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Ms Penny Shakespeare
First Assistant Secretary
Health Workforce Division
Department of Health

Dear Ms Shakespeare,

RE: Australian Indigenous Doctors' Association advice on Specialist Training Programme

In December 2014 you met with the Australian Indigenous Doctors' Association (AIDA) CEO, Ms Kate Thomann, where Aboriginal and Torres Strait Islander doctors and their future training requirements was discussed. This discussion was regarding the future of Department of Health funding for the Specialist Training Programme (STP).

To support our advice to you, AIDA conducted the largest ever survey of Aboriginal and Torres Strait Islander medical students and doctors regarding their training intentions and needs. AIDA members were asked what they perceived to be the barriers and enablers to entry and progression through specialist training. It took longer than anticipated to devise, conduct and analyse what had evolved into a complex survey, and I would like to sincerely apologise for the delay in providing the results to you.

As you are aware, AIDA is the professional association for Aboriginal and Torres Strait Islander doctors and medical students and we also advocate on issues of Aboriginal and Torres Strait Islander health. On the important issue of growing the number of Aboriginal and Torres Strait Islander doctors, AIDA advocates that the percentage of Aboriginal and Torres Strait Islander doctors should be reflective of Australia's Indigenous population. Based on outcomes of the 2011 census the numbers of Aboriginal and Torres Strait Islander doctors should make up three percent of the total number of medical doctors in Australia. We are currently well below this goal with the estimated shortfall currently 2,691 doctors.

Further, AIDA advocates that population parity should extend across all fields of medicine. In 2015 Aboriginal and Torres Strait Islander doctors do not constitute three percent of the fellows and trainees of any medical specialty college. Too many colleges have never yet had an Aboriginal and Torres Strait Islander trainee much less a fellow within their college. To the best of our understanding, of the 15 medical colleges of the Committee of Presidents of Medical Colleges, eight have an Aboriginal and/or Torres Strait Islander Fellow(s), three currently have only Trainees/Registrars and four have never had a Trainee/Registrar.

It is important to consider this issue in the context of potential over and under-supply of medical specialists in Australia. Some medical specialties that are considered to be over-supplied still do not have enough Aboriginal and Torres Strait Islander doctors within the college as trainees or fellows to bring their numbers up to parity. AIDA advocates that change is necessary and that the issue of parity needs to be addressed now and into the future.

There is currently a paucity of workforce mapping that relates to Aboriginal and Torres Strait Islander health workforce including doctors (and medical students) and more work needs to be done in this area. To address this, AIDA has commissioned workforce modelling and we understand that other Aboriginal and Torres Strait Islander professional health workforce associations have undertaken similar work. AIDA strongly recommends that any future medical workforce modelling explicitly incorporates the Aboriginal and Torres Strait Islander medical workforce, including specialty needs and requirements and

would recommend that this work be done in conjunction with peak professional associations such as AIDA. In the interim, noting the bi-national nature of many medical colleges, AIDA is planning to conduct further workforce mapping and Indigenous engagement in consultation with Te Ora Rata o Aotearoa (Te ORA), our sister organisation in New Zealand.

In conducting the survey we divided our membership into the following cohort groups: medical students; pre-vocational doctors; trainees/registrars; doctors who are fellows of specialist medical colleges; and non-vocationally registered doctors. Ninety Aboriginal and Torres Strait Islander doctors and medical students responded to our survey. The breakdown of respondents was as follows: 52 medical students; nine pre-vocational doctors; 16 trainee/registrars; 12 fellows and one non-vocationally registered doctor. General advice is provided below and more detail and analysis is at **Attachment A**. Due to privacy concerns no details are provided on the non-vocationally registered doctor.

While this survey is the largest survey undertaken of the current and future Aboriginal and Torres Strait Islander medical workforce, the numbers in some categories are still relatively small and the results should be seen as indicative rather than absolute. In the context of this advice to you it is important to note that all but a few medical students and pre-vocational doctors indicated that they would pursue specialty training.

Medical specialty areas of Interest

Questions were aimed at determining future areas of specialty medical interest for Aboriginal and Torres Strait Islander doctors. Almost all pre-vocational doctors and medical students indicated a desire to undertake specialist medical training once they were eligible for entry. While largely focused on medical students and junior medical officers, some doctors who are already fellows indicated an interest in undertaking further training in another specialty area.

In the survey, members were not limited in the number of specialty medical areas they could indicate were of interest to them. As expected, medical students had a greater number of areas of potential interest. At the junior medical officer stage doctors were relatively specific in the specialty area that they would like to train in. Doctors who had already undertaken specialist training were very specific in what further training they would undertake.

The survey revealed that while the traditional areas of medical specialty our doctors have pursued remain of interest, there is an emerging interest from both Aboriginal and Torres Strait Islander medical students and doctors in areas that have not traditionally been pursued by our members, including: intensivist; haematology; and geriatrics. This possibly indicates a growing confidence, maturity and depth within the current and future Aboriginal and Torres Strait Islander medical workforce in the career choices that they are making.

AIDA student members identified a significant interest in the following medical specialties: general practice (including rural and remote general practice); psychiatry; obstetrics and gynaecology; dermatology; anaesthetics; emergency medicine and paediatrics. Other areas of interest are at **Attachment B**. While the numbers of junior medical officers who responded to the survey were smaller, they indicated the following medical specialties as of interest to them: psychiatry; intensivist; dermatology; general surgery; anaesthetics; internal medicine; and haematology.

Where are doctors currently training and where do future trainees want to train?

The majority of AIDA trainees are currently undertaking their training in urban locations with a small number in rural locations. Most of these trainees anticipated staying in their current urban training position or moving to another urban position. A small number of trainees planned to undertake training

in a rural location. A significant cohort were training in New South Wales with the remaining undertaking training in Queensland, the Northern Territory and Victoria.

Approximately two thirds of junior medical officers indicated a desire to undertake their specialist training in an urban area. Under a third indicated that they would like to pursue their specialist training in a rural area and a small number indicated a preference to undertake this training in a remote location. The majority of junior medical officers indicated that they would prefer to undertake their training in an urban location.

The largest number of medical students wished to pursue training in New South Wales followed by Queensland and South Australia. All other jurisdictions had fairly small numbers of medical students indicating that they wished to undertake specialist medical training in that location. For junior medical officers, almost all doctors indicated that they would prefer to undertake their training in New South Wales.

How do doctors want to train?

Just over half of medical students indicated an interest in being able to undertake part-time specialist medical training. For junior medical officers there was limited interest in part-time training. For trainees approximately two thirds were not interested in part-time training options, a third were and a very small number anticipated undertaking part-time training. For doctors who are already specialists and contemplating further study approximately two thirds would be interested in part-time training options.

Where do doctors want to practice?

The majority of medical students see themselves working in New South Wales once they finish their specialist medical training. More see themselves working in rural rather than urban areas and a small number wish to work in remote locations. A large number of medical students see themselves working in the public hospital system with the next most significant location for work being the Aboriginal Community Controlled Health Sector (ACCHS).

Most junior medical officers want to undertake future specialist training in an urban location and, once qualified, would like to work as a specialist in an urban location. New South Wales was the state where most junior medical officers indicated that they would like to train and then work. A very small group indicated that they would like to train and then work in Queensland. Most junior medical officers see themselves working in the public hospital system, followed by ACCHS and a small number in either private practice or a private hospital.

What are some of the enablers and barriers for entry to, and progression through, training?

The issue of enablers and barriers with regards to entry and progression through specialist medical colleges is of key interest to AIDA. This issue will require particular attention as we continue to grow the number of Aboriginal and Torres medical students and doctors, as this survey indicates, almost all intend to undertake specialist medical training. Noting this, AIDA designed this survey to also seek advice on the barriers and enablers to entry to, and progression through, specialist training programs for Aboriginal and Torres Strait Islander doctors to inform our thinking and advocacy on these issues.

However, in this paper AIDA has focused on advice on areas that the Department has direct policy and programme responsibility for with regards to STP. However, if the Department would find it useful, AIDA can provide further targeted policy advice on barriers and enablers for entry into specialist medical training for Aboriginal and Torres Strait Islander doctors. Work could potentially start on this after **AIDA 2015** (our professional networking) event in September and we would be grateful for your views as to if you would find such information useful.

As in the broader medical workforce, many Aboriginal and Torres Strait Islander doctors and medical students have expressed concern about the large number of doctors and students who are currently in medical education and training (prior to entry to vocational training). Our members have noted the potentially negative effects this could have on future entry to specialist training programs. This anecdotal advice is supported by modelling conducted by HWA which examined supply and demand for first year specialist training positions from 2012 to 2030. The shortfalls in supply compared to demand for training positions were identified as follows: 2012 (-223 positions); 2018 (-569 positions); 2024 (-689 positions); and 2030 (-1,011 positions).

STP now and into the future

AIDA notes the number of specialist training positions has increased from 360 in 2010 to 900 in 2015, this represents a significant investment by the Australian Government in training the future specialist medical workforce. It is, however, disappointing that the Department, nor contracted providers, do not currently capture data to identify Aboriginal and Torres Strait Islander trainees in these positions. AIDA recommends that future training positions supported by the Australian Government identify Aboriginal and Torres Strait Islander trainees, and this requirement be made a contractual obligation of the specialist medical colleges or any organisation being funded to manage these programmes.

