medical degree, where would you most like to practise medicine?

10.1 Please rank up to three options by writing 1 in the box next to your most preferred, 2 next to your second preference and 3 next to your third preference:

<table>
<thead>
<tr>
<th>COUNTRY CODE</th>
<th>NSW</th>
<th>SA</th>
<th>NT</th>
<th>VIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CODE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.2 If in Australia, please indicate in which geographical location you would most like to practise:

- Capital city: i.e. Adelaide, Brisbane, Canberra, Darwin, Hobart, Melbourne, Perth, Sydney  
- Major urban centre: i.e. Gosford-Wyong, Newcastle, Wollongong, Queanbeyan, Blue Mountains, Goulburn, Gold Coast-Tweed Heads and Townsville-Thuringowa (>100,000)  
- Regional city or large town (25,000 – 100,000) eg: Launceston, Mount Gambier, Toowoomba  
- Smaller town (10,000 – 24,999)  
- Small community (<10,000)  
- Not applicable, not intending to work in Australia  

Citizen/residence indicator:

Are you:

- Australian citizen (including those with dual citizenship)  
- New Zealand citizen  
- Australian Permanent Resident status (excluding those with New Zealand citizenship)  
- Temporary entry permit eg. International students  
- Status other than one of the above  

Dependants:

6.1 **Number of children under 16 years of age**  
(If none, please select 0)

<table>
<thead>
<tr>
<th>NUMBER OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

6.2 **Number of other people who are financially dependent on you (excluding children <16 years)**.  
(If none, please select 0)

<table>
<thead>
<tr>
<th>NUMBER OF DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

FUTURE MEDICAL PRACTICE
Preferred type of future medical practice:

11.1a Have you decided what area of medicine you are interested in pursuing once you have completed your basic medical degree?
- Yes
- No

11.1b If you have decided please mark one of the boxes. If you have not decided please rank your top 3 areas of interest (Please rank up to three options by writing 1 in the box next to your most preferred, 2 next to the second preference and 3 next to your third preference)

11.2 As part of your medical career are you interested in becoming involved in:

11.2a Medical teaching
- Yes
- No
- Undecided

11.2b Research
- Yes
- No
- Undecided

Factors influencing most preferred type of future medical practice:

12a How certain are you that you will actually practise within your most preferred area of medicine?
- Not at all certain
- Moderately certain
- Absolutely certain

12b On a scale of 1–5, where 1 = not at all, 5 = a great deal and 3 is in the middle, how much did the following factors influence your most preferred area of medicine? For each factor, shade one of the five numbers:

- Hours of work typical of working in the specialty
- Appraisal of own skills/aptitudes
- Experience of specialty as a medical student
- Appraisal of own domestic circumstances
- Influence of parents/relatives
- Perceived financial prospects
- Opportunity to work flexible hours
- Influence of consultants/mentors
- Intellectual content of the specialty
- Geographical location of most preferred specialty
- Perceived prestige of the discipline
- Cost of training in the discipline
- Financial costs of medical school education and/or debt
- Type of patients typical of the discipline
- Number of years required to complete training
- Opportunity for research and/or training
- Perceived job security
- Opportunity for procedural work
- Perceived career advancement prospects
- Atmosphere/work culture typical of the discipline
- Availability of a vocational training placement
- Risk of litigation and associated insurance costs
- Interest in helping people
- Other reasons*
- Other reasons*

* If ‘Other reasons’, please specify:
13. Please indicate your overall level of satisfaction with the medical program at your University.

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- Not Applicable

14. Internship:

14.1 Please list in order of preference the name of the hospital and the corresponding state/country other than Australia where you have applied for your internship placement.

<table>
<thead>
<tr>
<th>Name of hospital</th>
<th>State/country other than Australia of hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFERENCE 1</td>
<td>NSW</td>
</tr>
<tr>
<td></td>
<td>VIC</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERENCE 2</td>
<td>NSW</td>
</tr>
<tr>
<td></td>
<td>VIC</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERENCE 3</td>
<td>NSW</td>
</tr>
<tr>
<td></td>
<td>VIC</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERENCE 4</td>
<td>NSW</td>
</tr>
<tr>
<td></td>
<td>VIC</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14.2 Please indicate the name of hospital and state in which you have accepted to undertake your internship:

Name of Hospital: ____________________________

- NSW
- VIC
- QLD
- SA
- NT
- WA
- TAS
- ACT
- Country other than Australia

(If you have indicated 'Country other than Australia' please specify the country by completing the grid below, using Table A on the enclosed coding sheet)