

MEDICAL SCHOOLS OUTCOMES DATABASE

NATIONAL DATA REPORT 2016

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MSOD data from 2011 to
2015 graduating medical
students

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Medical Schools Outcomes Database (MSOD)

MSOD Project Background

The Medical Schools Outcomes Database (MSOD) is a project of Medical Deans Australia and New Zealand which collects demographic, education and career intentions data on medical students. The information is obtained via an annual questionnaire which is issued to final-year medical students prior to their graduation. In the past the project has also involved surveys of commencing and postgraduate students. However since 2014 it has consisted of a single survey of final year students. The dataset is stored and managed by AIHW on behalf of Medical Deans.

A great deal has been achieved in the decade of implementation of the MSOD. The MSOD dataset contains well over 30,000 participants. It is now an established national resource that generates significant research outputs, provides an effective evaluation mechanism for assessing outcomes of medical education programs and is an up-to-date data source with essential information for national workforce planning and policy makers.

Medical Deans wishes to enhance the existing MSOD dataset as a workforce planning tool by linking it with other health workforce datasets in order to provide longitudinal data. This is the aim of the MSOD and Data Linkage Project which has been provided with initial funding for two years by the Commonwealth Department of Health. The Data Linkage Project is overseen by a steering committee with Medical Deans, AHPRA, AIHW and the Department of Health. Data linkage will mean better utilisation of the MSOD to investigate important policy and research issues.

This report details the responses that have been captured by the annual Medical Students Workforce Survey (MSWS) in the period from 2011 to 2015. The survey has captured the details (demographics, career intentions, rurality, course satisfaction, etc) of graduating medical students from all 19 medical schools across Australia.

Table 1. Number of respondents by School of completion and year, 2011 to 2015

School of completion	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Australian National University	55	2.1	79	2.8	53	1.8	100	4.0	36	1.8
Bond University	60	2.3	56	2.0	67	2.3	61	2.4	53	2.6
Deakin University	97	3.8	102	3.6	126	4.4	10	0.4	122	6.0
Flinders University	113	4.4	78	2.8	102	3.6	94	3.8	84	4.1
Griffith University	100	3.9	112	4.0	90	3.1	112	4.5	100	4.9
James Cook University	70	2.7	86	3.1	84	2.9	48	1.9	22	1.1
Monash University	250	9.8	316	11.2	321	11.2	230	9.2	239	11.7
The University of Adelaide	92	3.6	118	4.2	137	4.8	140	5.6	52	2.6
The University of Melbourne	288	11.2	292	10.4	293	10.2	221	8.9	159	7.8
The University of Newcastle / University of New England	77	3.0	157	5.6	160	5.6	117	4.7	103	5.1
The University of New South Wales	192	7.5	180	6.4	204	7.1	193	7.7	88	4.3
The University of Notre Dame (Fremantle)	96	3.7	98	3.5	90	3.1	93	3.7	39	1.9
The University of Notre Dame (Sydney)	53	2.1	63	2.2	76	2.6	80	3.2	8	0.4
The University of Queensland	340	13.3	390	13.9	364	12.7	326	13.1	396	19.4
The University of Sydney	239	9.3	258	9.2	252	8.8	284	11.4	191	9.4
University of Tasmania	87	3.4	103	3.7	99	3.4	108	4.3	91	4.5
The University of Western Australia	196	7.7	166	5.9	199	6.9	93	3.7	96	4.7
University of Western Sydney	85	3.3	86	3.1	84	2.9	110	4.4	97	4.8
University of Wollongong	71	2.8	74	2.6	71	2.5	73	2.9	60	2.9
Total	2,561	100.0	2,814	100.0	2,872	100.0	2,493	100.0	2,036	100.0

The decrease in numbers in 2015 may be attributable to the change to a solely online survey

Respondents By Age Group

The majority of graduates were 29 years or younger, with those aged between 25 and 29 making up approximately 45% and those aged under 25 approximately 40% from each graduating year (Table 2). Those students aged 45 years old on graduation comprised less than 1% of each annual cohort. The median graduating age of all years was 25, with the largest age range (youngest being 18 years old, oldest being 63) coming from the 2014 cohort (Table 3).

Table 2. Number of respondents by Age group and year, 2011 to 2015

Age	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
<25	1,028	40.4	1,149	40.9	1,191	41.7	1,002	40.5	820	40.4
25-29	1,150	45.2	1,299	46.2	1,312	45.9	1,114	45.0	916	45.1
30-34	248	9.7	251	8.9	218	7.6	242	9.8	196	9.7
35-39	63	2.5	63	2.2	79	2.8	71	2.9	62	3.1
40-44	33	1.3	28	1.0	34	1.2	26	1.1	18	0.9
45+	23	0.9	20	0.7	25	0.9	18	0.7	17	0.8
Total	2,545	100.0	2,810	100.0	2,859	100.0	2,473	100.0	2,029	100.0

Table 3. Median age and age range of respondents by year, 2011 to 2015

Age	2011	2012	2013	2014	2015
Median	25	25	25	25	25
minimum	21	21	20	18	20
maximum	56	60	57	63	60

Respondents By Country of Birth

In terms of Country of birth (Table 4), Australia remains the largest with well over 60% of all graduating respondents being born here. In 2015 this figure hit a five year high of 64%. Aside from Australia, the next five largest contributing countries of birth are Canada, Singapore, Malaysia, New Zealand and China. In the majority of cases, there have been only slight fluctuations of the proportions of birth country for graduating medical students from year to year, although it is worth noting that Canada increased from 2.2% in 2013 to 4.4% in 2015, whereas Malaysia saw a drop from 5.2% in 2014 to 3.4% in 2015.