As noted earlier Aboriginal and Torres Strait Islander doctors are under-represented across all medical specialties. AIDA members have concerns that with the growing number of Australian medical graduates entry requirements for specialist training programs are becoming increasingly competitive. This is sometimes disproportionate to what is actually required to successfully complete the training program. For example, entry to the Australasian College of Dermatologists (ACD) requirements vary from year to year and the College itself acknowledges that entry to the training program is extremely competitive. Since 2009 the following number of entry positions have been made available as at Table 1 below.

Year	Full Time Positions	Part Time Positions
2009	17	0
2010	21	1
2011	18	1
2012	21	4
2013	19	1
2014	25	1
2015	15	1

Table 1 – Full time and part time entry positions for ACD training by year

Based on the applications received, and the number of positions available, during the period 2008-2015 the number of unsuccessful applicants were as follows: 70.21 percent for first time applicants; 48.15 percent for second time applicants; 47.50 percent for third time applicants and 70 percent for fourth time applicants. From 2015 ACD will only allow doctors to apply up to four times for entry to their training program. In a situation where over 70 percent of first time applicants are unsuccessful, the College can be extremely selective about who it accepts.

Anecdotal advice to AIDA is that for ACD entry academic results, participation in research, publication and presentations (both oral and posters) are all very important. Having undertaken leadership positions, carried out volunteer work and established the 'right' connections are also critical. Post-graduate study such as a PhD is looked upon favourably. Of concern is that having taken time off during study or repeating a year is viewed unfavourably. ACD is one example and is not alone in applying these

stringent conditions. We note that this a broader issue facing prospective trainees and is an issue across other colleges such as ophthalmology and surgery.

Presently we are aware of only one identified specialist training position for Aboriginal and Torres Strait Islander doctors. This position has been offered by the ACD and the first Aboriginal trainee entered this program in 2015. We are hopeful that another Indigenous doctor will have the opportunity to enter the ACD training program in 2016 and that this position will be available into the future particularly noting that the specialty of dermatology is increasing interest to our members.

To ensure the development of the Aboriginal and Torres Strait Islander medical workforce into the future, we recommend the establishment of dedicated Aboriginal and Torres Strait Islander specialist training positions across all medical colleges. The current under-representation of Aboriginal and Torres Strait Islander medical specialists across all medical fields supports the argument that dedicated positions should not be tied to predicted areas of undersupply but be established across all the specialist medical colleges.

AIDA is aware that funding for the STP is currently in place until 2016, and is very keen to work with you on actively engaging more Aboriginal and Torres Strait Islander doctors in the STP. If you require further information, or would like to discuss this issue in more detail, please contact Ms Kate Thomann, Chief Executive Officer, on (02) 6273 5013 or by email at Kate.Thomann@aida.org.au.

Yours sincerely



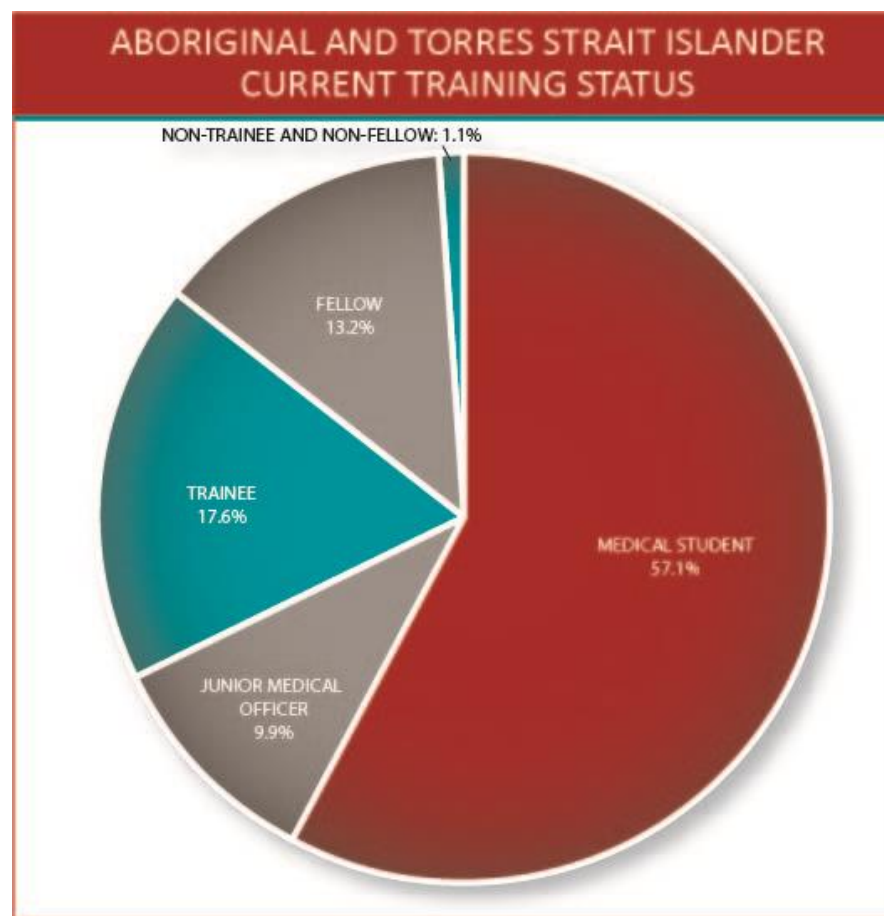
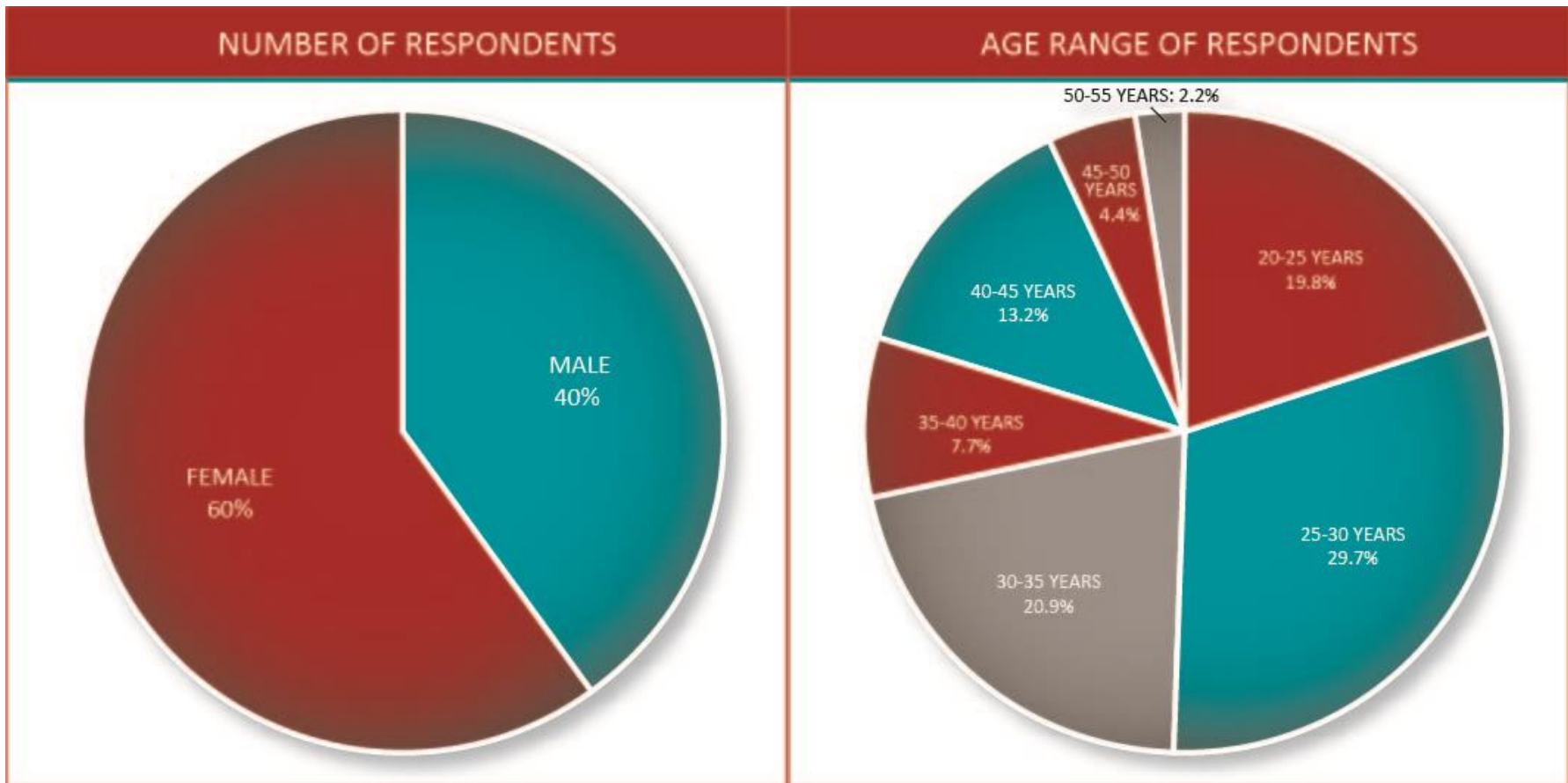
Dr Tammy Kimpton
President
11 August 2015

Attachment A: Analysis of Survey Results.

