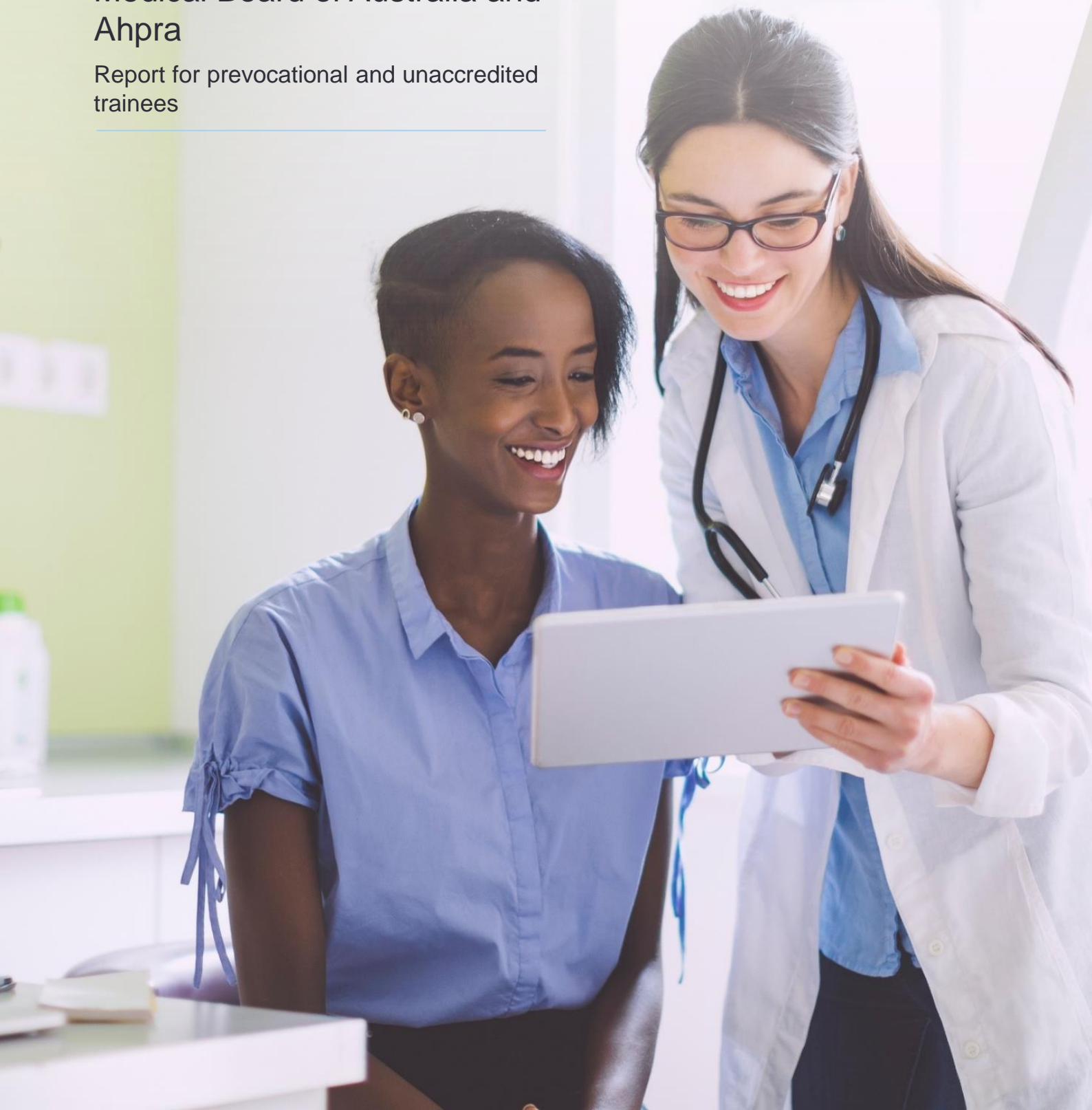


# Medical Training Survey 2019

Medical Board of Australia and  
Ahpra

Report for prevocational and unaccredited  
trainees



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### 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](http://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**



### 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:

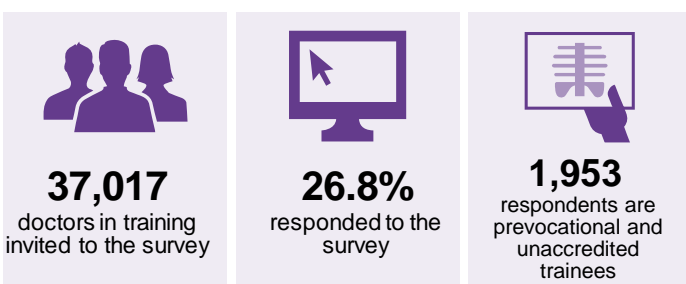
- promote better understanding of the quality of medical training in Australia

- 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.



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=1,953 prevocational and unaccredited trainees working in locations across Australia 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.

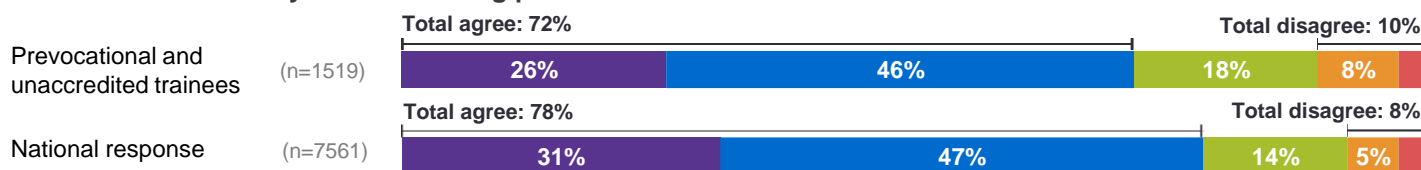
Data percentages displayed throughout the report are rounded to the nearest whole number. As such, if there is an expectation for a given chart or table that all percentages stated should add to 100% or nets should equal to the sum of their parts, this may not happen due to rounding.

For this report, results for Prevocational and unaccredited trainees are presented at an overall level. To explore results within each jurisdiction please visit [www.medicaltrainingsurvey.gov.au/results](http://www.medicaltrainingsurvey.gov.au/results)

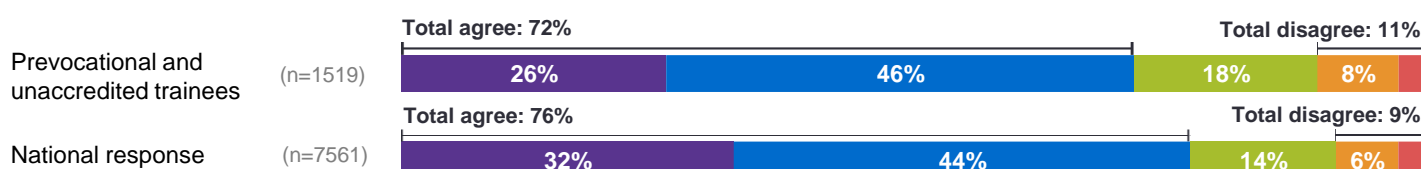
## Executive summary

### OVERALL SATISFACTION

#### I would recommend my current training position to other doctors



#### I would recommend my current workplace as a place to train



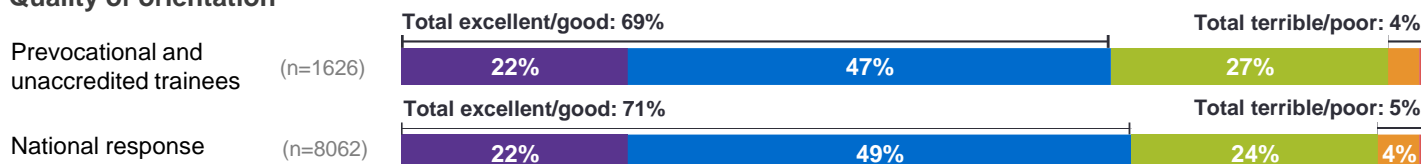
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample

