

Medical Training Survey 2019



Contents



Welcome

MESSAGE FROM THE CHAIR

Thanks to the nearly 10,000 doctors in training who took part in the first Medical Training Survey (MTS). The survey gave trainees a collective voice, and the results detailed in this report now give the rest of us an opportunity to reflect and act on what they have said.

The MTS results create the first national, comprehensive picture of medical training in Australia. They provide an evidence-base that we can learn from to improve the culture of medicine and further strengthen medical training.

We have deliberately presented the results of the MTS unadorned. Trainee responses are presented in a series of static reports and the data are also accessible through an online reporting tool, accessible from the MTS website at www.medicaltrainingsurvey.gov.au. As promised, we have prioritised confidentiality and results are only published when there were 10 or more responses. We expect reporting detail to increase year on year, as the MTS is established.

The MTS aimed to gather the most comprehensive, national data possible about medical training in Australia. We are pleased to present these data directly to educators, policy makers, clinicians, employers and others who can use it to inform their work to strengthen medical training.

More than one in four trainees shared their perspectives on their training by doing the MTS. We hope that, over time, trainees gain confidence in the confidentiality and value of the MTS and that participation rates continue to increase.

The MTS data are rich and provide fascinating insights. In general, trainees rate their quality of training very highly and there is a lot going well in medical training in Australia. Most trainees rated their quality of clinical supervision and teaching highly. About 75% of trainees work more than 40 hours per week, but many value the extra training opportunities this provides. Most trainees would recommend their current training post and nearly all intend to continue with their training program. We are delighted that close to 40% of eligible international medical graduates participated in the MTS and were generally very satisfied with their training experience. There are opportunities to improve trainee access to health and well-being support programs.

Trainees have sent a loud message about bullying and harassment and it is incumbent on all of us to heed it. We must all redouble our efforts to strengthen professional behaviour and deal effectively with unacceptable behaviour. We must do this if we are serious about improving the culture of medicine.

The Board is grateful to the stakeholders who worked with us to develop the MTS. Sincere thanks to all the members of our steering committee and advisory group, who shared their expertise and experience so openly. Special thanks to our small advisory group of doctors in training - with their vision, enthusiasm and commitment, the future of medicine is bright.



Dr Anne Tonkin Chair, Medical Board of Australia



Background

INTRODUCTION

The Medical Training Survey (MTS) is a national, profession-wide survey of doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. The MTS is conducted annually with doctors in training, with 2019 representing the first wave of data collection.

The objectives of the survey are to:

promote better understanding of the quality of medical training in Australia

- identify how best to improve medical training in Australia, and
- identify and help deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The Australian Health Practitioner Regulation Agency (Ahpra), on behalf of the Medical Board of Australia (the Board), commissioned EY Sweeney to undertake data collection and report on results for the MTS.

METHOD

Data collection for the MTS involved receiving responses to an online survey from n=9,917 doctors in training, with n=9,378 responses eligible for analysis (i.e. currently training in Australia) between 25 July and 7 October 2019.



37,017 doctors in training invited to the survey



26.8% responded to the survey



respondents are training with ACRRM

Different versions of the survey were used to reflect the particular training environment of doctors who are at different stages in their training. Doctors in training answered questions about their experiences in their workplace. This could be the doctor in training's current setting, workplace, placement or rotation, or might be a previous setting, if they have only been practising or training in their current setting for less than two weeks.

INTERPRETING THIS REPORT

This report provides key results based on n=222 doctors in training, at Australian College of Rural and Remote Medicine (ACRRM) compared against national results (n=9,378) of all doctors in training.

Bases exclude 'not applicable' responses or where the respondent skipped the question. Data in this report are unweighted. Labels on stacked charts are hidden for results 3% or less. Results with base sizes of less than n=10 are suppressed.

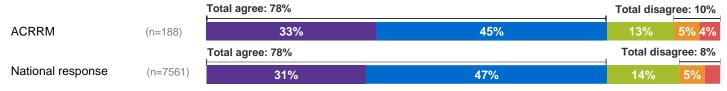
Data percentages displayed throughout the report are rounded to the nearest whole number. As such, if there is an expectation for a given chart or table that all percentages stated should add to 100% or nets should equal to the sum of their parts, this may not happen due to rounding.

For this report, results for ACRRM are presented at an overall level. To explore results within each jurisdiction please visit www.medicaltrainingsurvey.gov.au/results

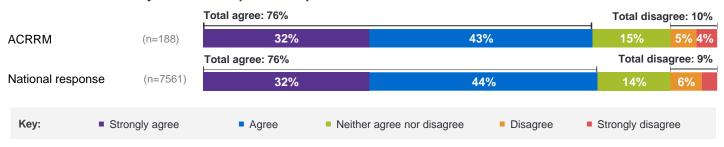
Executive summary

OVERALL SATISFACTION





I would recommend my current workplace as a place to train

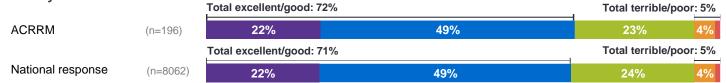


Base: Total sample

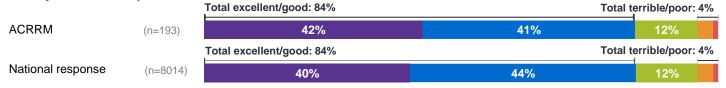
Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?

HIGHLIGHTS

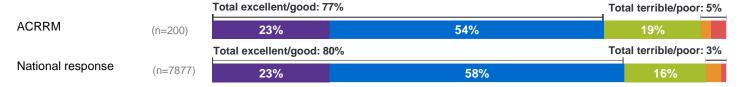
Quality of orientation



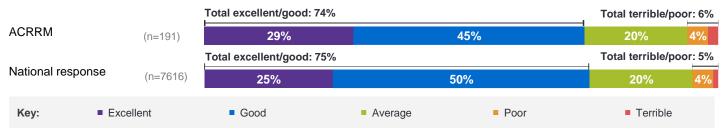
Quality of clinical supervision



Quality of teaching sessions



Quality of training to raise patient safety concerns



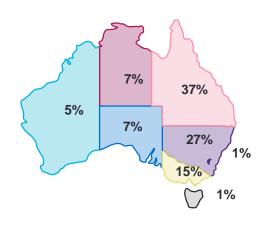
Base: Orientation received | Q27B. How would you rate the quality of your orientation?

Base: Have a supervisor | Q31. For your setting, how would you rate the quality of your clinical supervision / peer review?

Base: Total sample | Q39. Overall, how would you rate the quality of the teaching sessions? | Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

Profile of ACRRM trainees

TRAINING LOCATION



• ACT • NSW • NT • QLD • SA • TAS • VIC • WA

Base: Total sample (n=222)

In which state or territory is your current Q4. term/rotation/placement based?