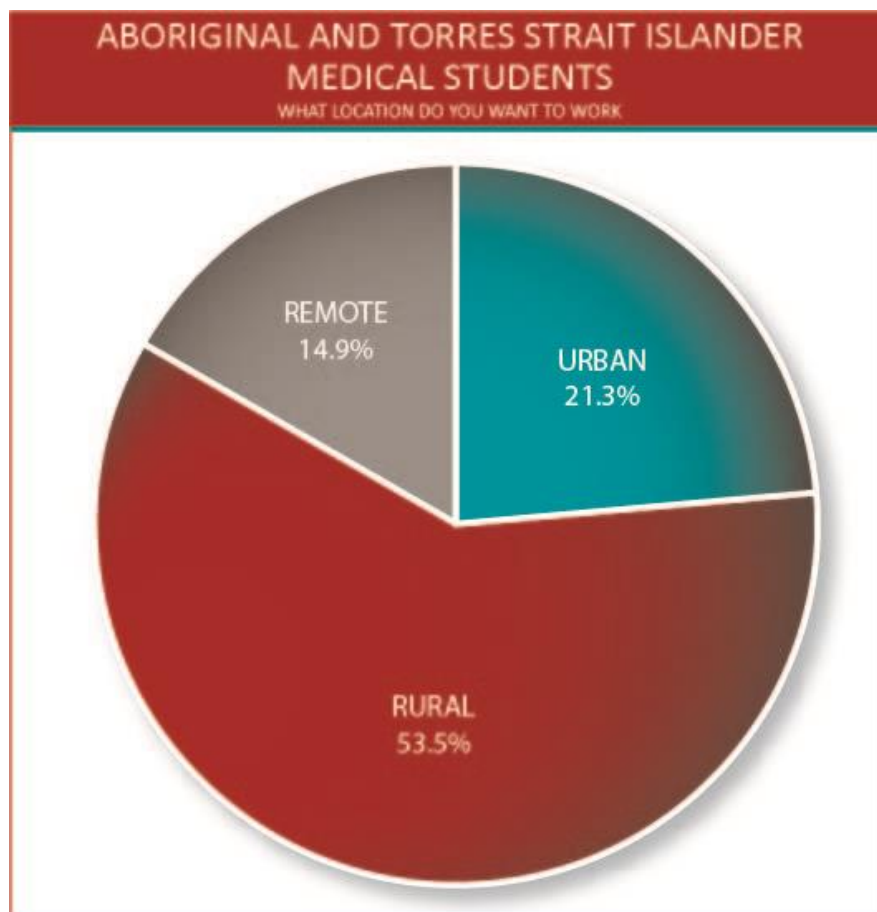
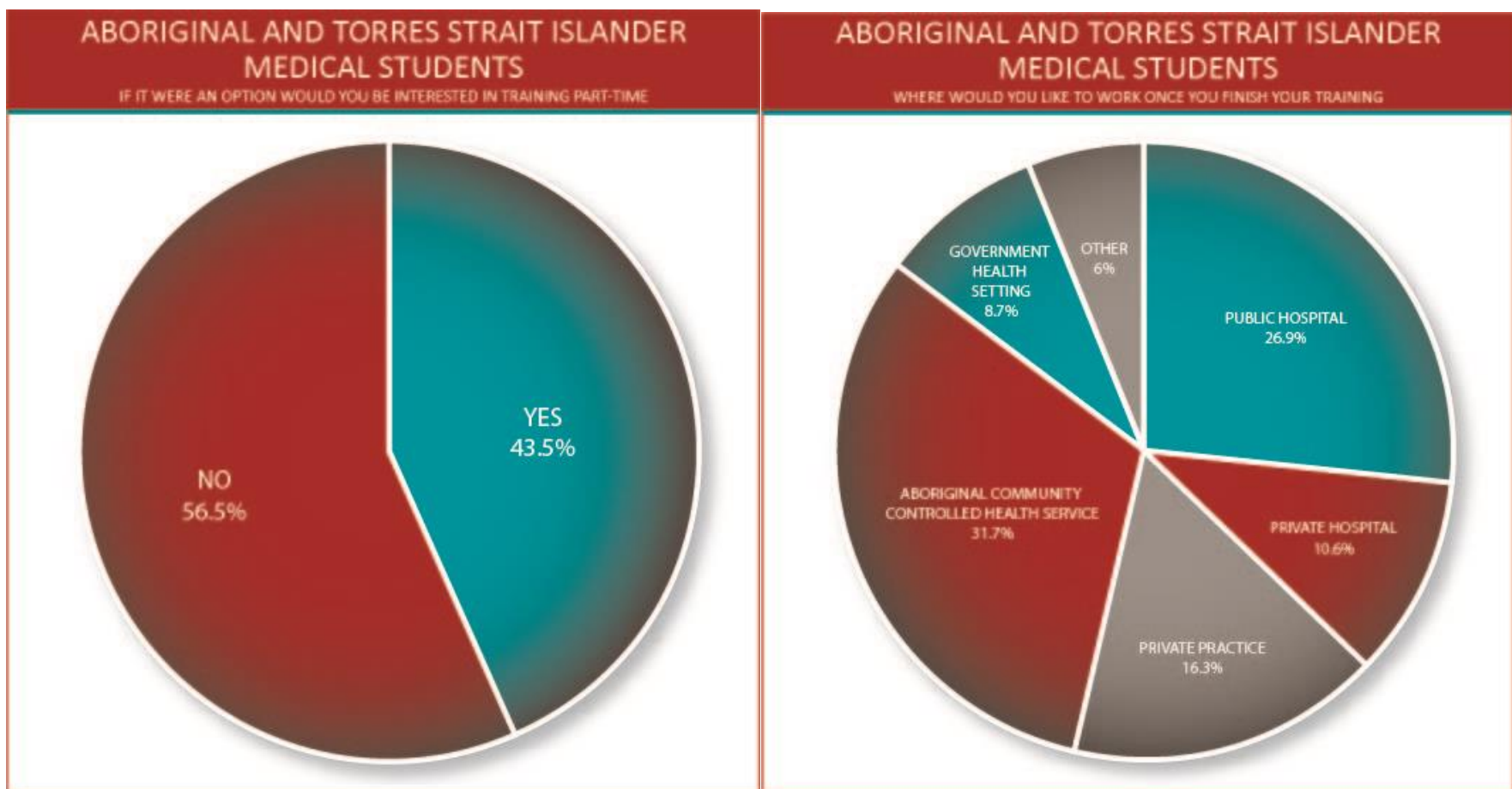
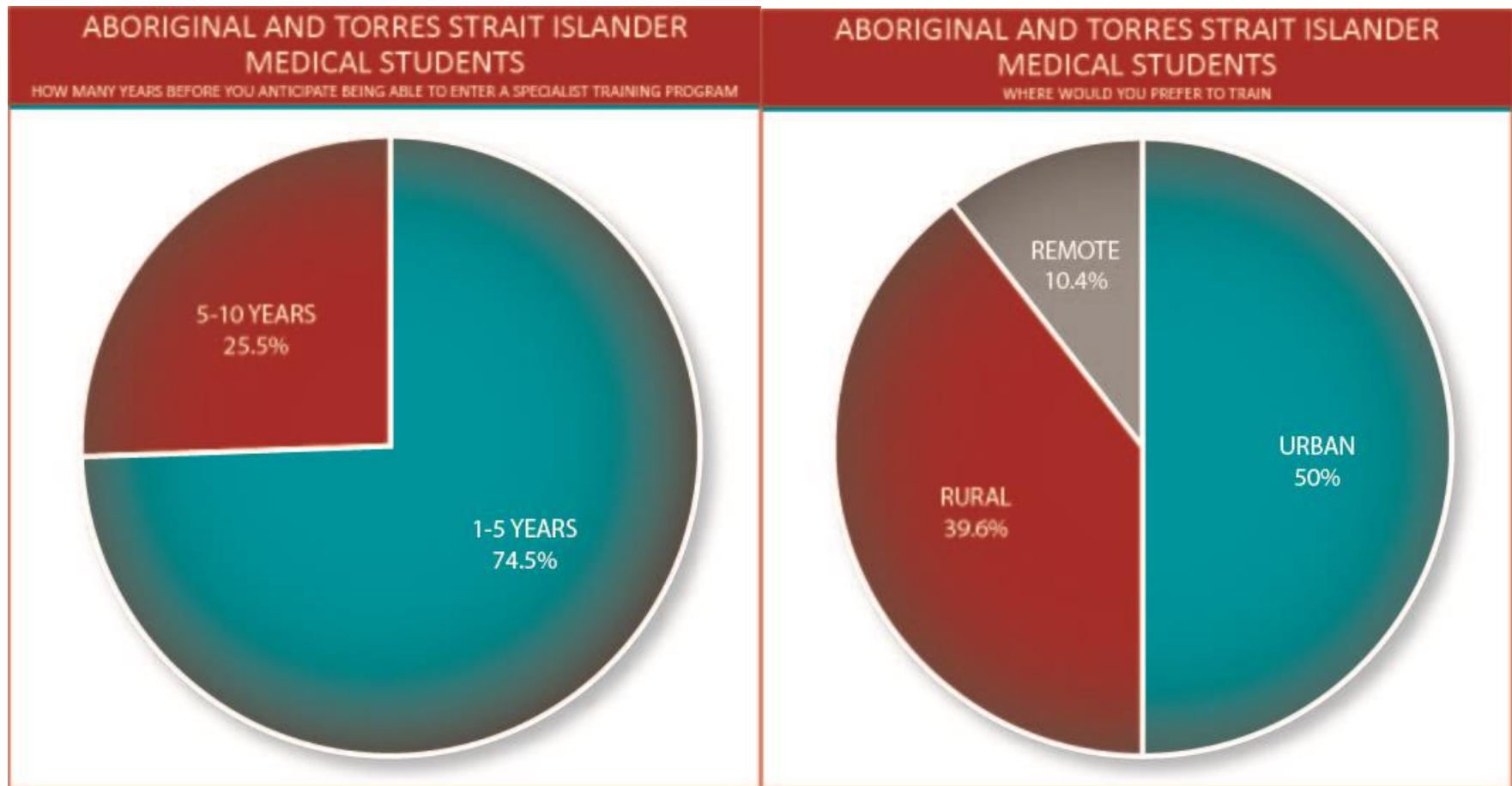
Attachment B: Other indicated areas of specialty interest by Aboriginal and Torres Strait Islander medical students