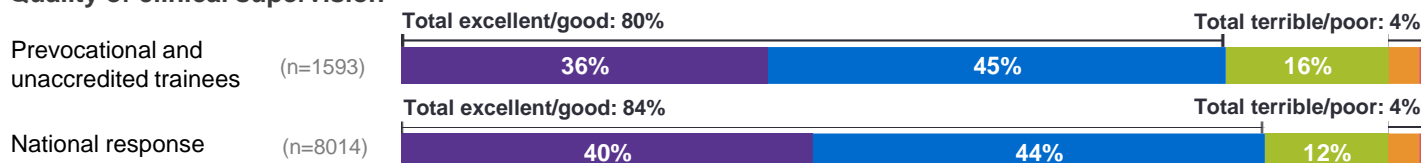
Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?

### HIGHLIGHTS

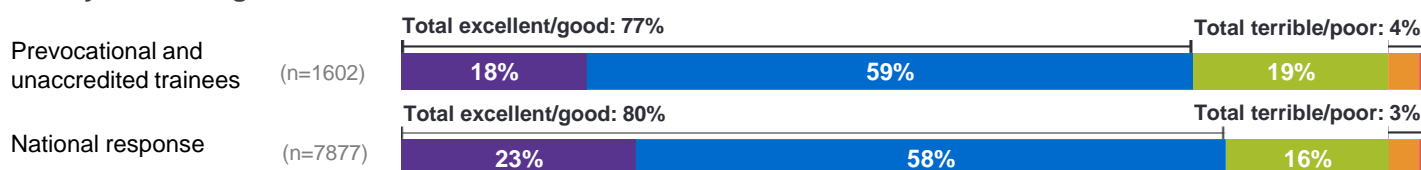
#### Quality of orientation



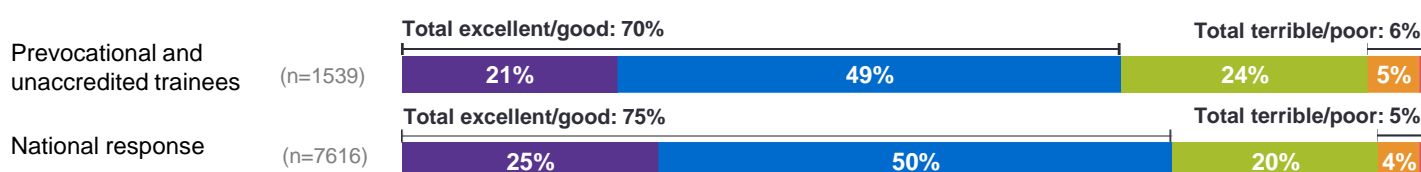
#### Quality of clinical supervision



#### Quality of teaching sessions



#### Quality of training to raise patient safety concerns



**Key:** ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

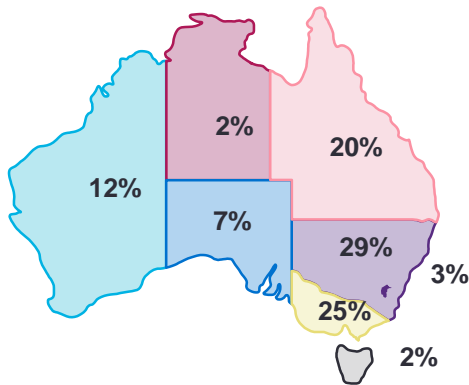
Base: Orientation received | Q27B. How would you rate the quality of your orientation?

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 prevocational and unaccredited trainees

### TRAINING LOCATION



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

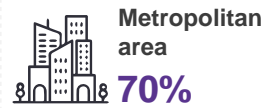
Base: Total sample (n=1925)  
 Q4. In which state or territory is your current term/rotation/placement based?

### TRAINING LOCATION

#### Facility



#### Region

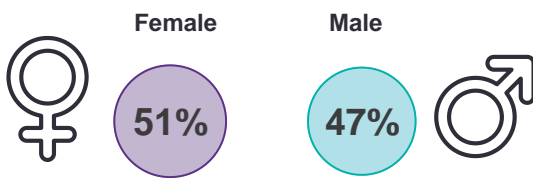


Base: Total sample (n=1912)  
 Q5A. Is your current position/term/rotation/placement in a hospital?

Base: Total sample (n=1883)  
 Q6. Is your current setting in a...?

### DEMOGRAPHICS

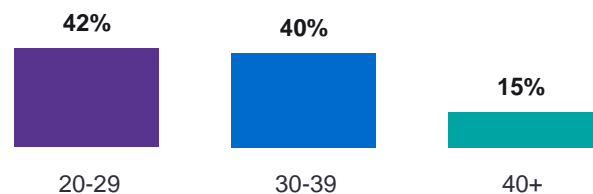
#### Do you identify as...



Intersex/Indeterminate: 0%    Prefer not to say: 2%

Base: Total sample (n=1509)  
 Q55. Do you identify as...?

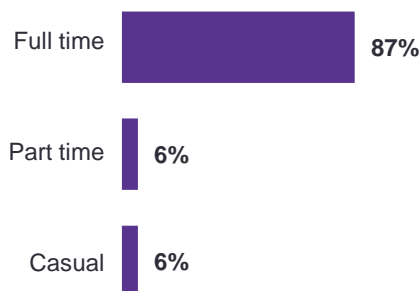
#### Age in years



Prefer not to say: 3%

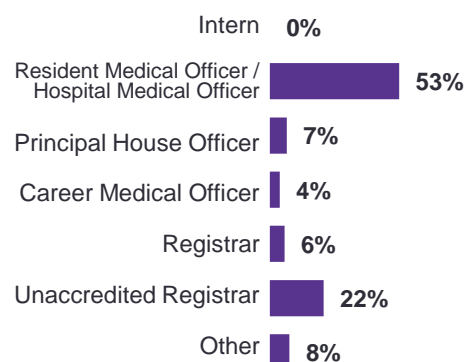
Base: Total sample (n=1509)  
 Q56. What is your age?

#### Employment



Base: Total sample (n=1953)  
 Q2. Are you employed:

#### Role



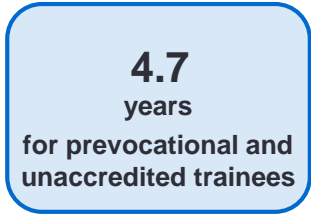
Base: Total sample (n=1876)  
 Q7. What is your role in the setting?