TRAINING LOCATION

Facility



Training at a hospital **54%**

Not training at a hospital 46%

Region



Metropolitan area



Regional area



Rural **42%**

o **36**%

Do not wish to specify 1%

Base:

Total sample (n=222) Is your current position/term/ rotation/placement in a hospital? Base:

Total sample (n=221) Q6. Is your current setting in a ...?

DEMOGRAPHICS

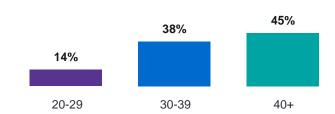
Do you identify as...



Intersex/Indeterminate: 0% Prefer not to say: 3%

Total sample (n=186) Base: Do you identify as ...?

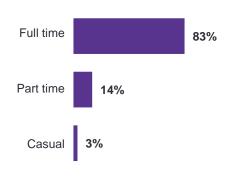
Age in years



Prefer not to say: 4%

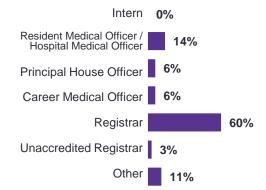
Total sample (n=186) Base: Q56. What is your age?

Employment



Base: Total sample (n=222) Q2. Are you employed:

Role



Base: Total sample (n=222)

Q7. What is your role in the setting?

Note: Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? Not shown due to small base size.

Profile of ACRRM trainees

POSTGRADUATE YEAR

Postgraduate year average is

6.8

years for ACRRM trainees

5.7
years
for national response

Base: Total sample (National: n=9329; ACRRM: n=222)

Q1. What is your postgraduate year?

PRIMARY DEGREE

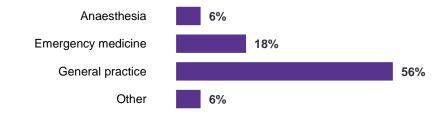


Base: Total sample (n=184)

Q58a. Did you complete your primary medical degree in Australia or

New Zealand?

CURRENT ROTATION / TERM / POSITION



Base: Total sample (n=222), only fields with 10 or more responses shown for confidentiality reasons.

Note: fields marked with an * are subspecialties.

Q9a. Which area are you currently practising in? | Q9b. If applicable, which subspecialty area are you practising in?

SPECIALIST TRAINEES

On average, specialist trainees training with ACRRM have been in their training program for

2.5 years

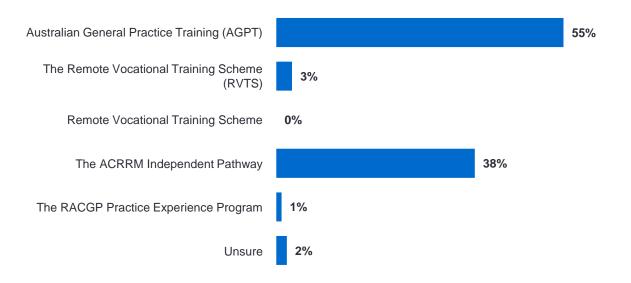
3.3 years for national response

Base: Specialist trainees (National: n=4685; ACRRM: n=216)
Q15. How many years have you been in the College training

program?

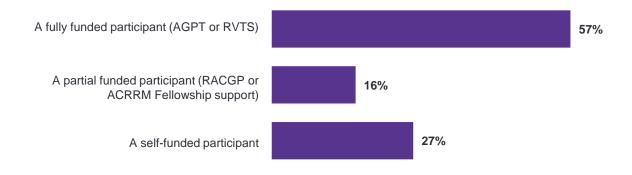
Profile of ACRRM trainees

PATHWAY



Base: Specialist GP trainees (n=216) Q16b. Which training program are you in? Q16c. Who provides your GP training?

FUNDING



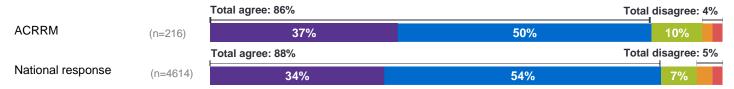
Base: Specialist GP trainees (n=220)

Q16a. Are you training for a career in general practice as:

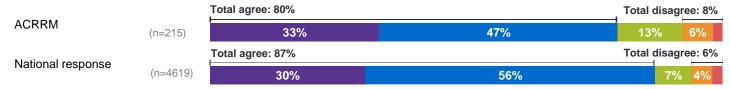
Training curriculum

TRAINING PROGRAM PROVIDED BY COLLEGE

The College training program is relevant to my development



There are opportunities to meet the requirements of the training program in my current setting

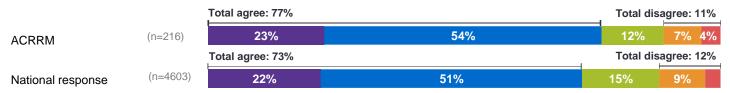


I understand what I need to do to meet my training program requirements



COMMUNICATION WITH COLLEGE

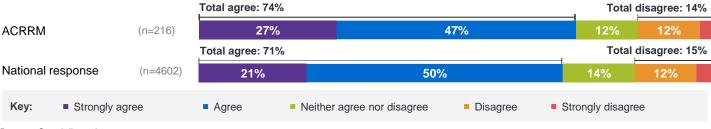
My College clearly communicates the requirements of my training program



My College clearly communicates with me about changes to my training program and how they affect me



I know who to contact at the College about my training program



Base: Specialist trainees

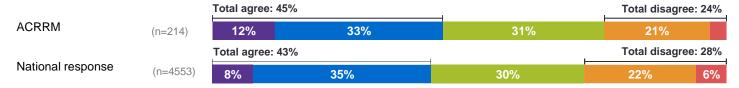
Q21. Thinking about your Australian College of Rural and Remote Medicine training program, to what extent do you agree or disagree with each of the following statements?

Q22. Thinking about how Australian College of Rural and Remote Medicine communicates with you about your training program, to what extent do you agree or disagree with the following statements?

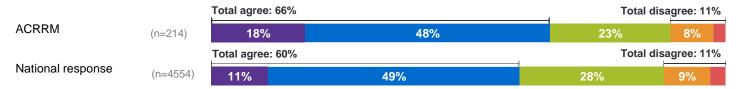
Training curriculum

ENGAGEMENT WITH COLLEGE

The College seeks my views on the training program



I am represented by doctors in training on the College's training and/or education committees



I am able to discuss the College training program with other doctors



The College provides me with access to psychological and/or mental health support services



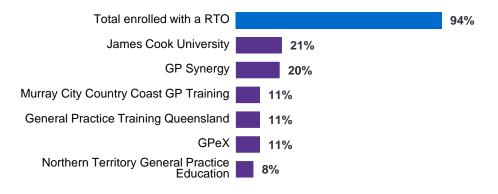


Base: Specialist trainees

Q25. Thinking about how Australian College of Rural and Remote Medicine engages with you, to what extent do you agree or disagree with the following statements?