Attachment C: Survey Questions

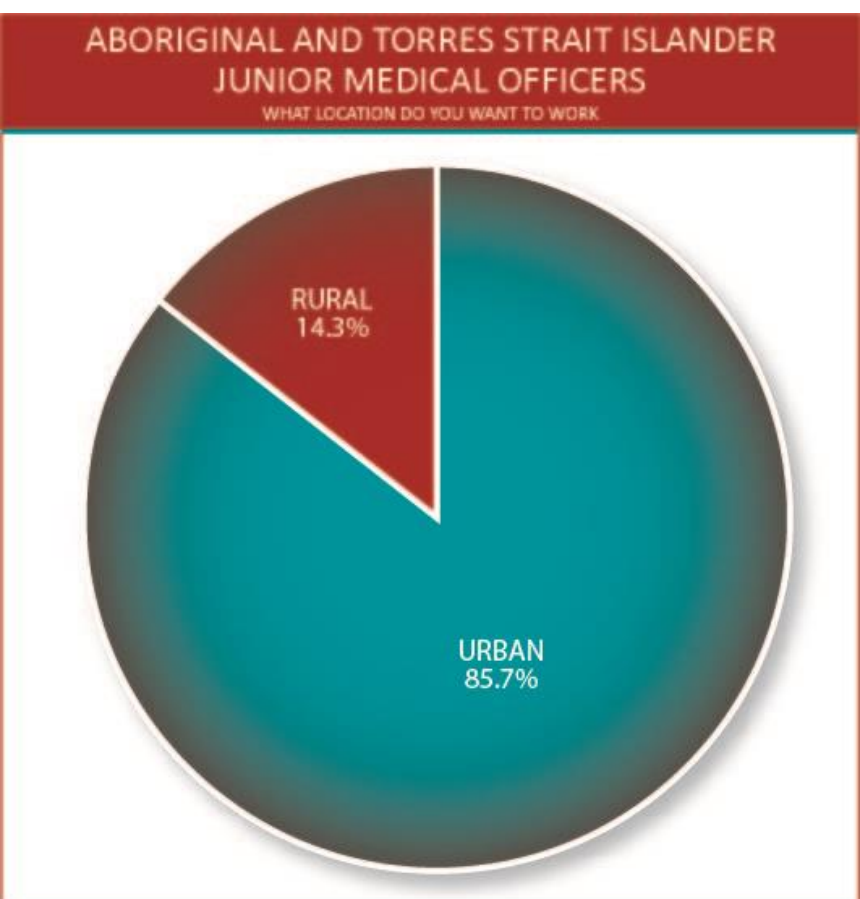
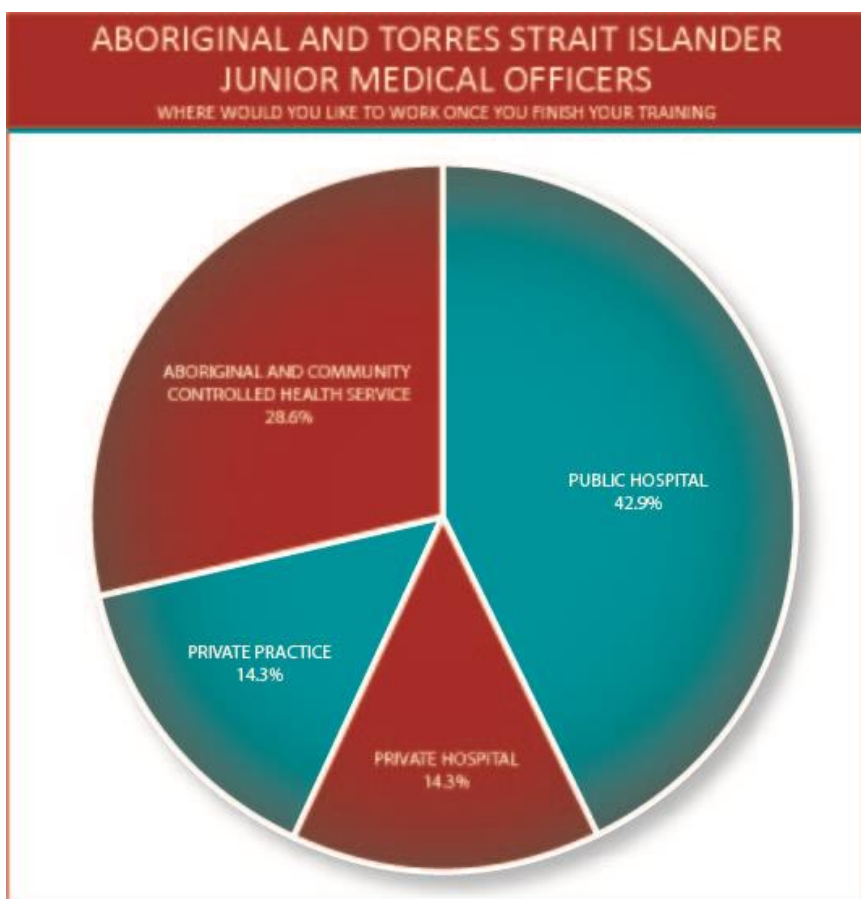
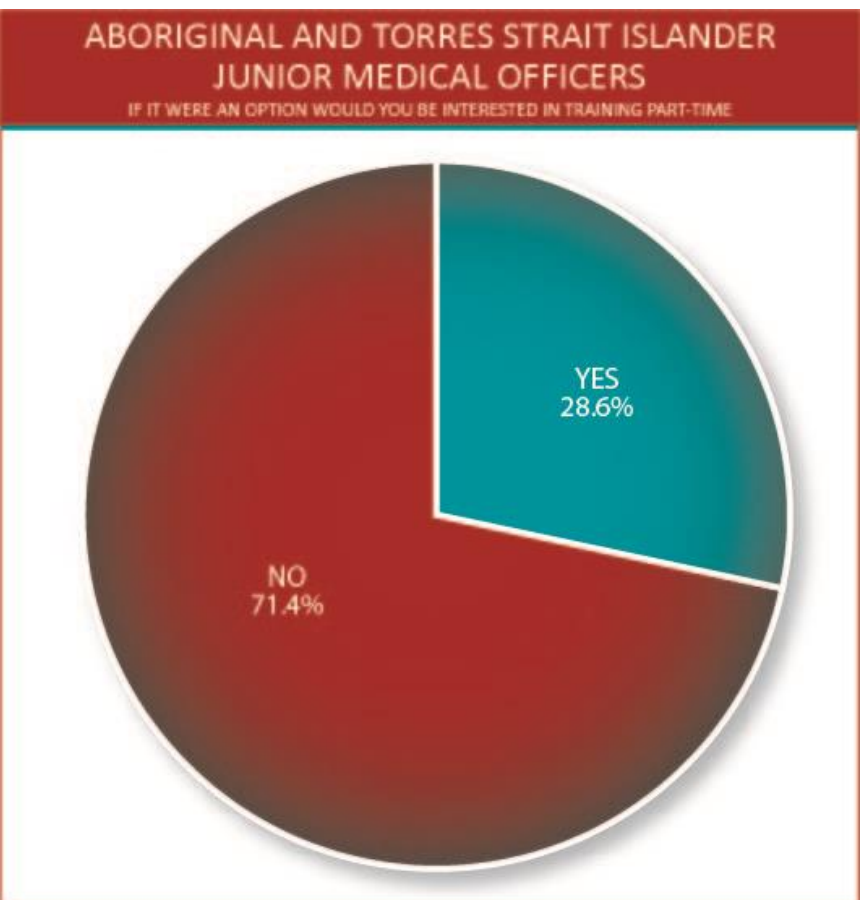