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

## Profile of prevocational and unaccredited trainees

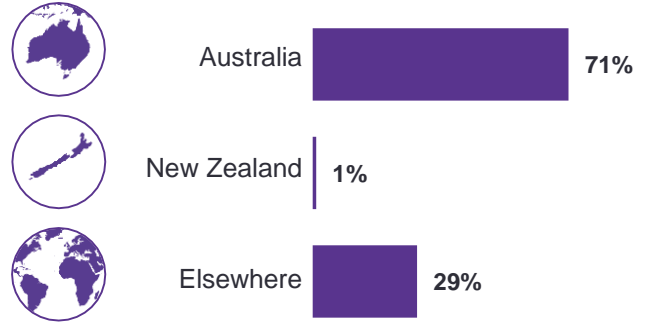
### POSTGRADUATE YEAR

Postgraduate year average is



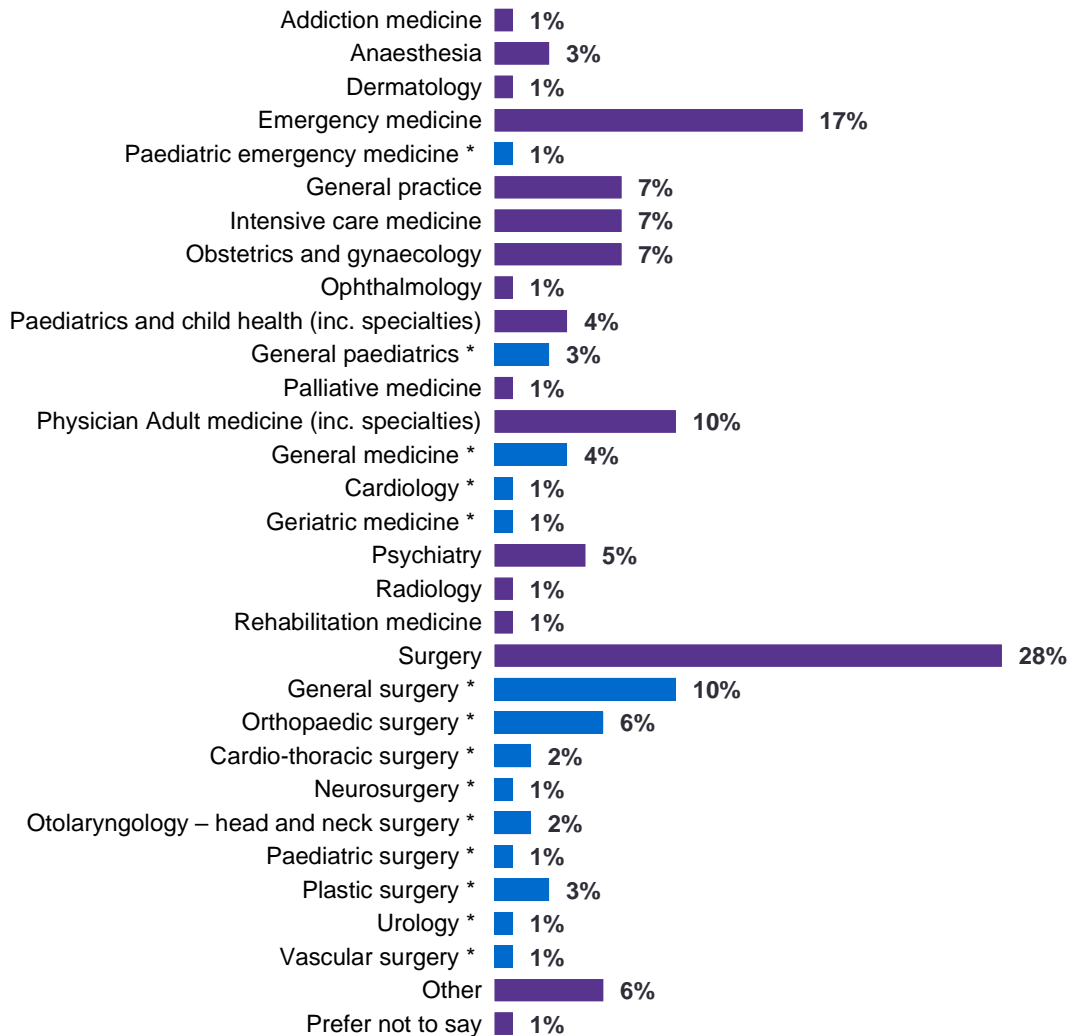
Base: Total sample (National: n=9329; Prevocational and unaccredited trainees: n=1946)  
 Q1. What is your postgraduate year?

### PRIMARY DEGREE



Base: Total sample (n=1508)  
 Q58a. Did you complete your primary medical degree in Australia or New Zealand?

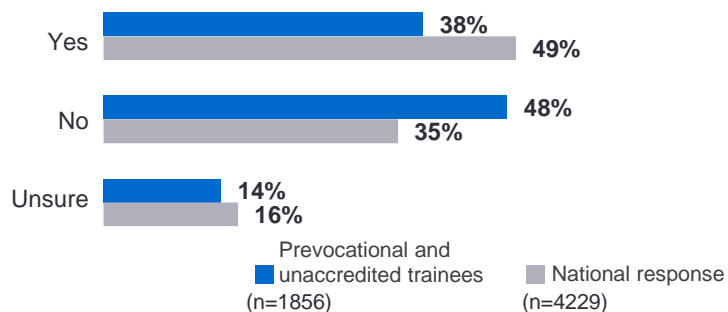
### CURRENT ROTATION / TERM / POSITION



Base: Total sample (n=1870), 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?

## Training curriculum

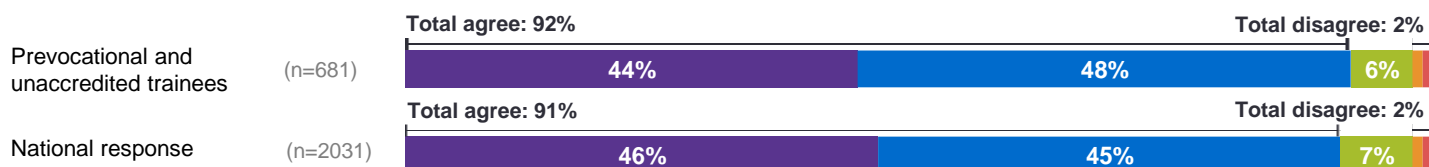
### PREVOCATIONAL AND UNACCREDITED TRAINEES WITH A CURRENT TRAINING PLAN...



Base: Prevocational and unaccredited trainees. National response includes interns, prevocational and unaccredited trainees and IMGs.  
 Q12. Do you have a training plan / professional development plan?

### TRAINING PLAN

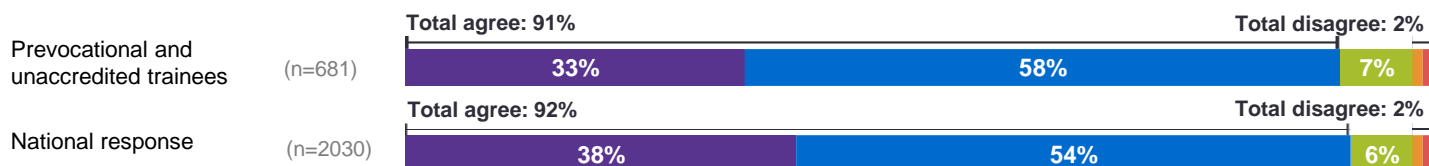
#### My plan is helping me to continue to develop as a doctor



#### There are opportunities for me to meet the requirements of my plan in my current setting



#### I understand what I need to do to meet my plan requirements



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Prevocational and unaccredited trainees with a training plan. National response includes interns, prevocational and unaccredited trainees and IMGs.

