

Medical Deans Australia and New Zealand

Helen Craig, CEO

FRAME business meeting

9 May 2019, Tamworth

Medical Schools Outcomes Database

- Exit survey of medical graduates
- Data collected since 2005
- Questions on
 - demographics
 - Previous education
 - Medical School experience
 - Career intentions
 - Internships
- 60% response rate
- Data on over 32,000 participants, securely stored by AIHW



2018 data revealed that...

- Over a third (36%) of medical graduates have a preference for a future career outside a capital city
- 86% want a career involving teaching (only 3% indicating no interest)
- 63% are keen for research to be a key part of their future career
- Over 43% of graduates want Indigenous health as part of their medical career

Preferred specialties mirror last year's results

- Most popular are
 - adult medicine/internal medicine/physician;
 - general practice;
 - surgery;
 - anaesthesia;
 - and paediatrics and child health
- Those less popular include:
 - occupational and environmental medicine;
 - pain medicine;
 - sexual health medicine;
 - rehabilitation medicine;
 - medical administration; and
 - addiction medicine

Positive feedback on medical programs

- Levels of satisfaction with the program at their medical school remain consistently high
 - 76% satisfied or very satisfied
 - 10% unsatisfied or very unsatisfied
 - Average 3.8 and median 4 (of 1-5)
- On the question of whether their basic medical degree is preparing them well to work as an intern
 - 74% agreed or strongly agreed
 - 7% disagreed or strongly disagreed

Rural questions

- 24% consider themselves to come from a rural background
- 70% lived the longest in a capital city (reflective of ABS data)
 - 5% lived in a 'smaller town' and 6% lived in a 'small community'
- Rural club membership: 38%, up from 32% in 2014
 - 60% of rural club members were not from a rural background
 - 35% rural background students were not rural club members
 - Those who were part of a rural club were 3.6 times more likely to indicate a preference for future practice outside a capital city

Rural intake vs graduating rural preference

Location where lived longest

Capital city	71 %
Major urban centre	10%
Regional city/large town	8%
Smaller town	5%
Small community	6%

(bottom 3 = 19%)

Preference for future work

Capital city	64%
Major urban centre	17.5%
Regional city/large town	12.5%
Smaller town	4%
Small community	2%

(bottom 3 = 18.5%)

Other areas of interest

- Data on relationship and dependants
- Sources of income
- Previous degree
 - Level
 - Discipline
- Preferred country of future practice (94% Australia)

Keen to support greater access to and use of MSOD

Linking with National Medical Workforce Dataset

- Work underway to link data
 - Grateful for UTAS advice and support
- Need to develop ‘system’ and policies for all MDANZ members to have appropriate access and use of data
- Also a process to allow other stakeholders to access and use data
- Aiming to:
 - Trial link mid-year (July-Aug)
 - Demonstrate at our Annual Conference in Sept
 - Finalise policies and process by year end

Questions this linked data could answer...

- How likely are students who were members of rural clubs to practice rurally 10 years post full registration?
- What proportion of students who indicated rural intention at graduation have worked rurally (RA 2-5, MMM 2-7) for more than half their time after PGY2?
- What is the most common specialty of students who had dependants during medical school?
- Are students who have indicated as having dependants more likely to work in rural or metropolitan areas?
- How does the gender split for surgery (preference then training) change from graduation to PGY10?
- Is there any correlation between the level of satisfaction with their medical program at university and the number of years registered in the medical workforce?