Regional Training Organisations (RTOs)

REGIONAL TRAINING ORGANISATIONS



Specialist GP trainees can be both enrolled in a Regional Training Organisation (RTO) as well as their specialist college (such as Australian College of Rural and Remote Medicine (ACRRM) and/or Royal Australian College of General Practitioners (RACGP)).

In total, 94% of specialist GP trainees training with ACRRM are enrolled with a RTO, with 21% enrolled with James Cook University as shown opposite.

Base: Specialist GP trainees, only fields with 10 or more responses shown for confidentiality reasons (n=141)

Q17. If applicable, which Regional Training Organisation provides your GP training?

TRAINING PROGRAM PROVIDED BY RTOS

The RTO's education program meets the College/s requirements

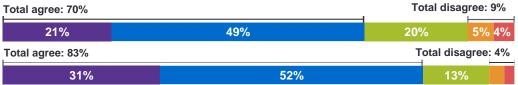
Specialist GP trainees:
ACRRM (n=132)

Specialist GP trainees:
National response (n=1170)

Total agree: 70%

Total agree: 83%

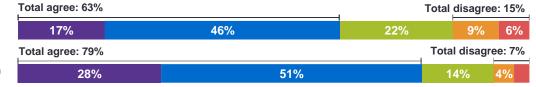
31%



The RTO's education program is preparing me as a specialist

Specialist GP trainees: ACRRM (n=132)

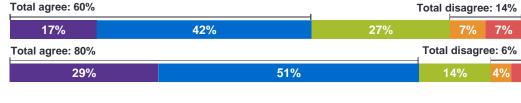
Specialist GP trainees: National response (n=1169)



The RTO's education program is advancing my knowledge

Specialist GP trainees: ACRRM (n=132)

Specialist GP trainees: National response (n=1170)





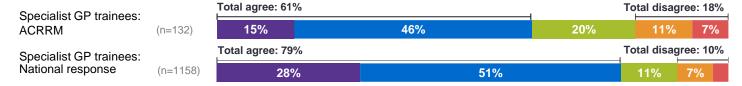
Base: Specialist GP trainees specifying a RTO

Q18. Thinking about your [Regional Training Organisation] training program, to what extent do you agree or disagree with each of the following statements?

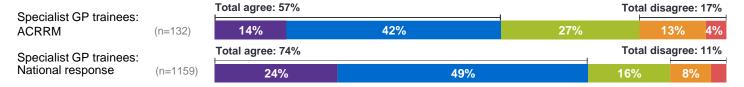
Regional Training Organisations (RTOs)

COMMUNICATION WITH RTO

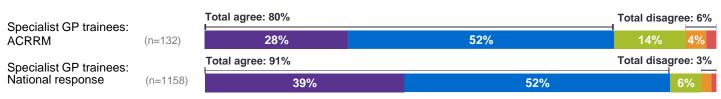
The RTO clearly communicates the requirements of my training program



The RTO clearly communicates with me about changes to my training program and how they affect me



I know who to contact at the RTO about my education program



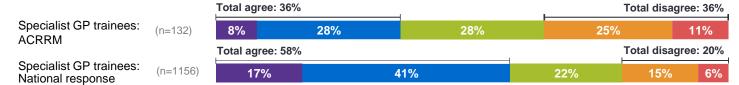


Base: Specialist GP trainees specifying a RTO
Q19. Thinking about how your [Regional Training Organisation] communicates with you about your training program, to what extent do you agree or disagree with the following statements?

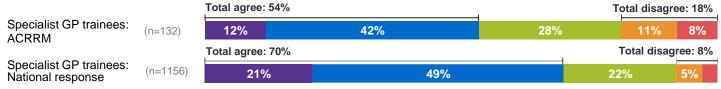
Regional Training Organisations (RTOs)

ENGAGEMENT WITH RTO

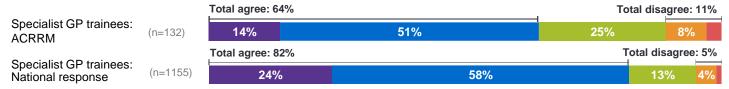
The RTO seeks my views on the structure and content of the education program



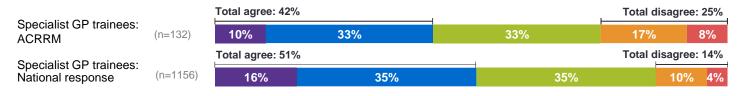
I am represented (by doctors in training e.g. registrar liaison officer) on the RTO's training and/or education committees

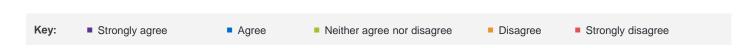


I am able to discuss the RTO's education program with other doctors



The RTO provides me with access to psychological and/or mental health support services



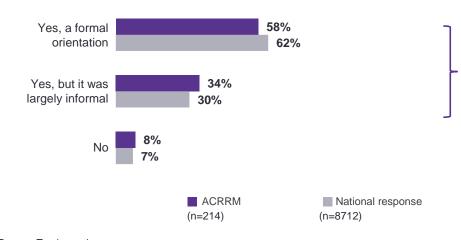


Base: Specialist GP trainees specifying a RTO

Q20. Thinking about how [Regional Training Organisation] engages with you, to what extent do you agree or disagree with the following statements?

Orientation

DID YOU RECEIVE AN ORIENTATION TO YOUR SETTING?



Doctors in training were asked questions about their experiences in their workplace. This could be the doctor in training's current setting, workplace, placement or rotation, or might be a previous setting, if they had only been practising or training in their current setting for less than two weeks.

Base: Total sample

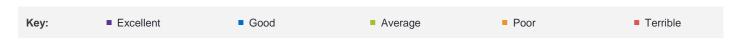
Q27a. Did you receive an orientation to your setting?

HOW WOULD YOU RATE THE QUALITY OF YOUR ORIENTATION?



As shown in the chart above, 92% of ACRRM trainees had an orientation in their current setting (versus national response of 93%).

72% of ACRRM trainees rate the quality of the orientation as either 'excellent' or 'good', compared to the national response of 71%.



Base: Received an orientation

Q27b. How would you rate the quality of your orientation?

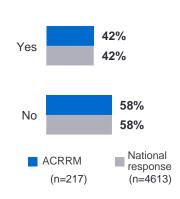
Assessment

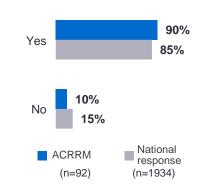
COLLEGE EXAMS

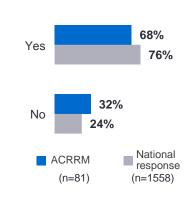
ACRRM trainees have sat an exam in the last 12 months...

Of those sitting exams, received their results....

Of those receiving results, passed their exams...







Base: Specialist trainees

Q23a. In the last 12 months, have you sat
one or more exams from Australian
College of Rural and Remote Medicine?