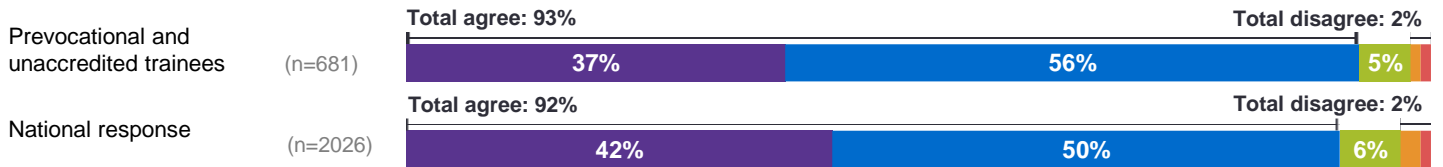
Q13. Thinking about your training / professional development plan, to what extent do you agree or disagree with the following statements?



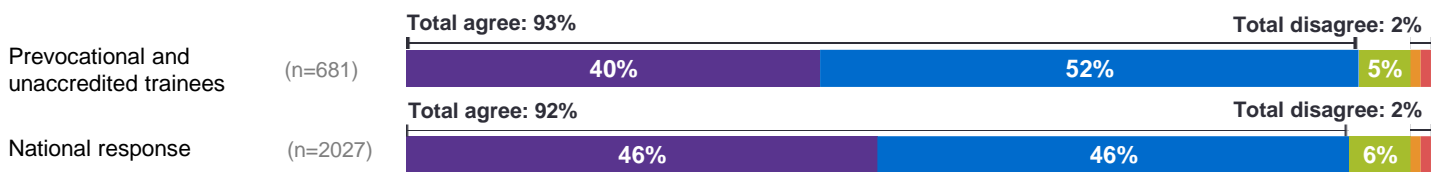
## Training curriculum

### TRAINING PLAN (continued)

#### My plan is preparing me for future medical practice



#### My plan is advancing my knowledge



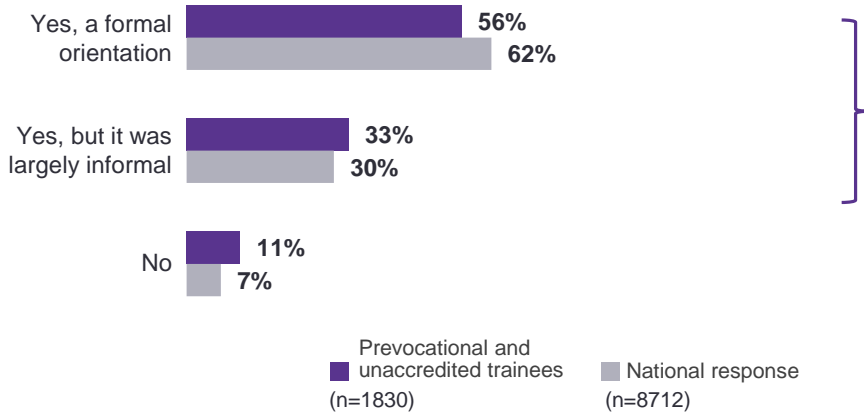
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Prevocational and unaccredited trainees with a training plan. National response includes interns, prevocational and unaccredited trainees and IMGs.

Q13. Thinking about your training / professional development plan, 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, 89% of prevocational and unaccredited trainees had an orientation in their current setting (versus national response of 93%).

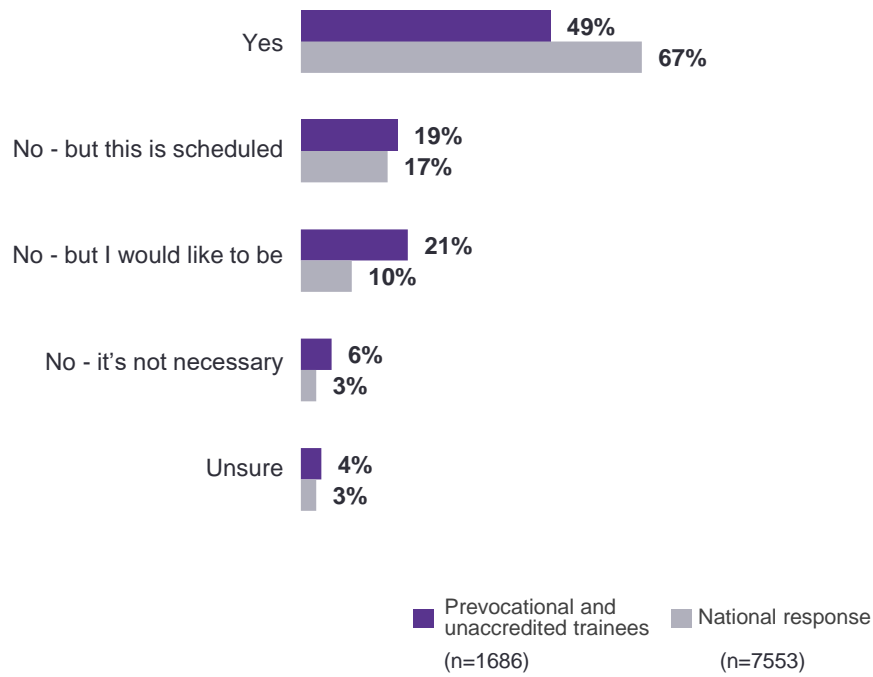
69% of prevocational and unaccredited trainees rate the quality of the orientation as either 'excellent' or 'good', compared to the national response of 71%.

Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

Base: Received an orientation  
 Q27b. How would you rate the quality of your orientation?

## Assessment

### HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?

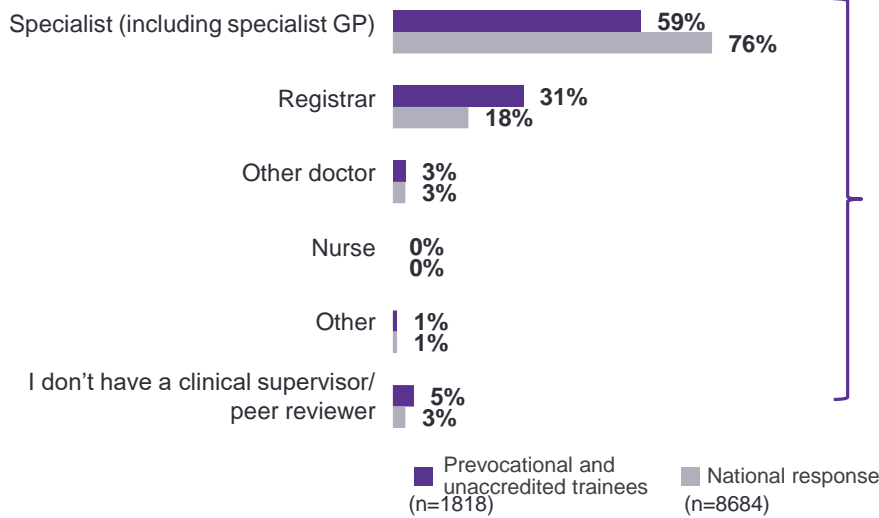


Base: Prevocational and unaccredited trainees, specialist trainees and IMGs.

Q32. Has your performance been assessed in your setting?