Table 4. Country of birth by year for top 10 countries in 2015, from 2011 to 2015

Birth Country	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Australia	1,350	62.3	1,521	60.3	1,646	63.4	1,538	62.9	1,304	64.0
Canada	76	3.5	109	4.3	57	2.2	65	2.7	89	4.4
Singapore	85	3.9	84	3.3	107	4.1	98	4.0	81	4.0
Malaysia	107	4.9	136	5.4	109	4.2	126	5.2	70	3.4
New Zealand	37	1.7	49	1.9	59	2.3	62	2.5	57	2.8
China (excludes SARs and Taiwan)	54	2.5	70	2.8	88	3.4	61	2.5	52	2.6
England	30	1.4	40	1.6	46	1.8	43	1.8	50	2.5
India	53	2.4	84	3.3	77	3.0	67	2.7	37	1.8
United States of America	28	1.3	30	1.2	32	1.2	33	1.3	32	1.6
Hong Kong (SAR of China)	32	1.5	56	2.2	61	2.4	30	1.2	31	1.5
Other	316	14.6	344	13.6	313	12.1	323	13.2	233	11.4
Total	2,168	100.0	2,523	100.0	2,595	100.0	2,446	100.0	2,036	100.0

Relationship Status

Regarding relationship status (Table 5), the number of graduates who declared themselves as 'partnered' has increased significantly over the five year period from 40.8% in 2011 to 49% in 2015. This trend towards partnered has increased year on year and if the trend continues then 'partnered' medical school graduates will soon become the majority.

Table 5. Partner status by year, 2011 to 2015

Marital status	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Not partnered	1,506	59.2	1,614	57.6	1,500	52.6	1,281	51.7	1,038	51.0
Partnered	1,039	40.8	1,188	42.4	1,350	47.4	1,199	48.3	998	49.0
Total	2,545	100.0	2,802	100.0	2,850	100.0	2,480	100.0	2,036	100.0

Due to a change in the order of possible responses on the form, a number of respondents from 2013 onwards chose 'In a relationship but not living with partner' when previously they may have chosen 'single'.

Rurality

For 2015, 68.9% of graduating domestic students reported living in capital cities (Table 6). This is more in-line with figures reported in 2010 to 2013. In 2014 this figure experienced a significant and proportional increase and hit a high of 75.8%. The statistical raw numbers are illustrated graphically in Graph 1a and proportionally in Graph 1b, which highlights the high Capital City/Urban figures for 2014.

Table 6. Rurality of main location for domestic students when living in Australia for more than one year by year, 2011 to 2015

Main location rurality*	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Capital city	1,351	70.8	1,481	69.6	1,582	70.0	1,847	75.8	1,391	68.9
Major urban centre	186	9.7	171	8.0	197	8.7	194	8.0	233	11.5
Regional city or large town	145	7.6	213	10.0	189	8.4	161	6.6	157	7.8
Smaller town	111	5.8	108	5.1	114	5.0	107	4.4	85	4.2
Small community	116	6.1	156	7.3	179	7.9	128	5.3	152	7.5
Total	1,909	100.0	2,129	100.0	2,261	100.0	2,437	100.0	2,018	100.0

Prior to 2014 this question was asked at commencement, hence the data have been matched to End year, resulting in more missing data for earlier years

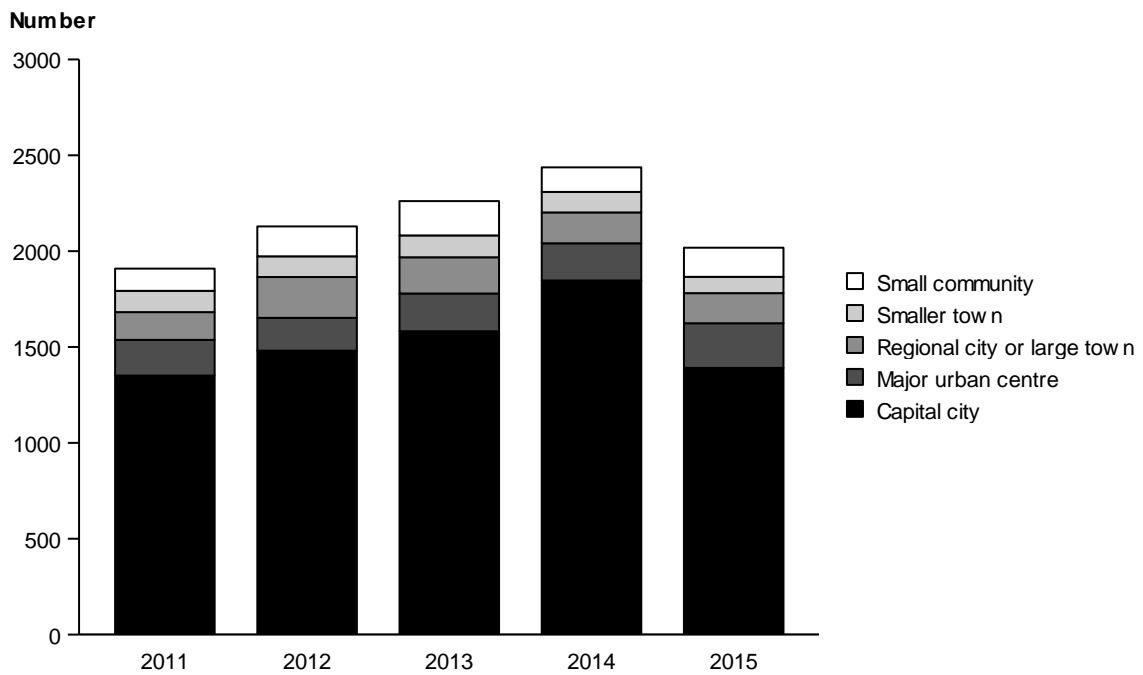
Major urban centre – (>100,000 population size) e.g. Cairns, Geelong, Gold Coast–Tweed Heads, Gosford, Newcastle, Townsville, Wollongong, Wyong