Questions

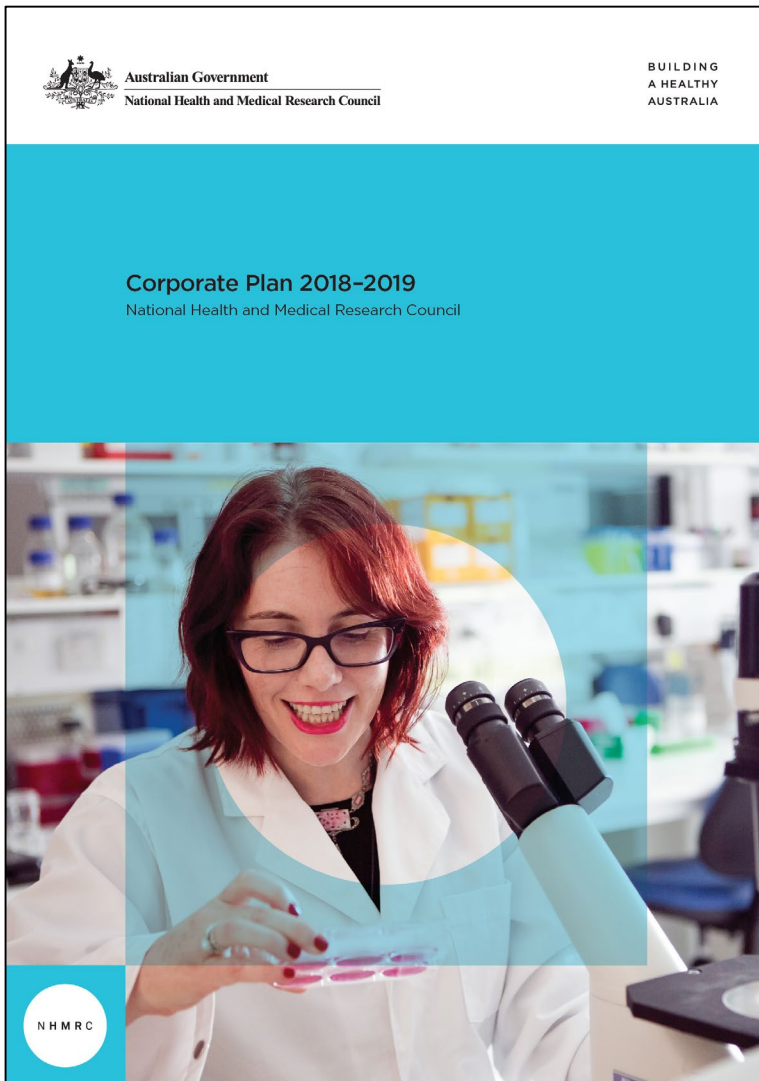
- How could this MSOD and linked data help you?
 - Current reporting needs?
 - Areas of interest & analysis?
 - Research?
- What do you want from this?
- Is there anything else we could do to help?



Thank You



NHMRC



Mission: *Building a healthy Australia*

Purposes include:

- Fund high-quality health and medical research and build research capability
- Drive translation of research into clinical practice, policy and health systems and effective commercialisation of research

Investment:

- About \$830 million per annum for research funding
- Delivered through various funding schemes, based on expert peer review

NHMRC expenditure on rural and remote health research

- 2018 expenditure about \$11.9 million
- Supported across the range of NHMRC grant schemes, including:
 - Project Grants
 - Program Grants
 - Partnerships
- Majority for Indigenous health-related research
- Focus on Public Health research

Rural and remote health research funded rates

- In 2018, 19.6% for rural and remote health research compared to 19.4% overall NHMRC funding rate

Application Year	Applications	Funded	Funded Rate
2009	54	11	20.4%
2010	51	12	23.5%
2011	77	38	49.4%
2012	82	35	42.7%
2013	73	24	32.9%
2014	59	13	22.0%
2015	63	14	22.2%
2016	59	11	18.6%
2017	55	10	18.2%
2018	51	10	19.6%
Total	624	178	28.5%

Top areas of research funded through Indigenous health research grants



Infectious diseases



Rural and remote health



Health Care System



Cardiovascular disease



Child health

Source: NHMRC Research Grants Management System (RGMS) database from 2010-2016

NHMRC's New Grant Program

Investigator Grants	Synergy Grants	Ideas Grants	Strategic and leveraging grants
Support the research program of outstanding investigators at all career stages	Support outstanding multidisciplinary teams to work together to answer major questions that cannot be answered by a single investigator	Support innovative research projects addressing a specific question	Research that responds to national priorities: <ul style="list-style-type: none">• Centres of Research Excellence• Partnerships• Development Grants• Targeted Calls• International schemes• Clinical trials and cohort studies