## Clinical supervision

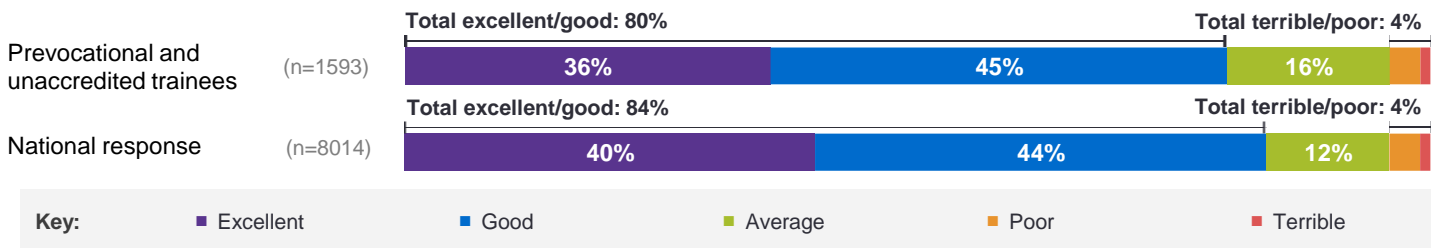
### WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



As a total, 95% of prevocational and unaccredited trainees have a clinical supervisor.

80% of prevocational and unaccredited 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).

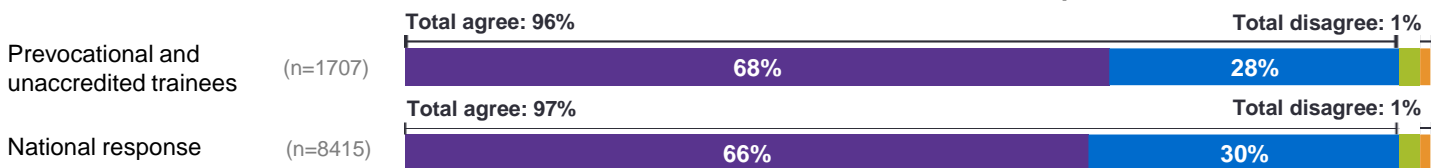
### HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?



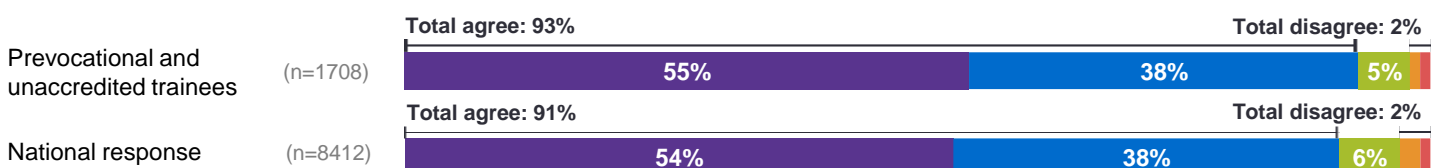
Base: Total sample  
 Q28. In your setting, who mainly provides your clinical supervision?  
 Base: Received supervision  
 Q31. For your setting, how would you rate the quality of your clinical supervision?

### 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



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

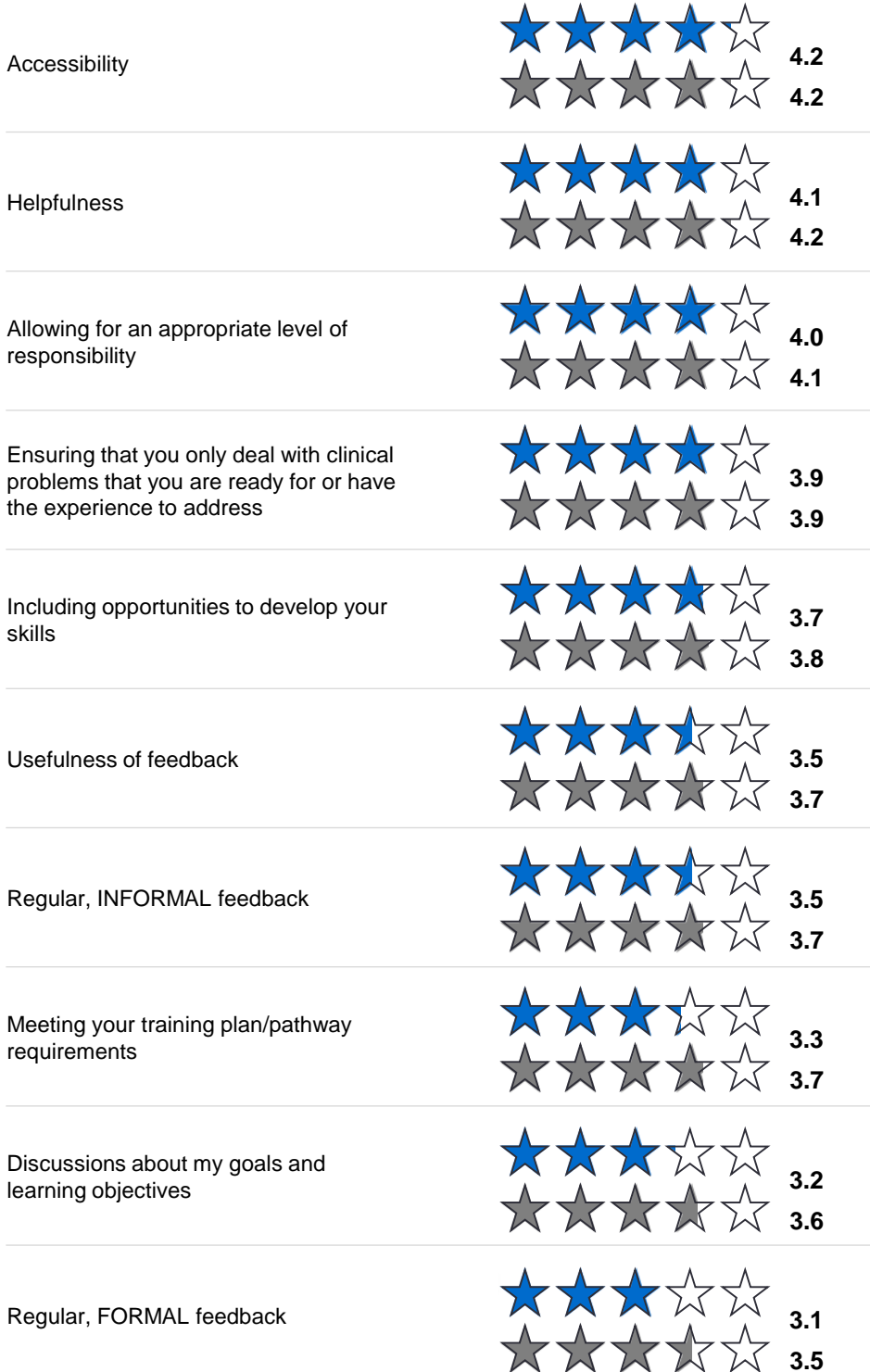
Base: Total sample  
 Q29. To what extent do you agree or disagree with the following statements?