Regional city or large town (25,000 - 99,999 population size) e.g. Alice Springs, Ballarat, Bunbury, Dubbo, Launceston, Mount Gambier

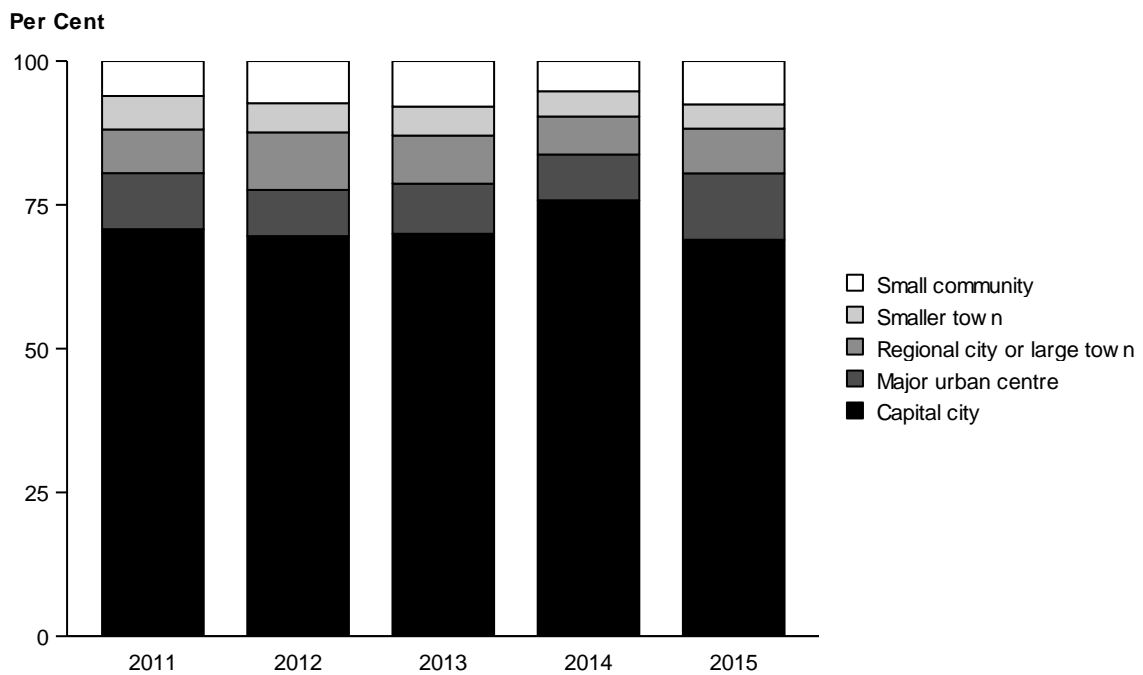
Smaller town (10,000 – 24,999 population size)

Small community (<10,000 population size)

Graph 1a. Rurality of main location for domestic students when living in Australia for more than one year by year, 2011 to 2015.



Graph 1b. Rurality of main location for domestic students when living in Australia for more than one year by year, 2011 to 2015.



Sources of Income

From 2013, graduates were asked about their sources of income for education and living expenses over the entire course of their medical degrees. It's clear that students need several funding sources when embarking on their medical education and over the last three years the top three reported income streams (Family, Government and Paid Employment) have not altered with similar percentages being seen on an annual basis. Table 7 illustrates the figures for all reported income sources.

Table 7. Sources of income for education and/or living expenses for entire degree for graduates, 2013 to 2015

Income sources	2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent
Government	1,711	59.6%	1,499	60.1%	1,227	60.3%
Family	1,944	67.7%	1,688	67.7%	1,432	70.3%
Paid employment	1,436	50.0%	1,219	48.9%	1,042	51.2%
Scholarship	696	24.2%	631	25.3%	614	30.2%
HECS/FEE/OS HELP loan	1,193	41.5%	1,036	41.6%	811	39.8%
Savings/Trust fund	441	15.4%	357	14.3%	295	14.5%
Personal Loan	285	9.9%	270	10.8%	249	12.2%
Other	68	2.4%	..	..	..	..

Question first asked in 2013 and participants can pick more than one option. Option for 'Other' not included from 2014.

Career Intentions

Together, New South Wales, Queensland and Victoria have consistently combined to make up more than 75% of all first preference of state choices. Those graduates who indicate having a first state of preference other than Australia remained steady at approximately 5%.

The results can be analysed with respondent state of study (Table 8b) and actual intern acceptance by state (Table 14) for comparative purposes.

