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Author
Rogers, Mary, Searle, Judith, Creed, Peter

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Career preferences of first year Australian medical students

Rogers ME, Searle J, Creed PA
Schools of Medicine and Psychology, Griffith University

Name, address, phone, fax and email contact of principal author:
Dr. Mary Rogers, School of Medicine, Gold Coast campus, Griffith University, QLD, 4222. Telephone: (07) 56780772, Facsimile: (07) 56780708, Email: mary.rogers@griffith.edu.au

Introduction/background:
The Australian medical workforce is changing due in part to the increase in the number of females entering medicine and the desire for a better work-life balance for both male and female doctors. Previous research reporting on the career choice preferences of first year Australian medical students is sparse. Also, while there are both undergraduate and graduate entry level medical schools in Australia, there is very little published comparing the career preferences of undergraduate and graduate entry students. Anticipating health service requirements for the future necessitates the investigation of the career intentions of current medical students.

Purpose/objectives:
To report the workforce preferences of first year Australian medical students. Our aim was to study factors including gender and type of entry that impact on career preferences.

Issues for exploration/ideas for discussion:
Demographic predictors of career choice.
Cohort variability in choice.
Results:

Six Australian Medical Schools providing an individual population of 1117 first year students in each cohort and located in Queensland, New South Wales, Australian Capital Territory and South Australia participated. A total of 398 first year students completed a Web-based survey over 2 recruitment periods in 2006 and 2007. The age of respondents ranged from 18 to 54 years (Mean 23.18, SD 5.42). Medical specialties (e.g., internal medicine, paediatrics, emergency) were the preferred choice of 46.5% of males and 49.6% of females. Surgery was a more popular choice for males (38.8%) than females (26.4%), and more females (24.0%) than males (14.7%) favoured a primary care or a support specialty. While similar percentages of undergraduate (48.6%) and graduate (48.7%) entry students chose medical specialties, more undergraduate (35.4%) than graduate (26.1%) entry students expressed a preference for choosing a surgical specialty, and more graduate (25.1%) than undergraduate (16.0%) entry students favoured a primary care or support specialty. Working in a capital city location is the preferred choice for both males (61.1%) and females (57.9%). Similar percentages of males (32.5%) and females (26.4%) chose a metropolitan centre or regional area, but more females (15.7%) than males (6.3%) choose to work in a small town, rural or remote area. No significant differences were found between undergraduate and graduate entry students for preferred practice location or preferred hours or work, or among males and females for preferred hours of work. Significant differences between the 2006 and 2007 cohorts for choice of practice location, preferred hours of work, career attitude variables, values and wellbeing were also revealed.

Discussion:

Significant findings of predictive variables for choice of specialty, choice of location and preferred hours of work will be discussed in the context of current literature, policy and trends in workforce participation.

Conclusions:

The findings suggest that medical specialties and working in a capital city area are the most popular practice choices for first year medical students. If this translates to actual choice there may be additional effects on a medical workforce that is maldistributed.