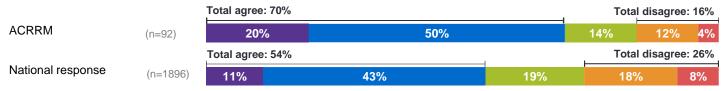
Base: Sat an exam

Q23b. Have you received the results of your most recent exam from Australian College of Rural and Remote Medicine?

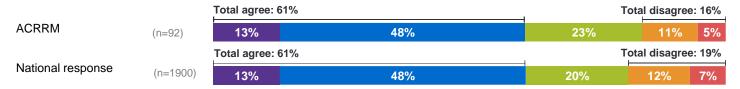
Base: Received results

23c. Did you pass the exam for Australian College of Rural and Remote Medicine?

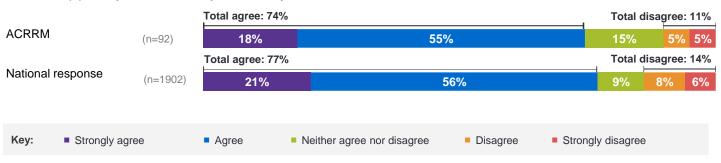
The exam(s) always reflected the college training curriculum



The information the college provided about the exam(s) was always accurate and appropriate



The exam(s) always ran smoothly on the day



Base: Specialist trainees

Q24. Thinking about all your Australian College of Rural and Remote Medicine exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?

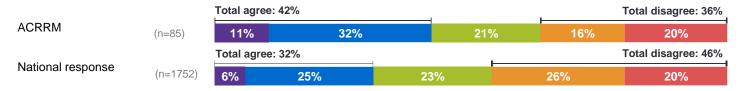
Assessment

COLLEGE EXAMS (continued)

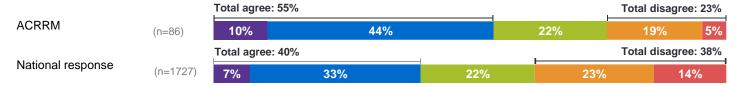
The exam(s) were always conducted fairly



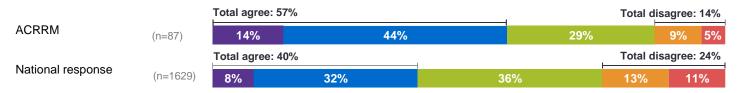
I received useful feedback about my performance in the exam(s)



The feedback is timely



I received support from my College when needed



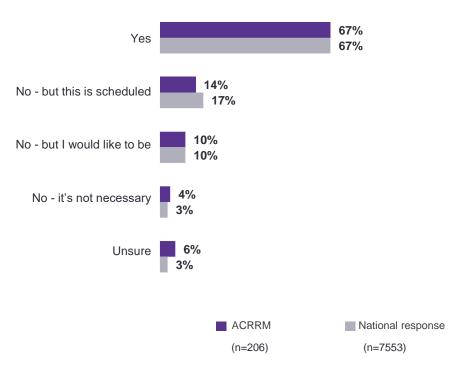


Base: Specialist trainees

Q24. Thinking about all your Australian College of Rural and Remote Medicine exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?

Assessment

HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?

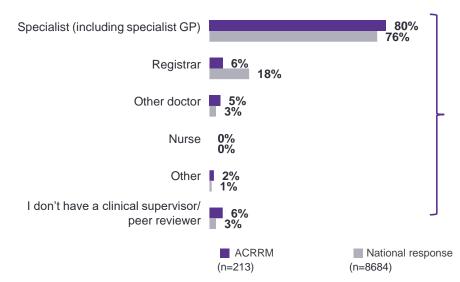


Base: Prevocational and unaccredited trainees, specialist trainees and IMGs

Q32. Has your performance been assessed in your setting?

Clinical supervision

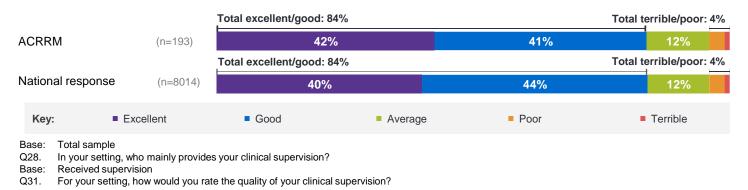
WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



As a total, 94% of ACRRM trainees have a clinical supervisor.

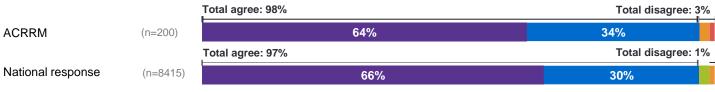
84% of ACRRM trainees (who have a clinical supervisor) rate the quality of the supervision at their clinical setting as either 'excellent' or 'good', compared to the national response of 84% (see below).

HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?

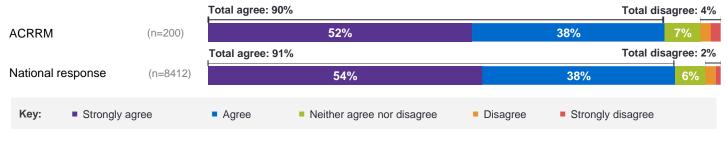


IF CLINICAL SUPERVISOR(S) ARE NOT AVAILABLE...

I am able to contact other senior medical staff IN HOURS if I am concerned about a patient



I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient



Base: Total sample

Q29. To what extent do you agree or disagree with the following statements?

Clinical supervision

HOW WOULD YOU RATE THE QUALITY OF YOUR OVERALL CLINICAL SUPERVISION FOR?

Average out of 5 (1=very poor - 5=very good)

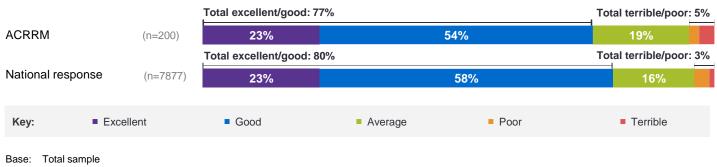
(1=very poor - 5=very good)	
Accessibility	4.2
Helpfulness	4.2 4.2
Allowing for an appropriate level of responsibility	4.3 4.1
Ensuring that you only deal with clinical problems that you are ready for or have the experience to address	★★★★
Including opportunities to develop your skills	4.0 3.8
Usefulness of feedback	3.8 3.7
Regular, INFORMAL feedback	3.8 3.7
Meeting your training plan/pathway requirements	3.8 3.7
Discussions about my goals and learning objectives	3.7 3.6
Regular, FORMAL feedback	3.5 3.5 3.5
	ACRRM (max n=191) National response (max n=7951)

Various aspects of the quality of supervision are detailed left, with average ratings (given on a scale from 1-5) charted for ACRRM and the national response.

Base: Have a supervisor

Q30. In your setting, how would you rate the quality of your overall clinical supervision for?

OVERALL, HOW WOULD YOU RATE THE QUALITY OF THE TEACHING SESSIONS?