Table 8a. Career intention: first preference of state of future practice by year, 2011 to 2015

First preference State of future practice	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW	744	29.4	813	29.2	827	29.0	826	33.9	548	26.9
VIC	645	25.5	759	27.3	771	27.0	537	22.0	564	27.7
QLD	492	19.4	553	19.9	560	19.6	481	19.7	505	24.8
SA	170	6.7	154	5.5	192	6.7	162	6.6	79	3.9
WA	244	9.6	238	8.6	262	9.2	187	7.7	137	6.7
TAS	49	1.9	37	1.3	44	1.5	53	2.2	52	2.6
NT	28	1.1	33	1.2	34	1.2	29	1.2	24	1.2
ACT	23	0.9	40	1.4	44	1.5	51	2.1	30	1.5
Country other than Australia	135	5.3	154	5.5	117	4.1	114	4.7	97	4.8
Total	2,530	100.0	2,781	100.0	2,851	100.0	2,440	100.0	2,036	100.0

Table 8b. Number of respondents by state of completion and year, 2011 to 2015

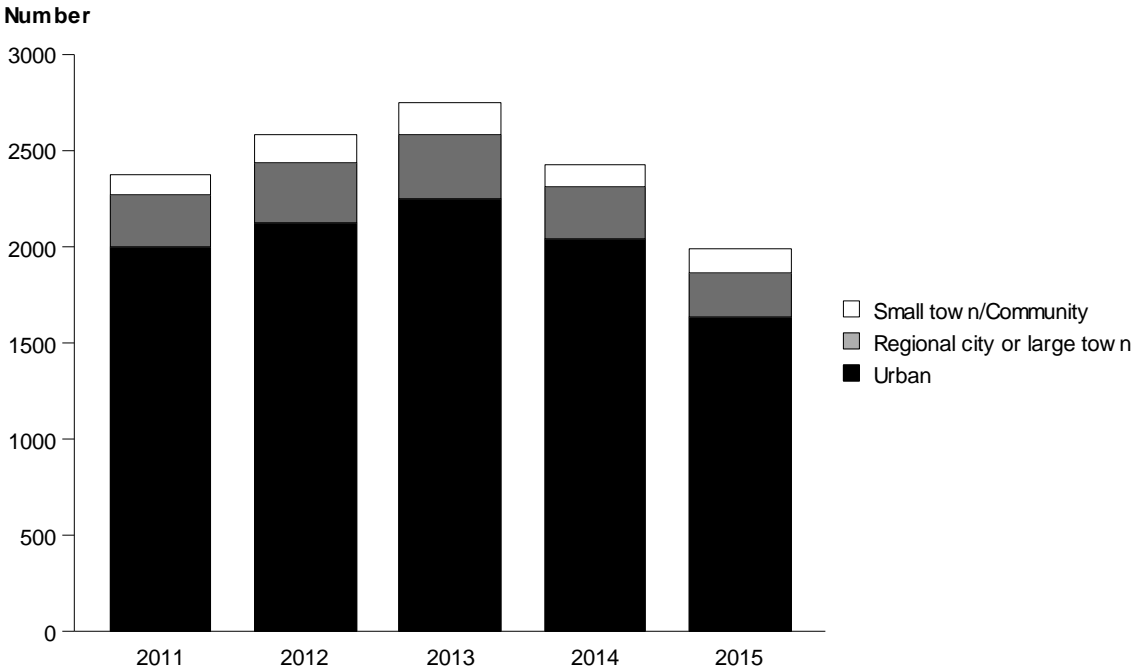
State of completion	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW	717	28.0	818	29.1	847	29.5	857	34.4	547	26.9
VIC	651	25.4	686	24.4	716	24.9	545	21.9	520	25.5
QLD	570	22.3	644	22.9	605	21.1	547	21.9	571	28.0
SA	92	3.6	118	4.2	137	4.8	140	5.6	136	6.7
WA	389	15.2	366	13.0	415	14.4	196	7.9	135	6.6
TAS	87	3.4	103	3.7	99	3.4	108	4.3	91	4.5
ACT	55	2.1	79	2.8	53	1.8	100	4.0	36	1.8
Total	2,561	100.0	2,814	100.0	2,872	100.0	2,493	100.0	2,036	100.0

When surveyed about first preferred region of future practice (Table 9), the majority of graduates across the last five years choose an urban location (81.8% to 84.4%). Small towns/communities rose from 4.4% in 2011 to a high of 6% in both 2013 and 2015. Those stating a first preference of Regional city or large town have remained consistent at the 11-12% mark. The small fluctuations can be seen in raw numbers (Graph 2a) and proportionally (Graph 2b).