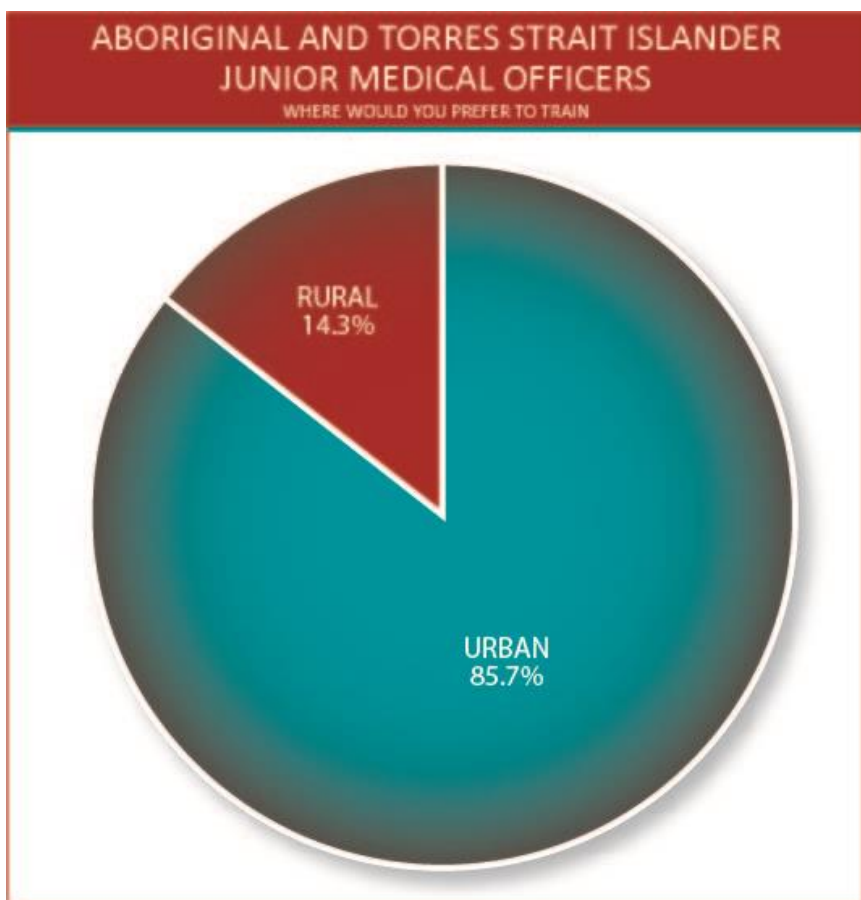
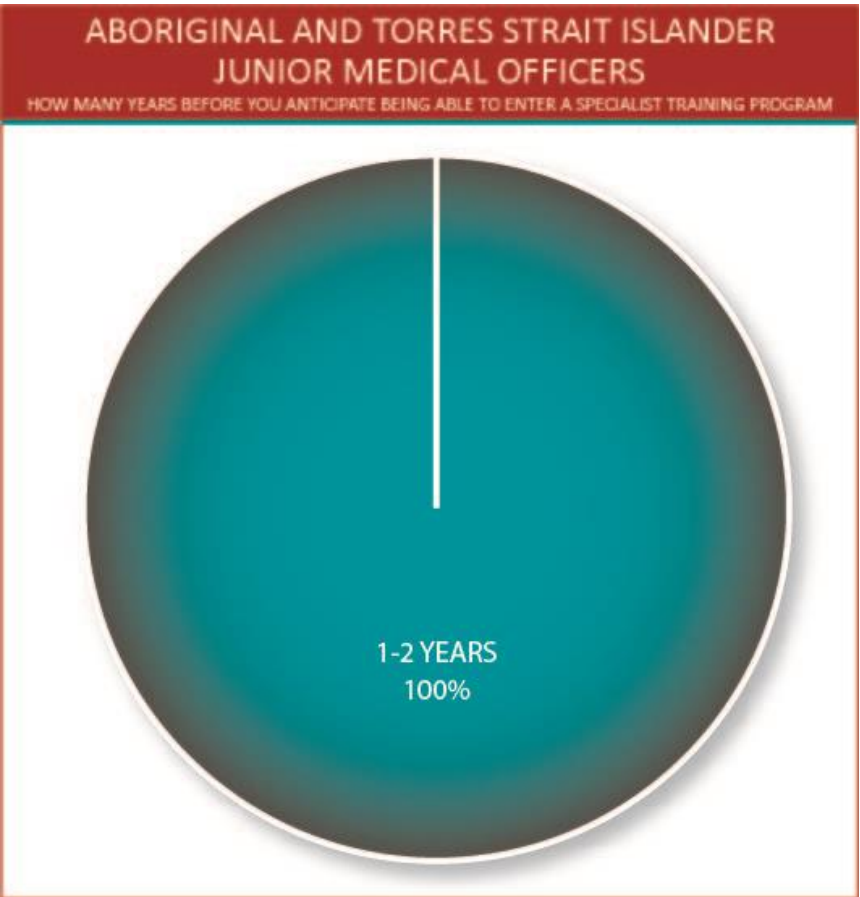
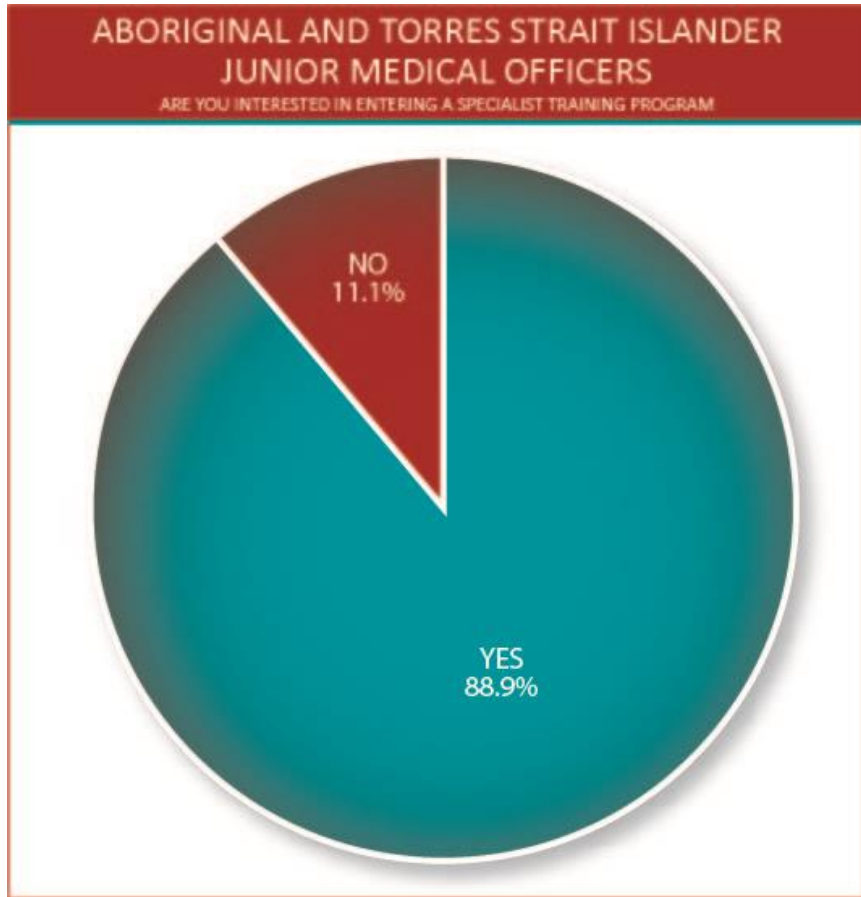
General Statistics of Survey Respondents