## Clinical supervision

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

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



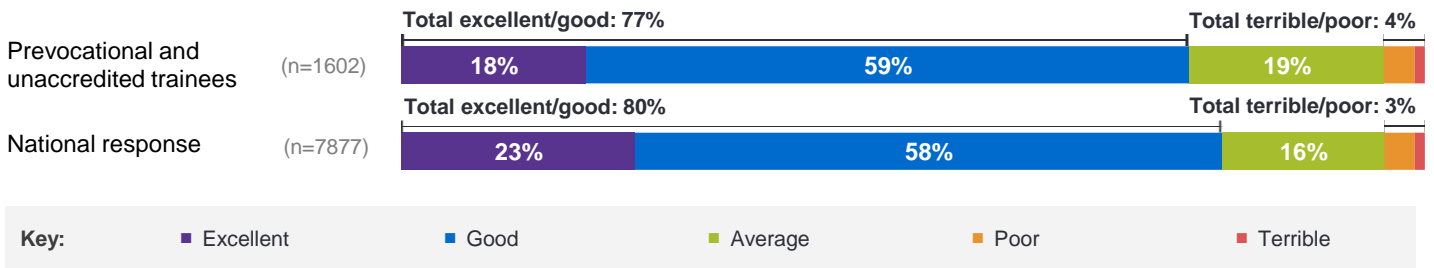
Various aspects of the quality of supervision are detailed left, with average ratings (given on a scale from 1- 5) charted for prevocational and unaccredited trainees and the national response.

Prevocational and unaccredited trainees (max n=1587)  
 National response (max n=7951)

Base: Have a supervisor  
 Q30. In your setting, how would you rate the quality of your overall clinical supervision for?

## Access to teaching

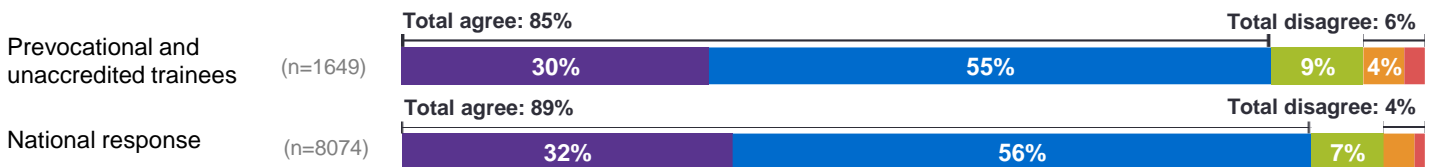
### OVERALL, HOW WOULD YOU RATE THE QUALITY OF THE TEACHING SESSIONS?



Base: Total sample  
 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 clinical skills



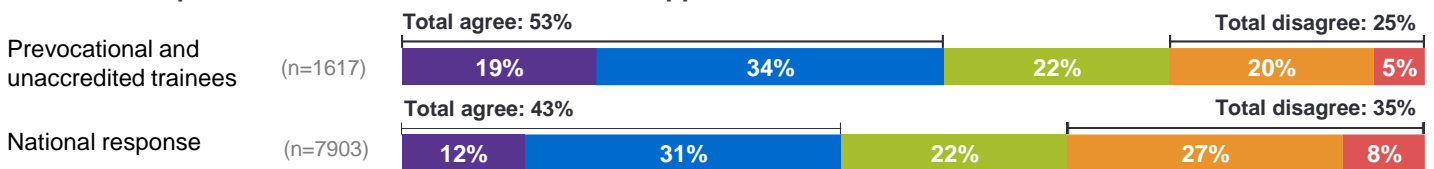
#### There is a range of opportunities to develop my procedural skills



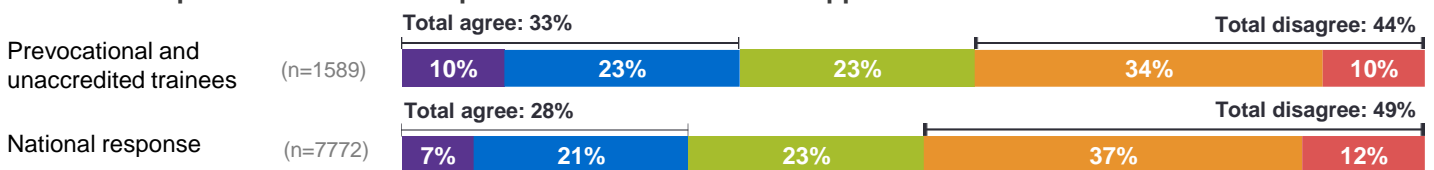
#### I can access the opportunities available to me



#### I have to compete with other doctors for access to opportunities



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



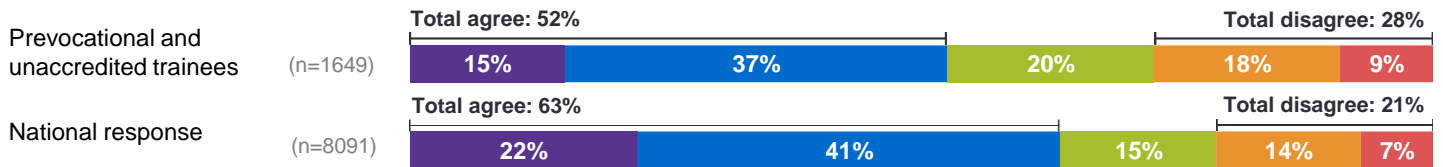
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

### ACCESS TO TEACHING AND RESEARCH

#### I have access to protected study time/leave



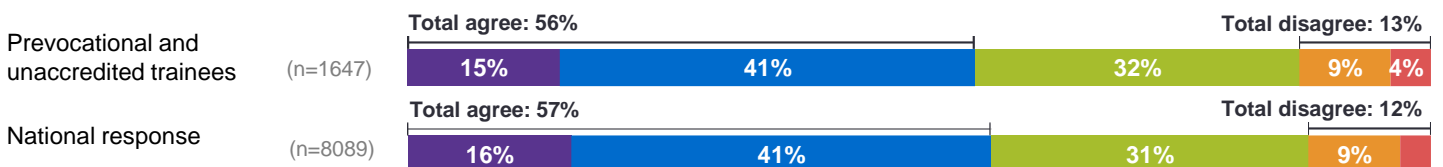
#### I am able to attend conferences, courses and/or external education events