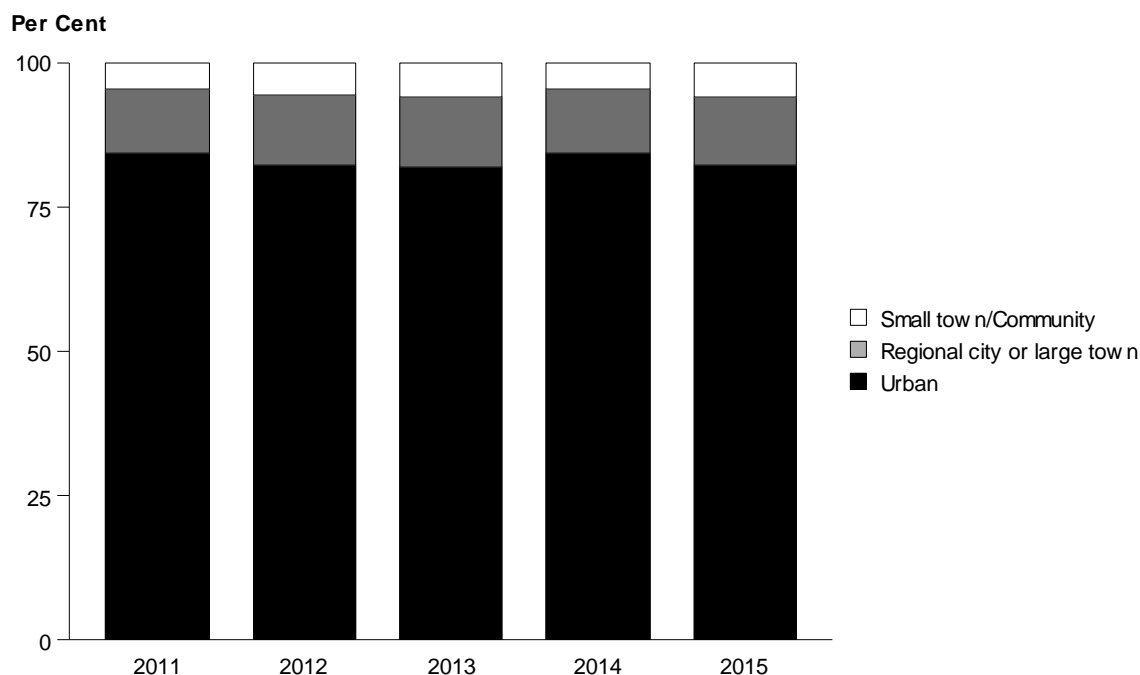
Table 9. Career intention: first preference region of future practice for students preferring to practice in Australia, by year, 2011 to 2015

First preference region of future practice	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Urban	2,004	84.3	2,127	82.3	2,246	81.8	2,045	84.4	1,632	82.1
Regional city or large town	269	11.3	314	12.2	335	12.2	266	11.0	235	11.8
Small town/Community	105	4.4	143	5.5	165	6.0	111	4.6	120	6.0
Total	2,378	100.0	2,584	100.0	2,746	100.0	2,422	100.0	1,987	100.0

Graph 2a. Career intention: first preference region of future practice for students preferring to practice in Australia, by year, 2011 to 2015



Graph 2b. Career intention: first preference region of future practice for students preferring to practice in Australia, by year, 2011 to 2015



The preferred country of future practice is illustrated in Table 10. Figures across the last five years for the three options - 'Australia', 'New Zealand' and 'Others' – have remained remarkably stable with Australia being the preferred country of future practice for 95% of graduates.

Table 10. Preferred country of future practice by year, 2011 to 2015

Preferred Country of future practice	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Australia	2,396	94.9	2,627	94.5	2,734	96.1	2,326	95.3	1,939	95.2
New Zealand	4	0.2	5	0.2	4	0.1	17	0.7	7	0.3
Other	124	4.9	149	5.4	108	3.8	97	4.0	90	4.4
Total	2,524	100.0	2,781	100.0	2,846	100.0	2,440	100.0	2,036	100.0

The top four intended areas of future practice (Table 11) across the last five years have remained relatively stable with 'Adult Medicine/Internal Medicine/Physician', 'General Practice', 'Surgery' and 'Paediatrics and Child Health' proving to be consistently popular amongst each cohort. The leading area of future practice saw almost 20% of graduates indicate Adult Medicine/Internal Medicine/Physician as their first preference in 2015 which corresponded very closely to similar responses in 2011 and 2014. Surgery remains the third most popular preference in 2015 although this has declined in percentage terms from a high of 18.1% in 2011 to 15.3% in 2015.

Behind the top four choices, the fifth and sixth most popular options continue to be 'Emergency Medicine' (8.4% in 2015) and 'Anaesthesia' (8.1% in 2015).

In terms of pure numbers, single digit responses were recorded in 2015 for 'Addiction Medicine', 'Medical Administration', 'Non-Specialist Hospital Practice', 'Radiation Oncology', 'Rehabilitation Medicine' and 'Sexual Health Medicine'. Of those intended areas of future practice which were able to be selected in 2015, a response of zero was recorded for 'Occupational and Environmental Medicine'.