NHMRC has a continued commitment to spend at least 5% of MREA on Aboriginal and Torres Strait Islander health research

NHMRC Translation Centre initiatives

**Advanced
Health Research
and Translation
Centres
(AHRTCs)**

**Centres for
Innovation in
Regional Health
(CIRHs)**

- The AHRTC and CIRH initiatives are key activities under NHMRC's strategy for health and medical research

Aim of the Translation Centre initiatives

- To encourage leadership and collaboration in health research and translation in Australia, and promote the development and use of innovative and evidence-based models of health care practices and policies

How?

- By recognising and celebrating centres of collaboration that are excelling at international levels of excellence in the leadership and provision of evidence-based health care and training

Why? What's the ultimate goal?

- To improve the health and well-being of patients and the populations they serve, including in regional/remote areas

Progress of the initiatives to date

First call for accreditation

- 2014 – Call for AHRTC accreditation opens
- 2015 – First four AHRTCs announced

Second call for accreditation

- 2016 – Call for AHRTC and CIRH accreditation opens
- 2017 – Three AHRTCS and the first two CIRHs announced

Third call for accreditation

- 2018 – Call for AHRTC and CIRH accreditation, closed in March 2019

Call for submissions for accreditation by NHMRC as a Centre for Innovation in Regional Health

Evaluation Criterion 4:

Research-infused education and training

Submissions should demonstrate how education and training:

- build the research and research translation capacity of health professionals
- provide opportunities for health professionals to train in and to conduct research
- involve research and translation leaders in teaching and training
- demonstrate infusion of research into educational offerings in all disciplines.

The nine NHMRC Translation Centres

Advanced Health Research and Translation Centres

Monash Partners Academic Health Science Centre (2015)

Melbourne Academic Centre for Health (2015)

Health Translation SA (2015)

Sydney Health Partners (2015)

Western Australian Health Translation Network (2017)

Brisbane Diamantina Health Partners (2017)

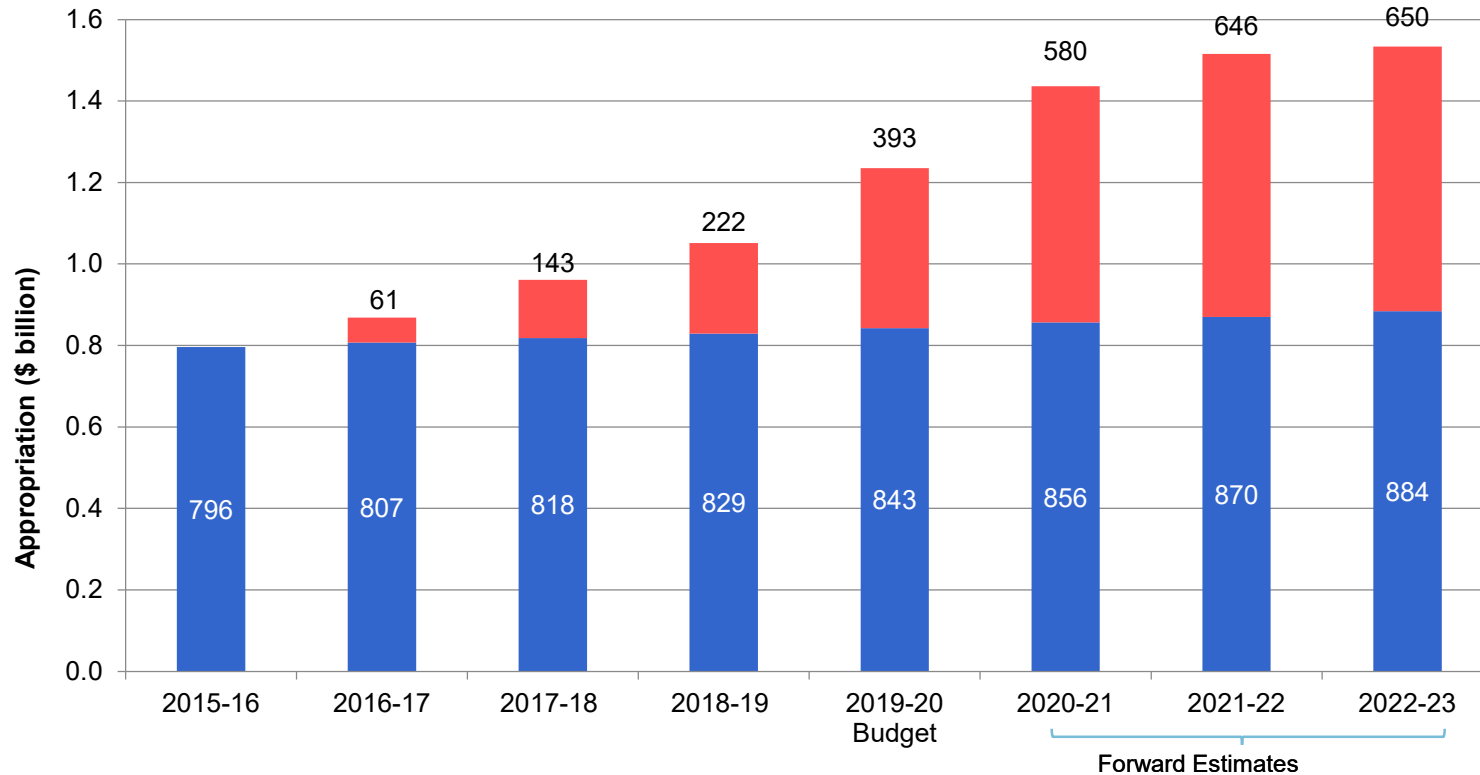
SPHERE Maridulu Budyari Gumal (2017)