#### My employer supports me to attend formal and informal teaching sessions



#### I am able participate in research activities

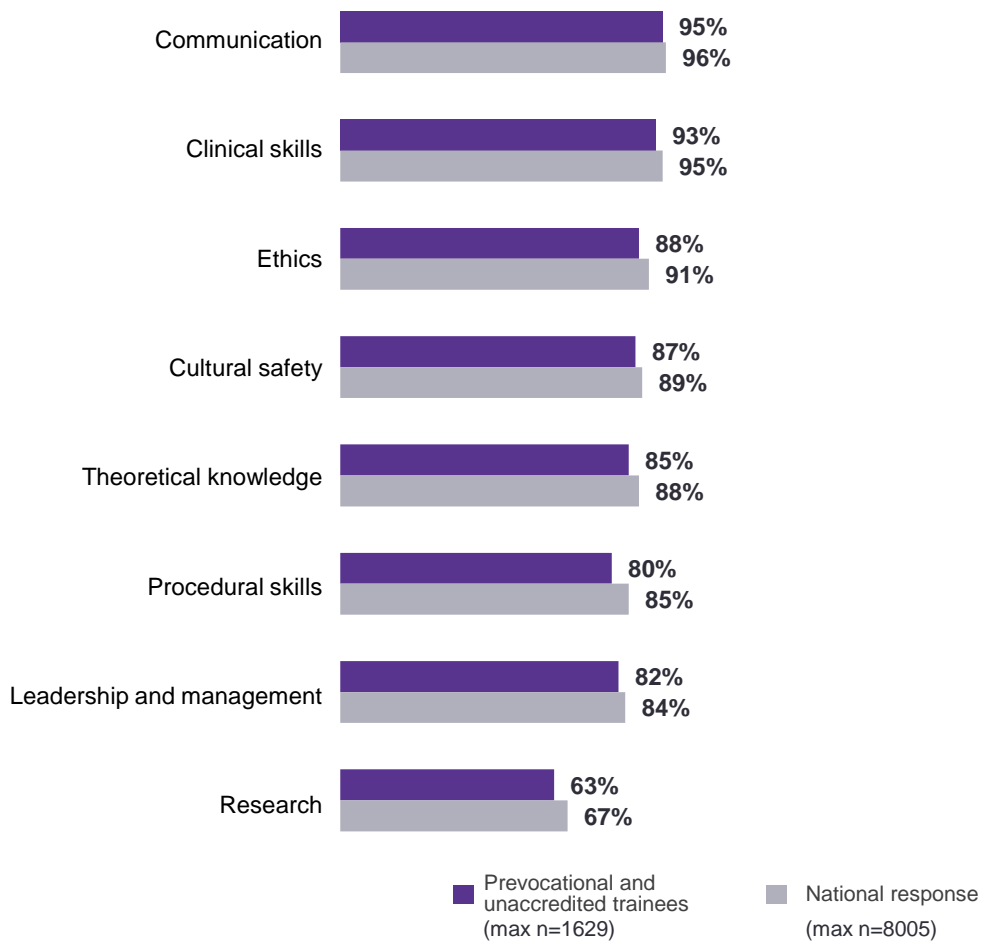


**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample, Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

## Access to teaching

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



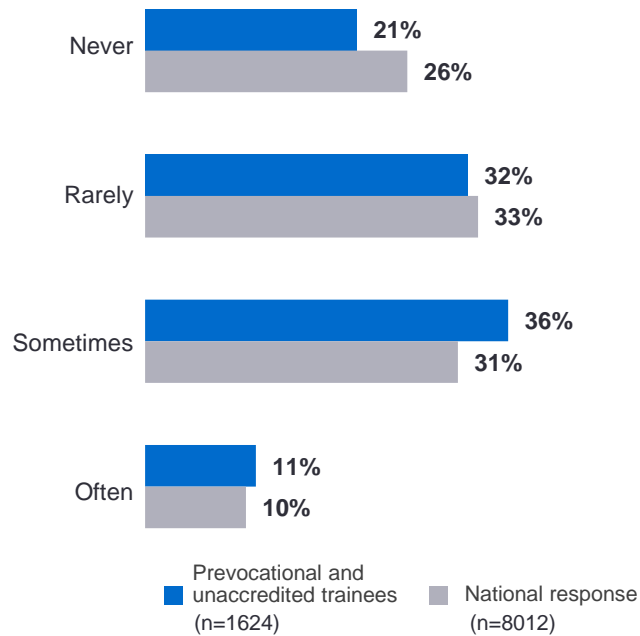
Base: Total sample excluding not applicable  
 Q35. In your setting, do you have sufficient opportunities to develop your?



## Access to teaching

### TRAINING AND OTHER JOB RESPONSIBILITIES

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

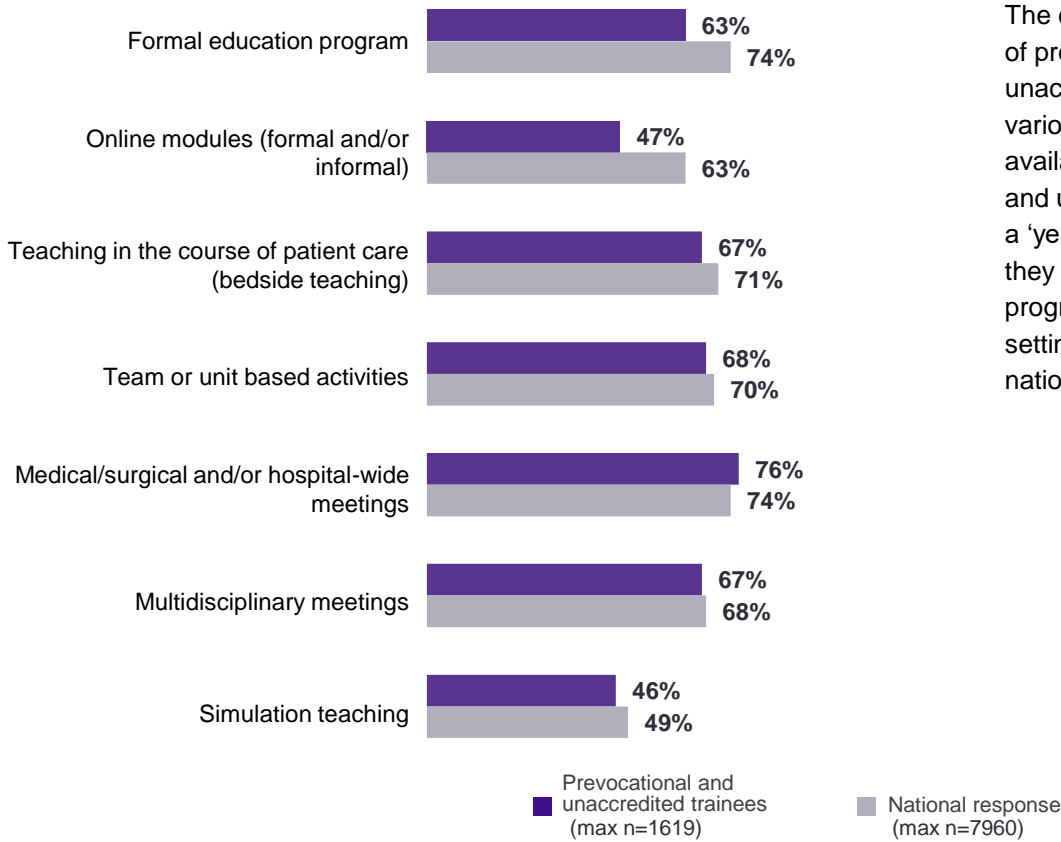


Base: Total sample

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

## Access to teaching

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

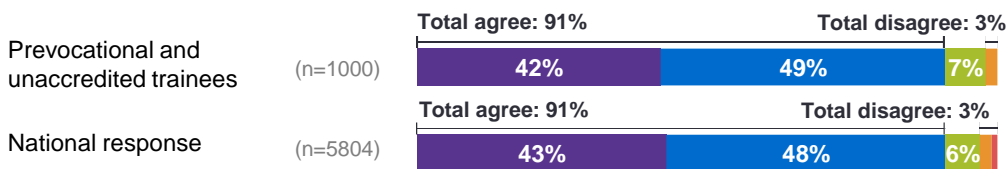


The chart shows the proportion of prevocational and unaccredited trainees who have various educational opportunities available. 63% of prevocational and unaccredited trainees gave a 'yes' response to indicate that they have a formal education program available in their setting, which is below the national 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

#### Formal education program



Among prevocational and unaccredited trainees who report formal education is available (as shown on the chart above), 91% find this training useful.

The charts are continued on the next page.