Table 11. First preference area of future practice by year, 2011 to 2015

First preference area of future practice	2011			2012			2013		
	Number	Per cent	Rank (in year)	Number	Per cent	Rank (in year)	Number	Per cent	Rank (in year)
Addiction Medicine	14	0.6	15	6	0.2	19	3	0.1	25
Adult Medicine/ Internal Medicine/ Physician	430	19.1	1	444	17.7	1	456	16.6	2
Anaesthesia	171	7.6	6	213	8.5	5	193	7.0	6
Dermatology	35	1.6	13	48	1.9	13	44	1.6	14
Emergency Medicine	195	8.7	5	211	8.4	6	229	8.3	5
General Practice	282	12.6	3	370	14.7	3	469	17.0	1
Indigenous Health	4	0.2	23	7	0.3	18	4	0.1	23
Intensive Care Medicine	53	2.4	10	53	2.1	10	59	2.1	10
Medical Administration (eg managing a hospital)	10	0.4	18	5	0.2	22	1	0.0	27
Non-Specialist Hospital Practice (eg career as a medical officer in a hospital)	1	0.0	26	1	0.0	26	5	0.2	21
Obstetrics and Gynaecology	136	6.1	7	170	6.8	7	167	6.1	7
Occupational and Environmental Medicine	.	.	.	.	.	.	1	0.0	28
Ophthalmology	59	2.6	9	51	2.0	12	55	2.0	12
Oral and Maxillofacial Surgery	10	0.4	19	10	0.4	16	8	0.3	20
Paediatrics and Child Health	222	9.9	4	256	10.2	4	264	9.6	4
Pain Medicine	1	0.0	27	2	0.1	25	2	0.1	26
Palliative Medicine	6	0.3	21	8	0.3	17	13	0.5	17
Pathology	21	0.9	14	13	0.5	14	15	0.5	15
Psychiatry	48	2.1	11	67	2.7	8	82	3.0	9
Public Health Medicine	12	0.5	17	5	0.2	23	11	0.4	19
Radiation Oncology	8	0.4	20	4	0.2	24	14	0.5	16
Radiology	37	1.6	12	53	2.1	11	51	1.9	13
Rehabilitation Medicine	4	0.2	24	1	0.0	27	5	0.2	22
Rural and Remote Medicine	61	2.7	8	56	2.2	9	57	2.1	11
Sexual Health Medicine	2	0.1	25	6	0.2	20	4	0.1	24
Sport and Exercise Medicine	5	0.2	22	11	0.4	15	13	0.5	18
Surgery	406	18.1	2	436	17.3	2	440	16.0	3
Other	14	0.6	16	6	0.2	21	90	3.3	8
Total	2,247	100.0		2,513	100.0		2,755	100.0	

Table 11. First preference area of future practice by year, 2011 to 2015 (continued)

First preference area of future practice	2014			2015		
	Number	Per cent	Rank (in year)	Number	Per cent	Rank (in year)
Addiction Medicine	3	0.1	21	1	0.0	22
Adult Medicine/ Internal Medicine/ Physician	474	19.5	1	397	19.8	1
Anaesthesia	183	7.5	6	162	8.1	6
Dermatology	42	1.7	12	23	1.1	12
Emergency Medicine	185	7.6	5	169	8.4	5
General Practice	392	16.1	3	356	17.8	2
Indigenous Health	.	.	.	.	.	.
Intensive Care Medicine	64	2.6	10	39	1.9	10
Medical Administration (eg managing a hospital)	2	0.1	22	2	0.1	20
Non-Specialist Hospital Practice (eg career as a medical officer in a hospital)	4	0.2	18	6	0.3	18
Obstetrics and Gynaecology	181	7.4	7	126	6.3	7
Occupational and Environmental Medicine	1	0.0	24	.	.	.
Ophthalmology	69	2.8	9	30	1.5	11
Oral and Maxillofacial Surgery	.	.	.	.	.	.
Paediatrics and Child Health	249	10.2	4	190	9.5	4
Pain Medicine	2	0.1	23	.	.	.
Palliative Medicine	6	0.2	16	11	0.5	15
Pathology	18	0.7	13	17	0.8	13
Psychiatry	74	3.0	8	74	3.7	8
Public Health Medicine	6	0.2	17	13	0.6	14
Radiation Oncology	12	0.5	14	5	0.2	19
Radiology	54	2.2	11	55	2.7	9
Rehabilitation Medicine	4	0.2	19	2	0.1	21
Rural and Remote Medicine	.	.	.	.	.	.
Sexual Health Medicine	4	0.2	20	8	0.4	17
Sport and Exercise Medicine	9	0.4	15	11	0.5	16
Surgery	393	16.2	2	307	15.3	3
Other	.	.	.	.	.	.
Total	2,431	100.0		2,004	100.0	

The figures for students showing an interest in becoming involved in teaching remains very high with 83.5% indicating this in 2015 (Table 12). Those students indicating no interest in teaching accounted for 3.6% which is exactly the same figure as recorded in 2011.

Table 12. Interest in teaching by year, 2011 to 2015

Interest in teaching	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
No	87	3.6	102	3.9	84	3.0	67	2.7	74	3.6
Yes	1,919	79.6	2,110	79.9	2,400	84.3	2,112	85.1	1,694	83.5
Undecided	404	16.8	429	16.2	363	12.8	304	12.2	261	12.9
Total	2,410	100.0	2,641	100.0	2,847	100.0	2,483	100.0	2,029	100.0

With regards to interest in research (Table 13), although the figure has dipped slightly in 2015 (61.5% compared to 64% in 2014), the overall five year trend points to an increase in this specific area. Those students who stated that they are undecided posted an almost exact return from 2014 of just over 23%.

Table 13. Interest in research by year, 2011 to 2015

Interest in research	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
No	438	18.2	414	15.7	402	14.2	320	12.9	309	15.2
Yes	1,293	53.8	1,463	55.5	1,702	60.0	1,585	64.0	1,247	61.5
Undecided	674	28.0	759	28.8	734	25.9	571	23.1	473	23.3
Total	2,405	100.0	2,636	100.0	2,838	100.0	2,476	100.0	2,029	100.0

Table 14 indicates the degree of interest amongst graduates in becoming involved in Indigenous health as part of their medical career. The question was first asked in 2014 so trend results are at an early stage. However, the interest from 2015 students is virtually identical to the previous year with 37% indicating 'Yes', 23% stating 'No' and 39% declaring themselves 'Undecided'.