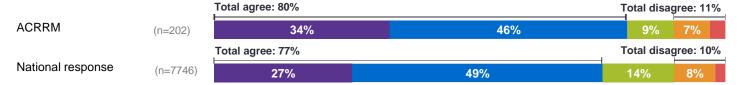
Q39. Overall, how would you rate the quality of the teaching sessions?

DEVELOPMENT OF CLINICAL AND PRACTICAL SKILLS

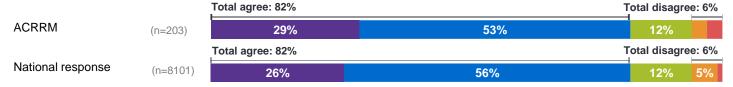




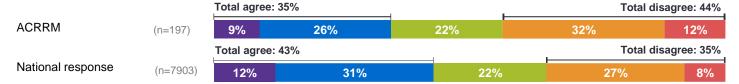
There is a range of opportunities to develop my procedural skills



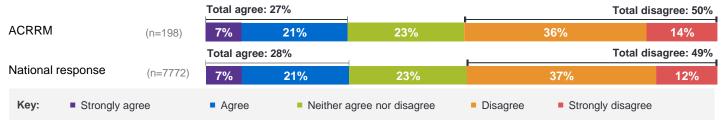
I can access the opportunities available to me



I have to compete with other doctors for access to opportunities



I have to compete with other health professionals for access to opportunities

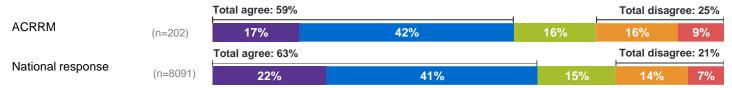


Base: Total sample

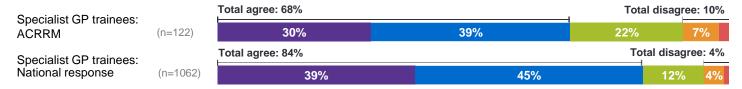
Q33. Thinking about the development of your clinical and practical skills, to what extent do you agree or disagree with the following statements?

ACCESS TO TEACHING AND RESEARCH

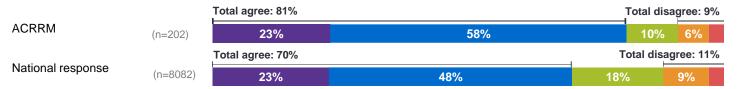
I have access to protected study time/leave



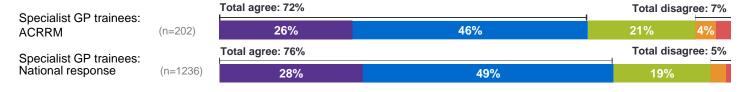
I am able to attend RTO education events^



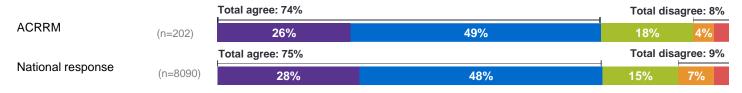
I am able to attend conferences, courses and/or external education events



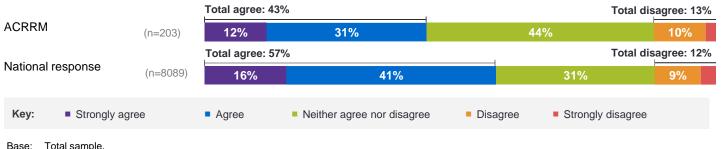
My GP supervisor supports me to attend formal and informal teaching sessions^



My employer supports me to attend formal and informal teaching sessions



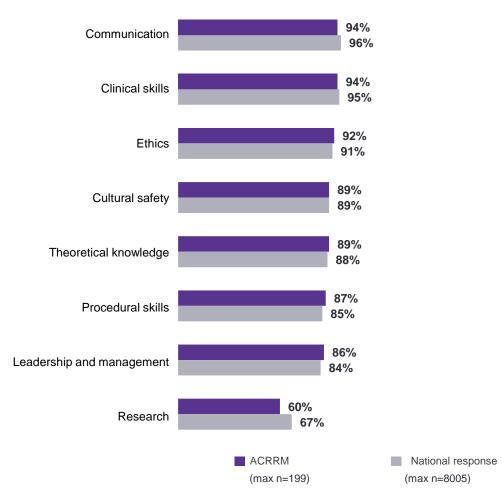
I am able participate in research activities



^Note:

These questions were only asked of Specialist GP trainees, as such, data is filtered to Specialist GP trainees Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

DO YOU HAVE SUFFICIENT OPPORTUNITIES TO DEVELOP YOUR? (% yes)

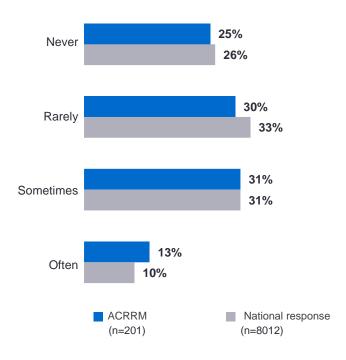


Base: Total sample excluding not applicable

Q35. In your setting, do you have sufficient opportunities to develop your?

TRAINING AND OTHER JOB RESPONSIBILITIES

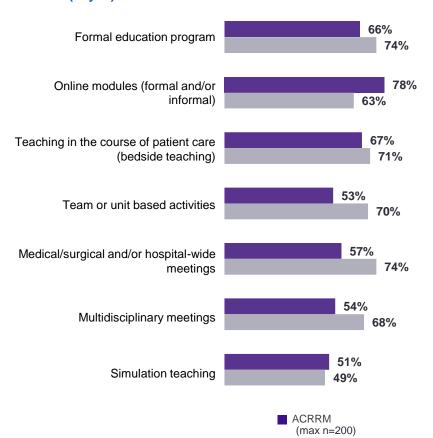
How regularly job responsibilities are preventing doctors in training from meeting training requirements



Base: Total sample

Q36. Which of the following statements best describes the interaction between your training requirements and the other responsibilities of your job?

WHICH OF THE FOLLOWING EDUCATIONAL OPPORTUNITIES ARE AVAILABLE TO YOU IN YOUR SETTING? (% yes)

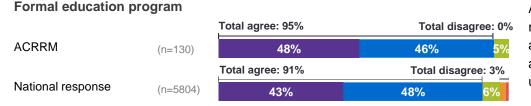


The chart shows the proportion of ACRRM trainees who have various educational opportunities available. 66% of ACRRM trainees gave a 'yes' response to indicate that they have a formal education program available in their setting, which is below the national response (74%).

Base: Total sample

Q37. Which of the following educational opportunities are available to you in your setting?

THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR



Among ACRRM trainees who report formal education is available (as shown on the chart above), 95% find this training useful.

National response

(max n=7960)

The charts are continued on the next page.