Centres for Innovation in Regional Health

Central Australia Academic Health Science Network (2017)

NSW Regional Health Partners (2017)

Medical Research Future Fund



■ Existing NHMRC Funding
\$5.9 billion between 2016-17 and 2022-23

■ MRFF Distributions
\$2.7 billion between 2016-17 and 2022-23

Source: 2019-20 Portfolio Budget Statements

MRFF Strategy and Priorities

Australian Medical Research Advisory Board consults then determines:

- 5-year Strategy:
 - must ensure coherent and consistent approach is adopted
 - must take NHMRC strategy into account
- 2-year Priorities:
 - must be consistent with the Strategy
 - must take into account several factors

Minister for Health takes the Priorities into account and may seek expert advice in making decisions on MRFF expenditure.

AMRAB announced, 4 April 2016



Future of rural health research

- Rural and remote communities and health care providers are at the frontline:
 - Indigenous health
 - extreme climate events, emerging infectious diseases
 - importance of preventive health and well-being
- Opportunities to develop innovative technologies for remote diagnosis, treatment and care, and public health and social interventions to improve health and well-being
- New opportunities for recognition and support:
 - NHMRC Centres for Innovation in Regional Health
 - Medical Research Future Fund
- Need for multidisciplinary teams, capacity building and community engagement in public health and health services research – get involved!
- Annual NHMRC Research Translation Symposium – 19-20 November 2019 Melbourne
Research Translation in the digital age: harnessing the power of data and analytical technologies



Australian Government

National Health and Medical Research Council

Thank you

N H M R C

BUILDING
A HEALTHY
AUSTRALIA

Questions from Rural Clinical School Directors/Heads of Schools

1. What are the NHMRC rural research imperatives?
 - Investigator initiated grants – clinical, biomedical, population health and health services research
 - Indigenous Health Research – enduring priority
 - Centres for Innovation in Regional Health
2. It appears that medical education and educational interventions are given lower priority in funding – is this the case; is there anything we can do to increase the profile of investigation of education research?
 - NHMRC Act - To foster medical research and training and public health and training throughout Australia
 - Research training
 - › Postgraduate Scholarships
 - › Emerging Leadership Fellowships – Investigator Grants
 - › Centres of Research Excellence
 - Department of Education and Training funds education and the Australian Research Council funds education research.