Table 14. Interest in Indigenous health as part of future medical career by year, 2014 to 2015

Interest in Indigenous health	2014		2015	
	Number	Per cent	Number	Per cent
No	574	23.3	481	23.7
Yes	936	37.9	750	37.0
Undecided	957	38.8	798	39.3
Total	2,467	100.0	2,029	100.0

Table 15, which illustrates Internship acceptance by state, shows the top three of Queensland, New South Wales and Victoria as the most popular choices with graduates. This trend has been maintained over the course of the last five years. South Australia has dropped from an Internship acceptance rate of 8.5% in 2014 to 5% in 2015%. It should be noted there is a proportionally lower response rate in 2015 from students studying at NSW, Western Australian, and ACT medical schools.

Table 15. Internship acceptance state by year, 2011 to 2015

Internship acceptance state	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW	711	28.6	739	28.1	741	27.9	749	32.1	499	26.5
VIC	560	22.5	613	23.3	686	25.8	461	19.8	481	25.6
QLD	530	21.3	552	21.0	537	20.2	502	21.5	510	27.1
SA	193	7.8	203	7.7	238	9.0	199	8.5	94	5.0
WA	268	10.8	263	10.0	268	10.1	191	8.2	139	7.4
TAS	62	2.5	66	2.5	54	2.0	66	2.8	53	2.8
NT	31	1.2	26	1.0	46	1.7	28	1.2	25	1.3
ACT	40	1.6	76	2.9	64	2.4	85	3.6	41	2.2
Country other than Australia	95	3.8	94	3.6	24	0.9	50	2.1	38	2.0
Total	2,490	100.0	2,632	100.0	2,658	100.0	2,331	100.0	1,880	100.0

Medical School Experience

The level of student satisfaction with their medical program at university was ranked from 1 (Very Satisfied) to 5 (Very Dissatisfied). The average level of satisfaction for all medical school programs across Australia has remained remarkably constant at 2.2 as can be observed in Table 16. These figures are also reflected in the median satisfaction score of 2 (satisfied) which has remained unaltered over the last half-decade.

Table 16. Overall level of Satisfaction with the Medical program at their university, 2011 to 2015

	Satisfaction	2011	2012	2013	2014	2015
Average satisfaction		2.2	2.2	2.2	2.1	2.2
Median satisfaction		2	2	2	2	2
Per cent satisfied or very satisfied		75.3	75.5	74.9	81.0	74.1
Per cent unsatisfied or very unsatisfied		8.1	8.4	9.5	6.5	9.4

Prior Education

Concerning students who had previous tertiary education prior to undertaking their medical program (based on commencement data, Table 17a), over 90% had completed at least a Degree/Certificate across all five years. Those who had previously completed a Masters fluctuated from 4.3% in 2013 to 7.3% in 2014. Previous PhD graduates consistently hover around the 1-2% mark.

Table 17a. Highest level previous degree by year, 2011 to 2015 (based on data collected at commencement)

Previous degree highest degree level	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Degree/Certificate	1,154	92.2	1,304	92.5	1,224	92.7	1,165	91.4	986	91.5
Masters	80	6.4	73	5.2	57	4.3	93	7.3	71	6.6
PHD	18	1.4	33	2.3	40	3.0	17	1.3	21	1.9
Total	1,252	100.0	1,410	100.0	1,321	100.0	1,275	100.0	1,078	100.0

Looking at Table 17b, the highest level of previous degree (based on exit data from 2014 and 2015) is split further, illustrating Bachelor Degree and Bachelor Degree (Honours) as the two dominant options. It is worth noting that Bachelor Degree increased from 59.9% in 2014 to 63.1% in 2015, whereas Bachelor Degree (Honours) dropped from 26.3% in 2014 to 23.9% this year.

Table 17b. Highest level previous degree by year, 2014 to 2015 (based on data collected at graduation)

Previous degree highest degree level	2014		2015	
	Number	Per cent	Number	Per cent
Postgraduate degree	146	10.1	108	9.4
Graduate diploma or graduate certificate level	48	3.4	38	3.2
Bachelor degree (honours)	372	26.3	282	23.9
Bachelor degree	843	59.9	754	63.1
Diploma	13	0.2	26	0.5
Certificate	24	0.1	23	.
Total	1,446	100.0	1,231	100.0

Prior to 2014 a slightly different question was asked at commencement
See table above for data collected at commencement

As with previous years, the majority of 2015 graduates had completed their earlier degrees in the fields of Science, Medical Science or Health/Allied Health (Table 18a). The highest proportion was Science at 36.6%. Medical Science has shown a steady but marked year-on-year increase from 23.4% in 2011 to 27.4% in 2015, whilst those students with previous Health/Allied Health degrees have remained remarkably stable at approximately 20%.