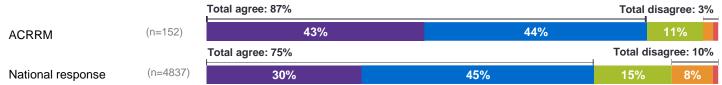


Base: Where educational opportunity is available

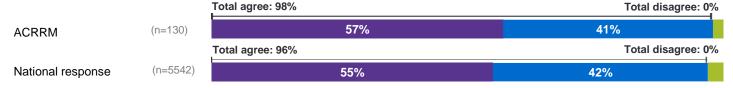
Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?

THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR (continued)

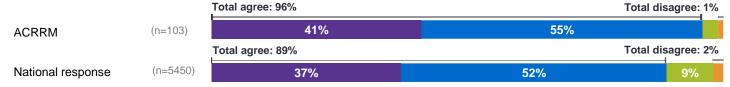




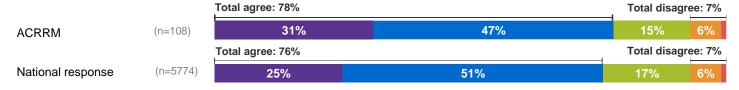
Teaching in the course of patient care (bedside teaching)



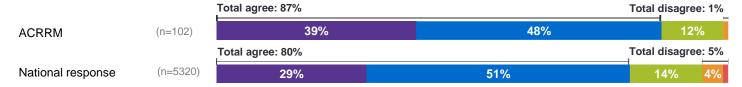
Team or unit based activities



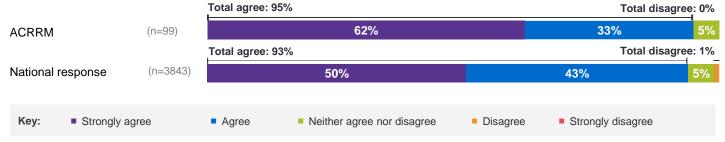
Medical/surgical and/or hospital-wide meetings



Multidisciplinary meetings



Simulation teaching

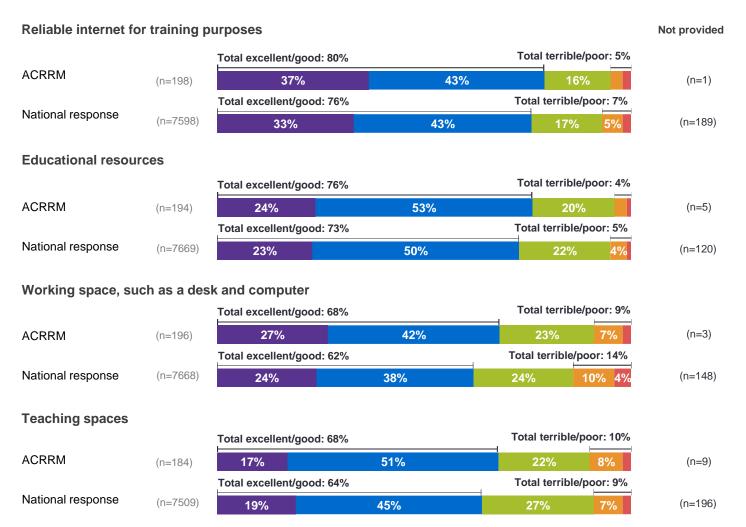


Base: Where educational opportunity is available

Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?

Facilities

HOW WOULD YOU RATE THE QUALITY OF THE FOLLOWING IN YOUR SETTING?





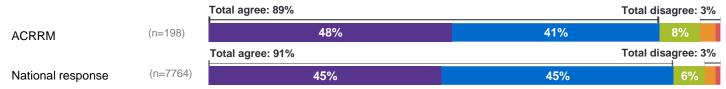
Base: Total sample excluding not provided (shown separately)

Q40. How would you rate the quality of the following in your setting?

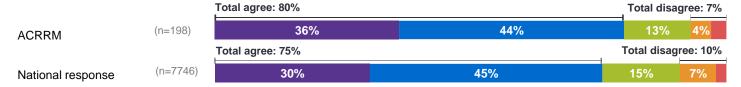
Workplace environment and culture

CULTURE WITHIN THE TRAINEE'S SETTING

Most senior medical staff are supportive



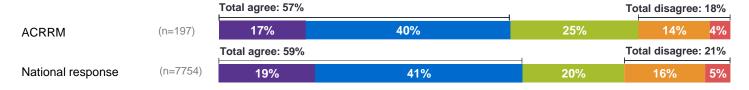
My workplace supports staff wellbeing



In practice, my workplace supports me to achieve a good work/life balance



I have a good work/life balance





Base: Total sample

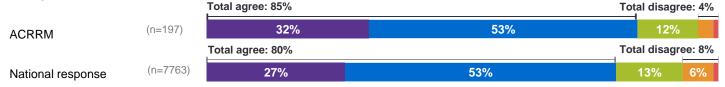
Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?

CULTURE WITHIN THE TRAINEE'S SETTING (continued)

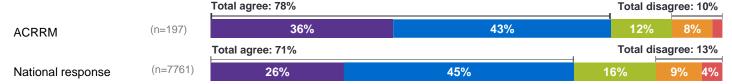
Bullying, harassment and discrimination (including racism) by anyone is not tolerated at my workplace



I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



I am confident that I could raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



I could access support from my workplace if I experienced stress or a traumatic event

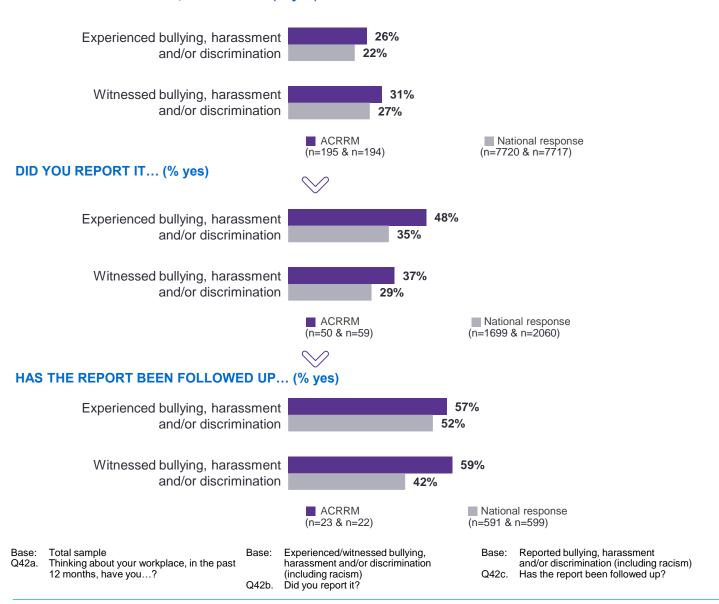




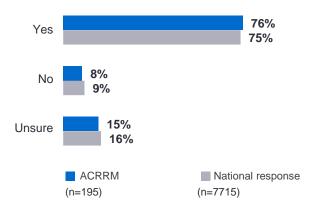
Base: Total sample

Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?