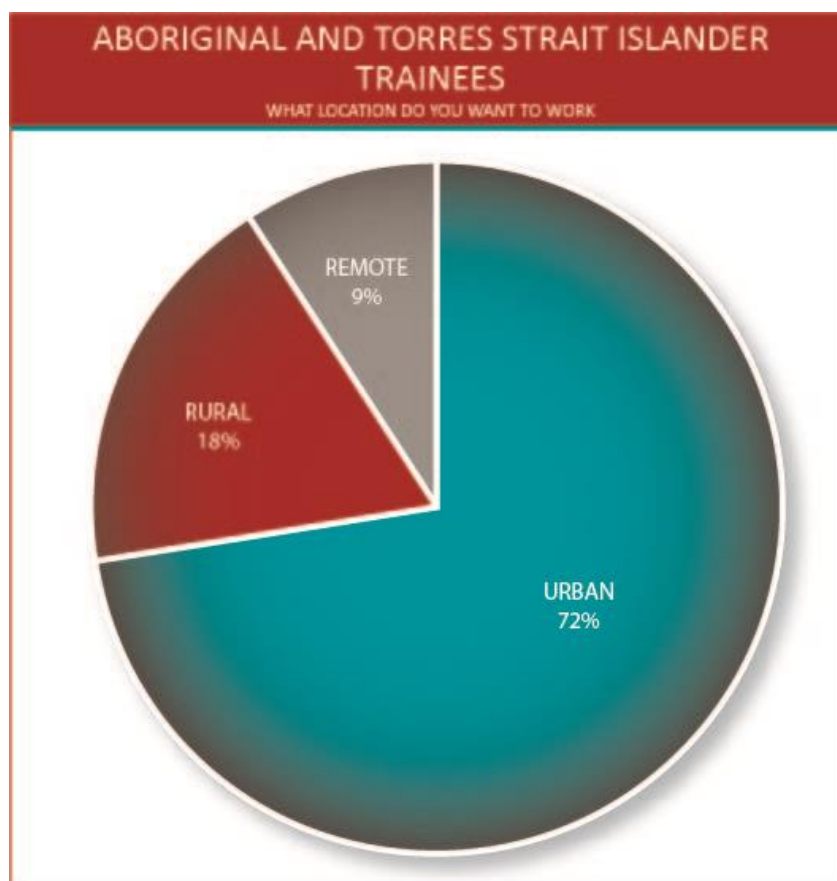
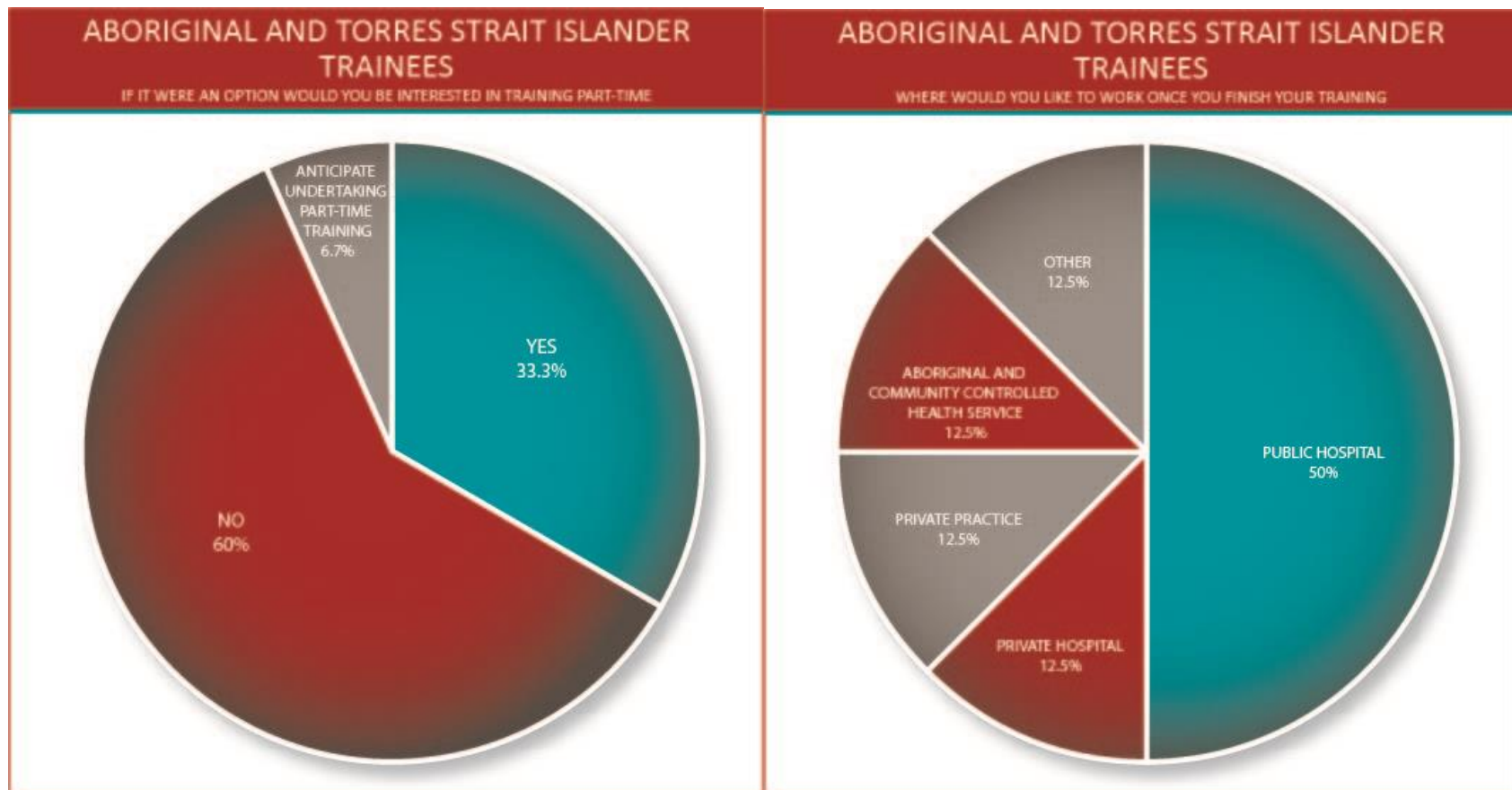
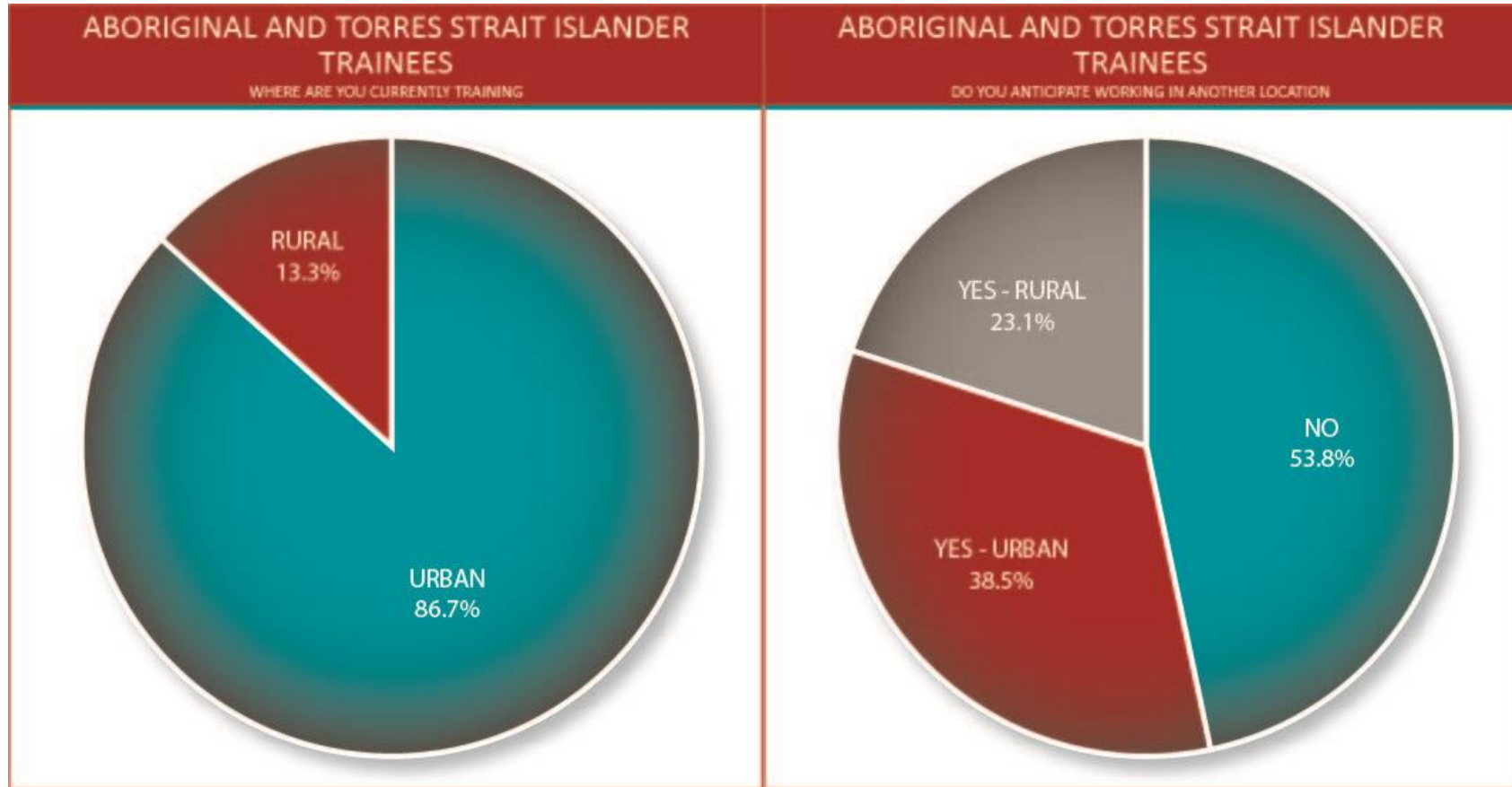
Aboriginal and Torres Strait Islander Medical Student Responses