Table 18a. Discipline of highest previous degree by year, 2011 to 2015 (based on data collected at commencement)

Discipline of highest previous degree	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Science	443	35.4	576	40.9	518	39.2	437	34.2	395	36.6
Medical science	293	23.4	332	23.5	313	23.7	330	25.9	295	27.4
Health/Allied health	284	22.7	268	19.0	267	20.2	264	20.7	214	19.9
Humanities	118	9.4	114	8.1	113	8.6	101	7.9	85	7.9
Commerce/Business/Law	64	5.1	61	4.3	54	4.1	69	5.4	33	3.1
Physical sciences	36	2.9	45	3.2	33	2.5	57	4.5	41	3.8
Other/Unknown	14	1.1	14	1.0	23	1.7	18	1.4	15	1.4
Total	1,252	100.0	1,410	100.0	1,321	100.0	1,276	100.0	1,078	100.0

Prior to 2014 this question was asked at commencement, hence the data have been matched to End year, resulting in more missing data for earlier years.
 Derived from collection of up to 4 degree names prior to 2014. From 2014 data collected at graduation rather than commencement with different categories below.

From 2014 the survey now captures the discipline of highest previous degree data on the exit survey (Table 18b). Nearly half of students who had completed a previous degree had done so in Natural and Physical Sciences (47.4%), whilst over 40% had completed a Health-related degree. The top three Health-related fields of degrees are Medical Studies (15.4% in 2014, 14.1% in 2015), Pharmacy (5.9% in 2014, 5.7% in 2015) and Rehabilitation Therapies (6.2% in 2014, 5.4% in 2015).

Table 18b. Discipline of highest previous degree by year, from 2014 to 2015 (based on data collected at graduation)

Discipline of highest previous degree	2014		2015	
	Number	Per cent	Number	Per cent
Natural and Physical Sciences	680	48.2%	573	47.4%
Information Technology	19	1.3%	13	1.1%
Engineering and Related Technologies	67	4.7%	47	3.9%
Architecture and Building	7	0.5%	3	0.2%
Agriculture, Environmental and Related Studies	5	0.4%	8	0.7%
Health Total*	558	39.5%	492	40.7%
-- Medical studies	218	15.4%	170	14.1%
-- Complementary Therapies	4	0.3%	5	0.4%
-- Dental Studies	9	0.6%	14	1.2%
-- Nursing / Midwifery	28	2.0%	31	2.6%
-- Optical Science	13	0.9%	4	0.3%
-- Pharmacy	84	5.9%	69	5.7%
-- Rehabilitation Therapies	88	6.2%	65	5.4%
-- Radiography	16	1.1%	21	1.7%
-- Public Health	23	1.6%	31	2.6%
-- Veterinary Studies	10	0.7%	9	0.7%
-- Other Health	57	4.0%	55	4.6%
Education	21	1.5%	10	0.8%
Management and Commerce	59	4.2%	39	3.2%
Society and Culture	131	9.3%	88	7.3%
Creative Arts	39	2.8%	34	2.8%
Food, Hospitality and Personal Services	3	0.2%	5	0.4%
Mixed Field Programs	10	0.7%	18	1.5%

Prior to 2014 a slightly different question was asked at commencement

See table above for data collected at commencement

*Due to the structure of the question Health total includes those who ticked a row titled 'Health, please specify' and did not specify an area as well as those who specified at least one health area.

Influences on Career Choice

Table 19 illustrates how the perceived financial prospects of a graduates' choice of discipline came to influence that decision. Of those students who claimed 'Not at all', there has been a rise in the percentage figures from 22.5% in 2014 to 24.2% in 2015. This continues the gradual increase that has been witnessed over the last five years. Conversely, those students selecting '4 or a great deal' has dropped to 24.4% from 2014's figure of 25.2%.

Table 19. Level of influence of perceived financial prospects on choice of most preferred area of medicine by year, 2011 to 2015

Perceived financial prospects influenced choice	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Not at all	471	18.7	468	17.0	617	21.7	559	22.5	490	24.2
4 or a great deal	666	26.4	729	26.5	683	24.1	626	25.2	493	24.4

Scale: 1 = Not at all to 5 = A great deal.

The majority of students reported that the financial costs of medical school education/debt (Table 20) did not influence their preferred choice of medicine upon graduating. For the first time, over half of all students (53.6%) indicated that financial costs had "Not at all" affected their decision. This is a rise of over 5% from 2014. However, those graduates indicating that the financial costs of medical school/debt did influence their career pathway choice rose above 10% for the first time, although this represented only a very small increased shift of 0.7% from the previous year.

Table 20. Level of influence of Financial costs of medical school education/debt on choice of most preferred area of medicine by year, 2011 to 2015

Financial costs of medical school education/debt influenced choice	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Not at all	1,175	46.7	1,281	46.4	1,409	49.6	1,190	48.0	1,082	53.6
4 or a great deal	245	9.7	245	8.9	220	7.7	239	9.6	208	10.3

Scale: 1 = Not at all to 5 = A great deal

Regarding the level of influence of the number of years required to complete training in the preferred area of medicine, 35.4% of respondents indicated '4 or a great deal'. As Table 21 shows, this is generally consistent with the five year results where the lowest figure is 33.5% (2012) and the highest is 36.6% (2014). For those graduates who indicated 'Not at all' the figure continued on a general upward trend (2014 excepted) and recorded its highest result of 17.4%. This is a marked increase on 2011's 12.6% figure.

Table 21. Level of influence of number of years required to complete training on choice of most preferred area of medicine by year

Factor - number of years required to complete training	2011		2012		2013		2014		2015	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Not at all	318	12.6	348	12.7	423	15.0	360	14.5	352	17.4
4 or a great deal	867	34.5	922	33.5	961	34.0	907	36.6	715	35.4

Scale: 1 = Not at all to 5 = A great deal
 2015 Data may be influenced by change to web based reporting.