IN THE PAST 12 MONTHS, HAVE YOU... (% yes)



IF YOU NEEDED SUPPORT, DO YOU KNOW HOW TO ACCESS SUPPORT FOR YOUR HEALTH (INCLUDING FOR STRESS AND OTHER PSYCHOLOGICAL DISTRESS)?

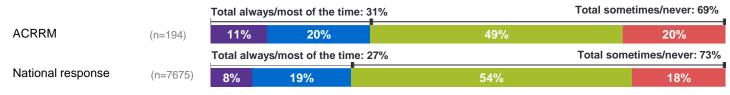


Base: Total sample

Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

HOW OFTEN DO THE FOLLOWING ADVERSELY AFFECT YOUR WELLBEING IN YOUR SETTING?

The amount of work I am expected to do



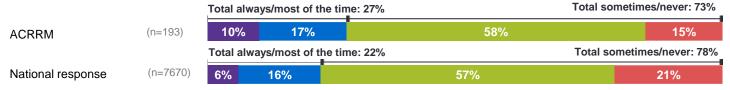
Having to work paid overtime



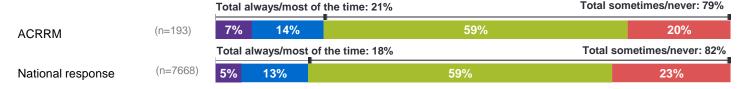
Having to work unpaid overtime



Dealing with patient expectations



Dealing with patients' families



Expectations of supervisors





Base: Total sample

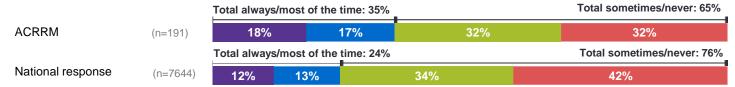
Q44. How often do the following adversely affect your wellbeing in your setting?

HOW OFTEN DO THE FOLLOWING ADVERSELY AFFECT YOUR WELLBEING IN YOUR SETTING? (continued)





Having to relocate for work



Being expected to do work that I don't feel confident doing



Limited access to senior clinicians



Lack of appreciation



Workplace conflict

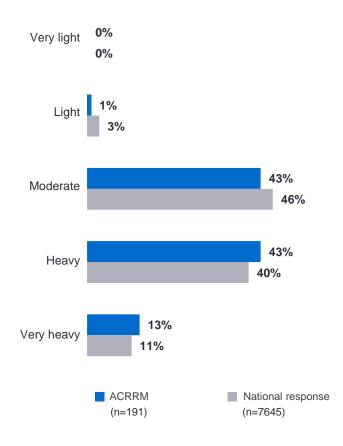




Base: Total sample

Q44. How often do the following adversely affect your wellbeing in your setting?

HOW WOULD YOU RATE YOUR WORKLOAD IN YOUR SETTING?



Base: Total sample

Q45. How would you rate your workload in your setting?

ON AVERAGE IN THE PAST MONTH, HOW MANY HOURS PER WEEK HAVE YOU WORKED?

On average, ACRRM trainees worked...

47.9 hours

On average, doctors in training nationally worked...



On average, ACRRM trainees work 47.9 hours a week, compared to 46.9 hours a week for the national response.

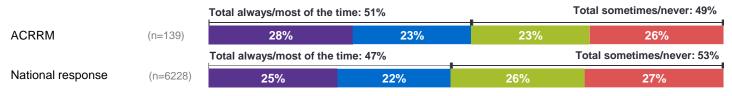
For ACRRM trainees, 77% are working 40 hours a week or more, compared to the national response of 76%.

Base: Total sample (National: n=7619; ACRRM: n=190)

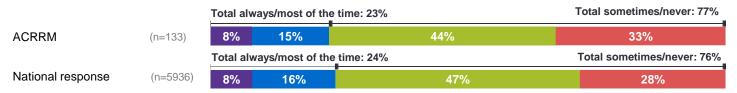
Q46. On average in the past month, how many hours per week have you worked?

FOR ANY UNROSTERED OVERTIME YOU HAVE COMPLETED IN THE PAST, HOW OFTEN DID?

You get paid for the unrostered overtime



Working unrostered overtime have a negative impact on your training



Working unrostered overtime provide you with more training opportunities



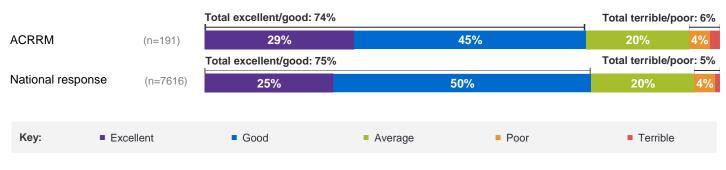


Base: Total sample

Q47. For any unrostered overtime you have completed in the past, how often did?

Patient safety

HOW WOULD YOU RATE THE QUALITY OF YOUR TRAINING ON HOW TO RAISE CONCERNS ABOUT PATIENT SAFETY?

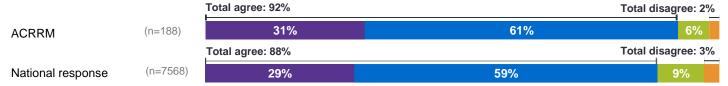


Base: Total sample

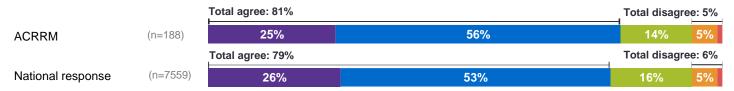
Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

PATIENT CARE AND SAFETY IN THE WORKPLACE

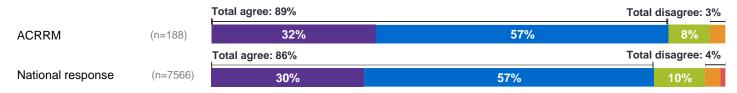
I know how to report concerns about patient care and safety



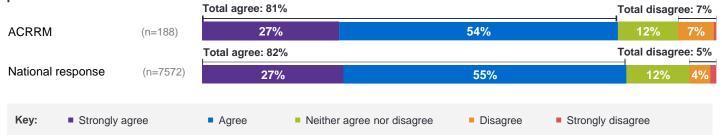
There is a culture of proactively dealing with concerns about patient care and safety



I am confident to raise concerns about patient care and safety



There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners



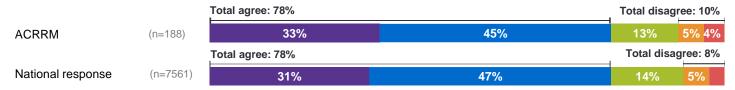
Base: Total sample

Q49. Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements?