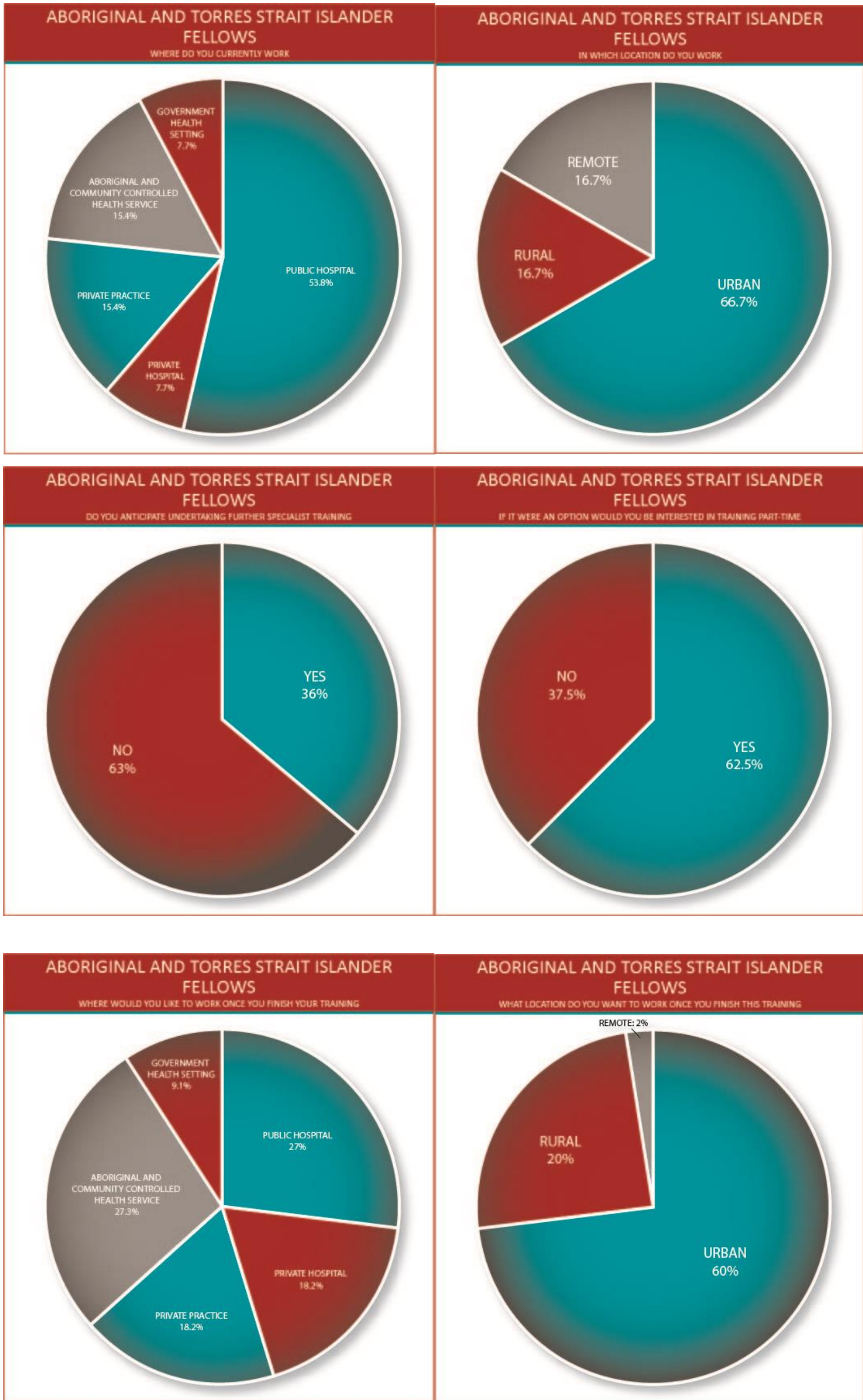
Aboriginal and Torres Strait Islander Junior Medical Officer Responses



Aboriginal and Torres Strait Islander Trainee Responses



Aboriginal and Torres Strait Islander Fellow Responses



Other indicated areas of specialty interest by Aboriginal and Torres Strait Islander medical students

- Plastic surgery
- General physician
- Rural and remote generalist
- Geriatrics
- Infectious diseases
- Immunology
- Medical admin
- Neurology
- Haematology
- Gastroentology
- Respiratory
- Emergency intensive care
- Oncology
- General nuclear medicine/radiology
- Rheumatology
- Ophthalmology
- Pathology
- Nephrology
- Endocrinology
- Cardiology

ATTACHMENT C
Survey Questions

1. Gender: please indicate

2. Training status (tick box):

Aboriginal and/or Torres Strait Islander Medical Student

Aboriginal and/or Torres Strait Islander Junior Medical Officer (JMO)

Aboriginal and/or Torres Strait Islander Trainee

Aboriginal and/or Torres Strait Islander Medical Graduate fellow

Aboriginal and/or Torres Strait Islander Medical Graduate non-trainee or non fellow

3. Age Bracket

18-20

20-25

25-30

30-35

35-40

40-45

45-50

50-55

55-60

65-70

75-80

4. Are you in the Defence Force (Medical)?

Yes/No

Medical Students will be asked to complete the following questions

5. How many years until you anticipate being eligible to enter a specialist training program?

1-5 years

5-10 years

6. What speciality area are you interested in?

7. In which state or territory would you prefer to train

8. Where would you prefer to train?

Urban

Rural

Remote

9. If it were an option would you be interested in training part time?

Yes/No

10. What do you perceive are some of the current factors to entry to specialist training programs are?

What is going to make it harder for you to get into the specialist training program of your choice?

- Extremely competitive College entry requirements.
- Requirement to undertake unaccredited training positions to be competitive for entry.
- Lack of clear information about specific Colleges' entry requirements.
- access to getting sufficient experience to be competitive for entry to program.
- Being an Aboriginal and/or Torres Strait Islander doctor.
- Not having the 'right' contacts.
- University marks.
- Not having participated in research projects.
- Family and home commitments
- costs of applying for entry
- costs (and time) to attend courses required to be competitive for entry.
- no part-time training options (to allow doctors to attend to other commitments).
- lack of specific mentoring opportunities.
- limited networking opportunities in specialist fields.
- Need to move frequently for training opportunities.
- Lack of training positions in urban areas.
- Lack of training positions in rural areas.
- Lack of training positions in remote areas.
- Don't know.
- Other – Space for free text.

Are there any other issues around entry that you'd like to tell us about?

11. What do you perceive are some of the current enablers to entry to specialist training programs?

What is going to make it easier for you to get into the specialist training program of your choice?

- AIDA advocacy with the Department of Health
- AIDA advocacy with CMPC
- AIDA advocacy with individual Colleges
- AIDA's Growing our Fellows Workshop.
- Specific advice on Colleges' entry interviews and how to prepare.
- getting the right experience early in career to allow entry to specialist training programs.
- Support of other Aboriginal and Torres Strait Islander medical students and doctors.
- Support from a medical College.
- More networking opportunities with College.
- Support from your mentor(s).
- Support from your supervisor(s)
- Entry programs that give additional weight/points for Aboriginal and Torres Strait Islander doctors.
- Recognition of the extra-curricular work that you do in the community.
- Don't know.
- Other

12. Where would you like to work once you finish your training?

Public hospital

Private hospital

Private practice

Aboriginal Community Controlled Health Organisation

Government health setting

Other

13. What location would you want to work?

Urban

Rural

Remote

14. In which state or territory do you want to work?

15. Would you be willing to be a follow up case study?

Yes

No

Junior Medical Officers will be asked to complete the following questions.

16. Do you want to enter a specialist training program?

Yes/No

17. If no, what are your career aspirations?

If yes, please go to question 18.

18. When do you expect to apply for a specialist training program?

1-2 years

2-3 years

3-4 years

5 or more years

19. What speciality area are you interested in?

20. If it were an option would you be interested in training part time?

Yes/No

21. Where would you prefer to train?

Urban

Rural

Remote

22. In which state or territory do you want to train?

23. What do you perceive are some of the current factors to entry to specialist training programs?

What is going to make it harder for you to get into the specialist training program of your choice?

- Extremely competitive College entry requirements.
- Requirement to undertake unaccredited training positions to be competitive for entry.
- Lack of clear information about specific Colleges' entry requirements.
- access to getting sufficient experience to be competitive for entry to program.
- Being an Aboriginal and/or Torres Strait Islander doctor.
- Not having the 'right' contacts.
- University marks.
- Not having participated in research projects.
- Family and home commitments
- costs of applying for entry
- costs (and time) to attend courses required to be competitive for entry.
- no part-time training options (to allow doctors to attend to other commitments).
- lack of specific mentoring opportunities.
- limited networking opportunities in specialist fields.
- Need to move frequently for training opportunities.
- Lack of training positions in urban areas.
- Lack of training positions in rural areas.
- Lack of training positions in remote areas.
- Don't know.
- Other

Are there any other issues around entry that you'd like to tell us about?

24. What do you perceive to be some of the current enablers to entry to specialist training programs?

What is going to make it easier for you to get into the specialist training program of your choice?

