

Medical Schools Outcomes Database (MSOD) & Longitudinal Tracking Project

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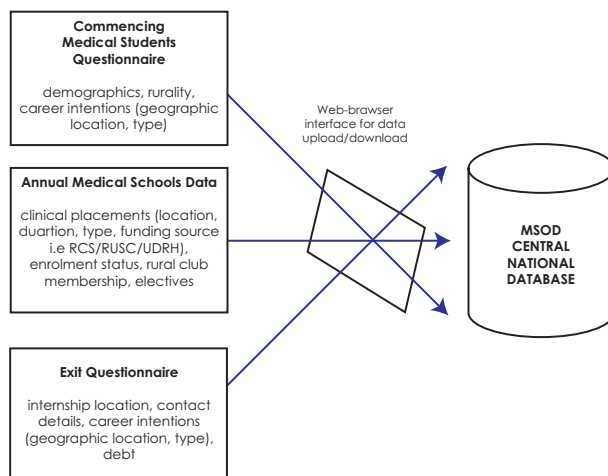
World's First Mapping of Medical Students

Why we did the work

AUSTRALIAN medical schools have joined forces to create a national tracking system for all medical students in a venture to reduce politicking and guesswork in medical workforce planning. The shortage and maldistribution of the medical workforce, particularly in rural and remote regions, has long been recognised. Numerous government initiatives designed to bolster the recruitment and retention of medical practitioners to non-metropolitan regions have been implemented over the last decade. These include the RUSC program, the development of Rural Clinical Schools, bonded scholarships, and a range of other medical education initiatives specifically designed to encourage more medical graduates to take up practice in rural and remote communities following their graduation from medical schools. The need to evaluate the effectiveness of these measures highlighted the need for a uniform comprehensive data collection system for monitoring and reporting the progress of medical students through each stage of their education and training and beyond.

What we are doing

Through Medical Deans Australia and New Zealand, all 20 medical schools in Australia and New Zealand have agreed on a minimum data set to be collected about medical students commencing a medical program. The dataset includes demographic, educational and career intention data of medical students.



Longitudinal Tracking

A recent feasibility study has investigated different methodological approaches to longitudinal studies, to ensure that the data collected as part of the MSOD can be of most value to workforce planning. It has been found that the most efficient, cost-effective and non-intrusive approach is to combine repeat questionnaire surveys in early postgraduate years with preferred data linkage with a national registration database. Questionnaire surveys will be sent to participants at **one**, **three** and **five** years after completing their basic medical studies to enable the tracking of graduates through prevocational and vocational training. This is a key time at which career choice is often made.

Medical Students A Special Thank You



Each year, medical students from all Australian and New Zealand medical schools are invited to take part in the MSOD Project.

The project team would like to say a special thank you to students who completed the MSOD Commencing Medical Students Questionnaire in 2005 (pilot), 2006, 2007 and 2008. **National response rates have increased from 85% in 2006 to 95% in 2008. Well done!** You may remember that in your first year we have also asked you for permission to collect details of your placements and electives from your medical school.

What happens next?

In 2008, participants of the MSOD Project from three medical schools - Griffith, Flinders and Sydney will be the first to take part in an Exit Questionnaire (EQ) just before graduating. The EQ is an essential part of the project, gaining data vital for determining changes in intention that may have resulted during medical school. It will also provide a springboard from which to longitudinally track medical students after they leave medical school. We will be inviting these students to complete the EQ and to provide consent to be tracked longitudinally.

A Predictive Index of Your Future Career?

Futuristic ... perhaps. From the MSOD data an index can be created that can be used to classify individuals into propensity to enter rural medical practice. Why create an index? The index would forecast likelihood of an individual taking up rural practice based on past evidence. Not all students are equally likely to enter rural practice. Throwing resources indiscriminately may be wasteful. cont'd p2

Stakeholder perspectives

The MSOD project is a collaboration of nine stakeholder organisations.



Management Committee Chair – Professor Justin Beilby Executive Dean Faculty of Health Sciences The University of Adelaide

Health system reform must be informed by current and robust data. The MSOD Project will provide just that. This ambitious project, generously supported by the Commonwealth Department of Health and Ageing

over the last five years, is one of national and international significance which will be invaluable in informing government policy and directions in medical education and research into workforce trends.

For the first time in Australia, jurisdictions will be able to marry a student's initial intentions about future medical practice with the actual outcome, and whether particular programs of study or support provided during the program makes any difference to the outcome. This is particularly useful when planning for workforce areas of great need – including outer-metropolitan and rural and remote regions. Tracking of these same students through the first five years of the post-University training will provide a rich and valuable dataset to draw on for workforce planning. Medical Schools themselves will be able to use the data to evaluate program initiatives thus providing for continuous improvement in medical education. This has never been done anywhere in the world. No one has ever engaged every single medical school, with every single student being invited to participate, and tracked on this scale.

Medical Deans Australia and New Zealand, the peak body for medical education in Australia and New Zealand, is steering the study with the able support of a number of key stakeholder organisations representing students, postgraduate education and training, rural and indigenous health, and workforce planning. I feel very fortunate to be involved in a project of such significance and one which can potentially make a real difference to the quality of health care for all Australians.

Did You Know?

- ✦ Rural Practice - 24% (one-quarter) of first years stated that they would prefer to practice medicine in a regional city or smaller town or community. Data indicates that there has been a shift to rural preference and that rural initiatives are working at the school level.
- ✦ Future Medical Practice – The top three frequently preferred options are Surgery, Paediatrics and General Practice. One third has not yet decided in their first year of medical school.
- ✦ Mobility
 - Of students attending a NSW medical school, 80% graduated from a NSW high school.
 - Of students attending a medical school in Vic, Qld, WA and Tas, approx 75% graduated from a high school within their state.
 - Of students attending a medical school in SA, approx 60% graduated from a SA high school.
- ✦ Debt - Commonwealth supported Place (CSP) students make up only slightly half of the cohort. Accumulated debt from medical school education may affect career choices.



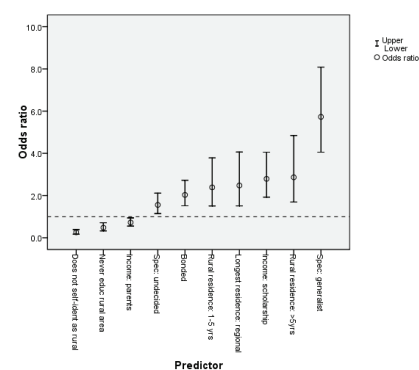
Australian Medical Students Association President – Mr Michael Bonning

It is acknowledged that career trajectory and intentions of medical students generally mirror the career choices that these students make as doctors. These choices are commonly predicated on the experiences that students have during their time at medical school.

Therefore the MSOD project will serve as an important resource for examining the medical courses around the country and driving the development of high quality curricula. The dataset will give workforce planners an excellent opportunity to utilise resources effectively in the training of the significant year-to-year increase in medical student numbers that are beginning to graduate. Delivering high quality education and providing career pathways for all these graduating students will be a challenge for jurisdictions, specialty colleges and professional bodies. It is one that will require resources to be appropriately paired with the intentions of medical graduates. This is a testing time for medical education and AMSA believes that the MSOD project is one of the most important in the field with its impacts on workforce planning having great impacts for future medical graduates.

Cont'd from p1: Predictive Modelling

In a series of data analyses conducted by Dr Mike Jones, a biostatistician from Macquarie University, findings confirm that longer duration of rural residence and education were all positively associated with intention to practice in rural locations.



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