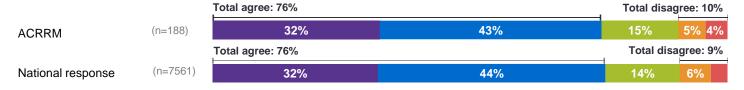
Overall satisfaction

RECOMMEND TRAINING

I would recommend my current training position to other doctors



I would recommend my current workplace as a place to train



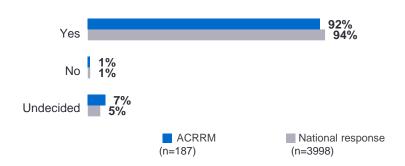


Base: Total sample

Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?

Future career intentions

CONTINUATION OF SPECIALITY TRAINING PROGRAM



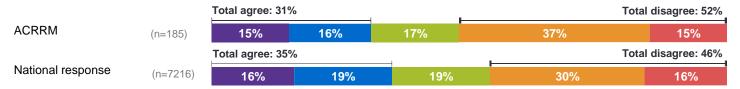
Overall, 92% of ACRRM trainees intend to continue with their specialty.

Base: Specialist trainees

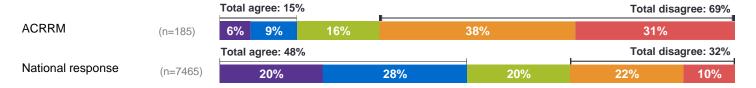
Q51a. Do you intend to continue in your specialty training program?

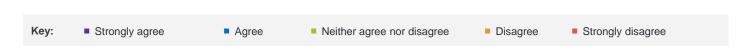
TRAINING PROGRAM COMPLETION

I am concerned I will not successfully complete my training program to attain Fellowship



I am concerned about whether I will be able to secure employment on completion of training





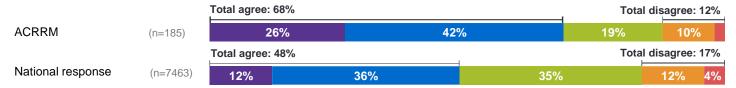
Base: Total sample

Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

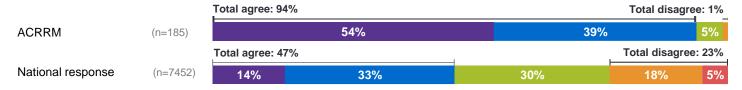
Future career intentions

CAREER INTERESTS

I have an interest in Aboriginal and Torres Strait Islander health/healthcare



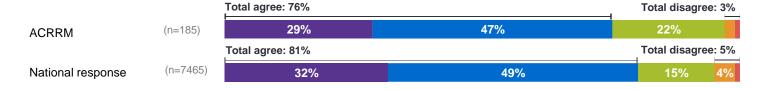
I am interested in rural practice



I am interested in getting involved in medical research



I am interested in getting involved in medical teaching



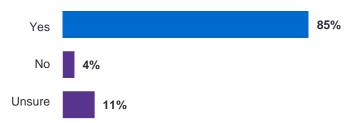


Base: Total sample

Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

Future career intentions

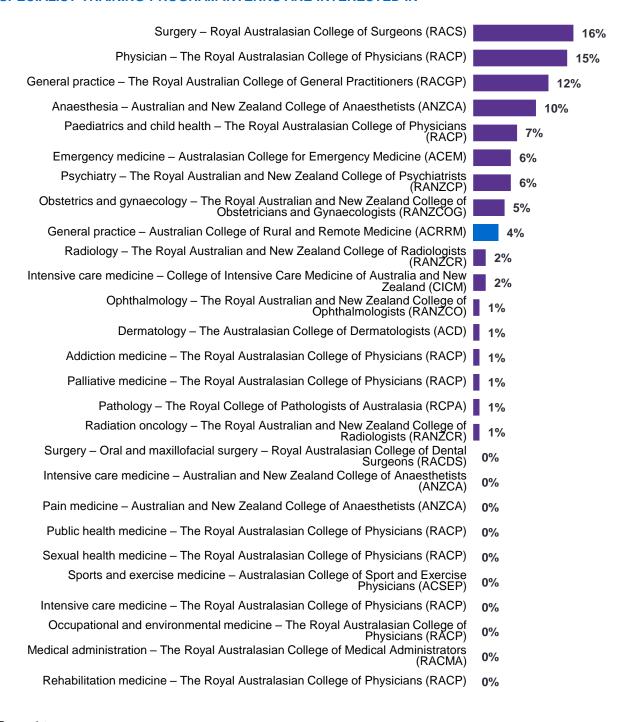
INTERNS - INTERESTED IN A SPECIALTY





85% of interns are intending to become a specialist. Of these, 4% are most interested in pursuing a general practice specialty from ACRRM.

SPECIALIST TRAINING PROGRAM INTERNS ARE INTERESTED IN



Base: Interns (n=587)

Base: Interns interested in a specialty (n=500)

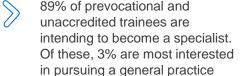
52. Do you intend to become a specialist?

Q53. Which specialty are you most interested in pursuing?

Future career intentions

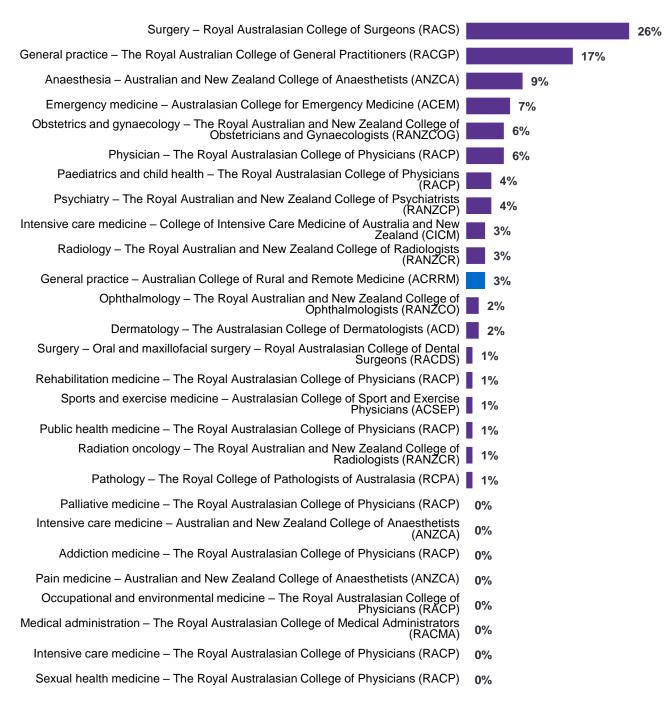
PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY





specialty from ACRRM.

SPECIALIST TRAINING PROGRAM PREVOCATIONAL AND UNACCREDITED TRAINEES ARE INTERESTED IN



Base: Prevocational and unaccredited trainees (n=1516) Q52. Do you intend to become a specialist?

Base: Prevocational and unaccredited trainees interested in a specialty (n=1352)

Q53. Which specialty are you most interested in pursuing?