- AIDA advocacy with the Department of Health
- AIDA advocacy with CMPC
- AIDA advocacy with individual Colleges
- AIDA's Growing our Fellows Workshop.
- Specific advice on Colleges' entry interviews and how to prepare.
- getting the right experience early in career to allow entry to specialist training programs.
- Support of other Aboriginal and Torres Strait Islander medical students and doctors.
- Support from a medical College.
- More networking opportunities with College.
- Support from your mentor(s).
- Support from your supervisor(s)
- Entry programs that give additional weight/points for Aboriginal and Torres Strait Islander doctors.
- Recognition of the extra curricular work that you do in the community.
- Don't know.
- Other

25. Where would you like to work once you finish your training?

Public hospital

Private hospital

Private practice

Aboriginal Community Controlled Health Organisation

Government health setting

Other

26. What location would you want to work?

Urban

Rural

Remote

27. In which state or territory do you want to work?

28. Would you be willing for AIDA to contact you to draft a case study on your experience?

Yes

No

Trainees will be asked to complete the following questions

29. What are you currently in training toward?

30. Where are you currently training?

Urban

Rural

Remote

31. Do you anticipate undertaking training in another location?

No

Yes, Urban

Yes, Rural

Yes, Remote

32. In which state and territory are you training?

33. If it were an option would you be interested in training part time?

Yes

No

Already undertaking part-time training

Anticipate undertaking part-time training

34. What do you perceive are some of the current factors to entry to specialist training programs?

What made it more difficult for you to get into your specialist training program?

- Extremely competitive College entry requirements.
- Requirement to undertake unaccredited training positions to be competitive for entry.
- Lack of clear information about specific Colleges' entry requirements.
- access to getting sufficient experience to be competitive for entry to program.
- Being an Aboriginal and/or Torres Strait Islander doctor.
- Not having the 'right' contacts.
- University marks.
- Not having participated in research projects.
- Family and home commitments
- costs of applying for entry
- costs (and time) to attend courses required to be competitive for entry.
- no part-time training options (to allow doctors to attend to other commitments).
- lack of specific mentoring opportunities.
- limited networking opportunities in specialist fields.
- Need to move frequently for training opportunities.
- Lack of training positions in urban areas.
- Lack of training positions in rural areas.
- Lack of training positions in remote areas.
- Don't know.
- Other – Space for free text.

Are there any other issues around entry that you'd like to tell us about?

35. What were some of the current enablers to entry to specialist training programs?

What assisted you to enter your specialist training program?

- AIDA advocacy with the Department of Health
- AIDA advocacy with CMPC
- AIDA advocacy with individual Colleges
- AIDA's Growing our Fellows Workshop.
- Specific advice on Colleges' entry interviews and how to prepare.
- getting the right experience early in career to allow entry to specialist training programs.
- Support of other Aboriginal and Torres Strait Islander medical students and doctors.
- Support from a medical College.
- More networking opportunities with College.
- Support from your mentor(s).
- Support from your supervisor(s)
- Entry programs that give additional weight/points for Aboriginal and Torres Strait Islander doctors.
- Recognition of the extra curricular work that you do in the community.
- Don't know.
- Other

36. Are there any experiences that you wish to relate, or advice that you would like to provide, regarding factors and enablers to entry and progress through training?

Are there any issues regarding barriers/enablers to entry and progression within specialist training that you'd like to relate to us?

37. Where would you like to work once you finish your training?

Public hospital

Private hospital

Private practice

Aboriginal Community Controlled Health Organisation

Government health setting

Other

38. What location do you want to work?

Urban

Rural

Remote

39. In which state or territory do you want to work?

40. Would you be willing for AIDA to contact you to draft a case study on your experience?

Yes

No

Fellows will be asked to complete the following questions

- 41. In what College did you undertake your Fellowship?**
- 42. If your College has more than one Fellowship please indicate which Fellowship**
- 43. Where do you currently work?**
Public hospital
Private hospital
Private practice
Aboriginal Community Controlled Health Organisation
Government health setting
Other
- 44. In what location do you work?**
Urban
Rural
Remote
- 45. In which state or territory do work?**
- 46. Do you anticipate undertaking further specialist training?**
Yes/No
- 47. If no, are there any experiences that you wish to relate, or advice that you would like to provide, regarding factors and enablers to entry and progress through training?**
Are there any issues regarding barriers/enablers to entry and progression within specialist training that you'd like to relate to us?
- 48. If yes, in what?**
- 49. Where would you like to work once you finish this training?**
Public hospital
Private hospital
Private practice
Aboriginal Community Controlled Health Organisation
Government health setting
Other
- 50. What location do you want to work once you finish this training?**
Urban
Rural
Remote
- 51. In which state or territory do you want to work once you finish your training?**

52. If it were an option would you be interested in training part time?

Yes

No

53. What are some of the current factors of entry to this specialist training program?

What might make it more difficult for you to get into this specialist training program?

- Extremely competitive College entry requirements.
- Requirement to undertake unaccredited training positions to be competitive for entry.
- Lack of clear information about specific Colleges' entry requirements.
- access to getting sufficient experience to be competitive for entry to program.
- Being an Aboriginal and/or Torres Strait Islander doctor.
- Not having the 'right' contacts.
- University marks.
- Not having participated in research projects.
- Family and home commitments
- costs of applying for entry
- costs (and time) to attend courses required to be competitive for entry.
- no part-time training options (to allow doctors to attend to other commitments).
- lack of specific mentoring opportunities.
- limited networking opportunities in specialist fields.
- Need to move frequently for training opportunities.
- Lack of training positions in urban areas.
- Lack of training positions in rural areas.
- Lack of training positions in remote areas.
- Don't know.
- Other

Are there any other issues around entry that you'd like to tell us about?

54. What are some of the current enablers to entry to this specialist training program?

What will assist you to enter this specialist training program?

- AIDA advocacy with the Department of Health
- AIDA advocacy with CMPC
- AIDA advocacy with individual Colleges
- AIDA's Growing our Fellows Workshop.
- Specific advice on Colleges' entry interviews and how to prepare.
- getting the right experience early in career to allow entry to specialist training programs.
- Support of other Aboriginal and Torres Strait Islander medical students and doctors.
- Support from a medical College.
- More networking opportunities with College.
- Support from your mentor(s).
- Support from your supervisor(s)
- Entry programs that give additional weight/points for Aboriginal and Torres Strait Islander doctors.
- Recognition of the extra curricular work that you do in the community.
- Don't know.
- Other – Space for free text

55. Do you have any recommendations to enhance factors of entry and remove barriers to specialist training programs?

Are there any issues regarding barriers/enablers to entry and progression within specialist training that you'd like to relate to us?

56. Would you be willing for AIDA to contact you to draft a case study on your experience?

Yes

No

Medical Graduate non-trainee or fellows will be asked to complete the following questions

57. How many years post graduate are you?

58. Do you intend to enter a specialist training program?

Yes/No

59. Where do you currently work?

Public hospital

Private hospital

Private practice

Aboriginal Community Controlled Health Organisation

Government health setting

Other

60. In what location do you work?

Urban

Rural

Remote

61. In which state or territory do work?

62. What are some of the current factors to entry to specialist training programs?

What makes it difficult for our doctors to get into specialist training programs?

- Extremely competitive College entry requirements.
- Requirement to undertake unaccredited training positions to be competitive for entry.
- Lack of clear information about specific Colleges' entry requirements.
- access to getting sufficient experience to be competitive for entry to program.
- Being an Aboriginal and/or Torres Strait Islander doctor.
- Not having the 'right' contacts.
- University marks.
- Not having participated in research projects.
- Family and home commitments
- costs of applying for entry
- costs (and time) to attend courses required to be competitive for entry.
- no part-time training options (to allow doctors to attend to other commitments).
- lack of specific mentoring opportunities.
- limited networking opportunities in specialist fields.
- Need to move frequently for training opportunities.
- Lack of training positions in urban areas.
- Lack of training positions in rural areas.
- Lack of training positions in remote areas.
- Don't know.
- Other – Space for free text.

Are there any other issues around entry that you'd like to tell us about?

63. What are some of the current enablers to entry to this specialist training programs?

What assists our doctors to get into specialist training programs?

- AIDA advocacy with the Department of Health
- AIDA advocacy with CMPC
- AIDA advocacy with individual Colleges
- AIDA's Growing our Fellows Workshop.

- Specific advice on Colleges' entry interviews and how to prepare.
- getting the right experience early in career to allow entry to specialist training programs.
- Support of other Aboriginal and Torres Strait Islander medical students and doctors.
- Support from a medical College.
- More networking opportunities with College.
- Support from your mentor(s).
- Support from your supervisor(s)
- Entry programs that give additional weight/points for Aboriginal and Torres Strait Islander doctors.
- Recognition of the extra curricular work that you do in the community.
- Don't know.
- Other – Space for free text

64. Do you have any recommendations to enhance factors of access and remove barriers to specialist training program?

Are there any issues regarding barriers/enablers to entry and progression within specialist training that you'd like to relate to us?

65. Would you be willing for AIDA to contact you to draft a case study on your experience?

Yes

No