**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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?

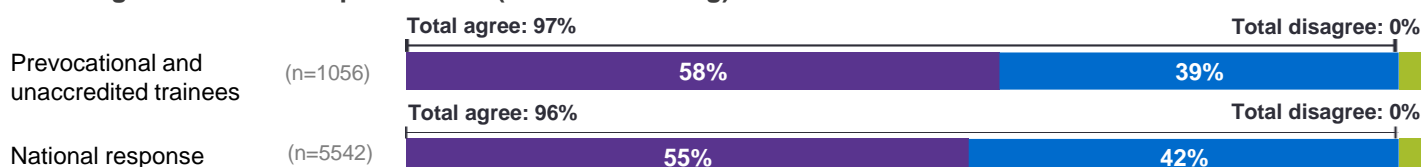
## Access to teaching

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

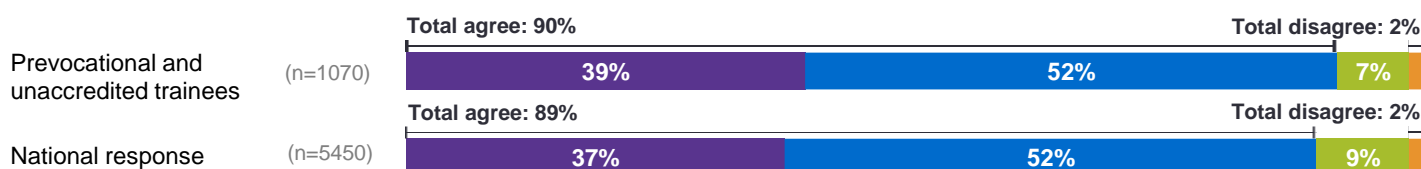
#### Online modules (formal and/or informal)



#### Teaching in the course of patient care (bedside teaching)



#### Team or unit based activities



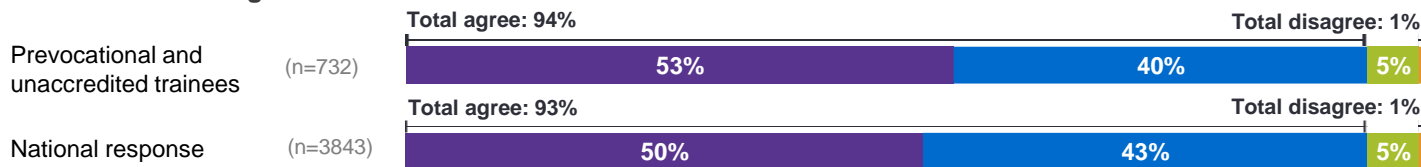
#### Medical/surgical and/or hospital-wide meetings



#### Multidisciplinary meetings



#### Simulation teaching



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

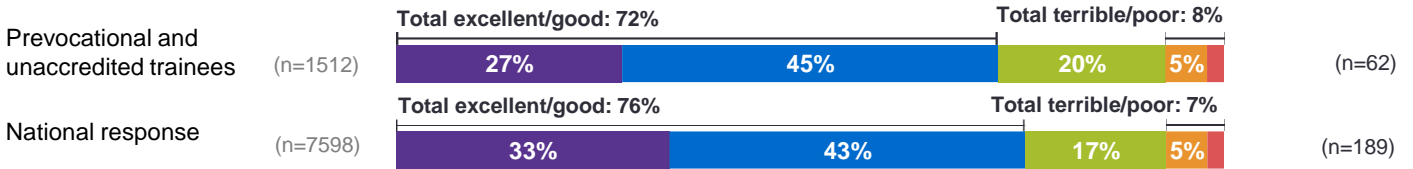
Base: Where educational opportunity is available  
 Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?

## Facilities

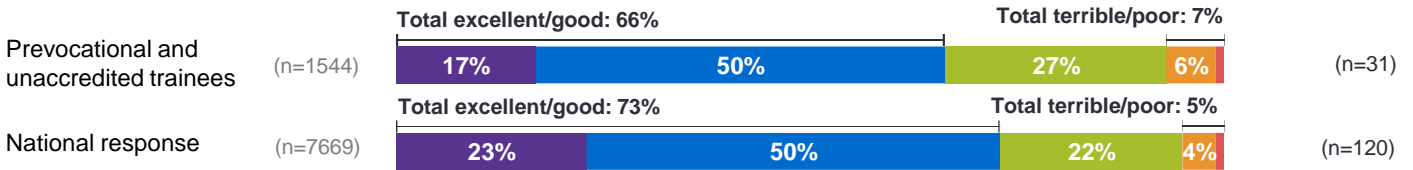
### HOW WOULD YOU RATE THE QUALITY OF THE FOLLOWING IN YOUR SETTING?

#### Reliable internet for training purposes

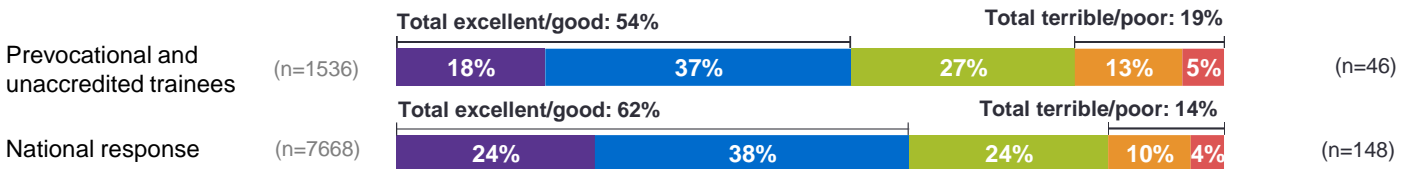
Not provided



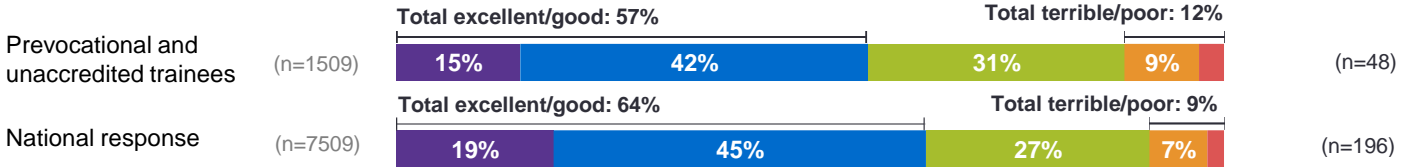
#### Educational resources



#### Working space, such as a desk and computer



#### Teaching spaces



**Key:** ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

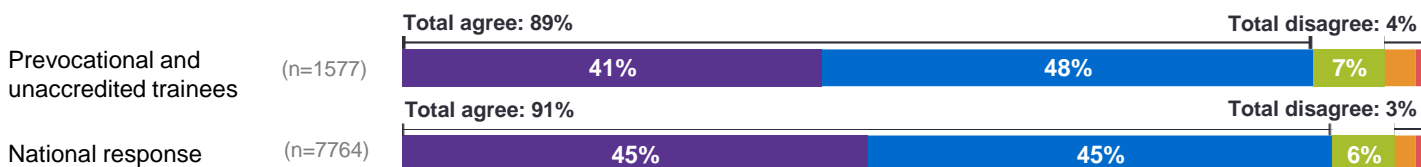
Base: Total sample excluding not provided (shown separately)  
 Q40. How would you rate the quality of the following in your setting?



## Workplace environment and culture

### CULTURE WITHIN THE TRAINEE'S SETTING

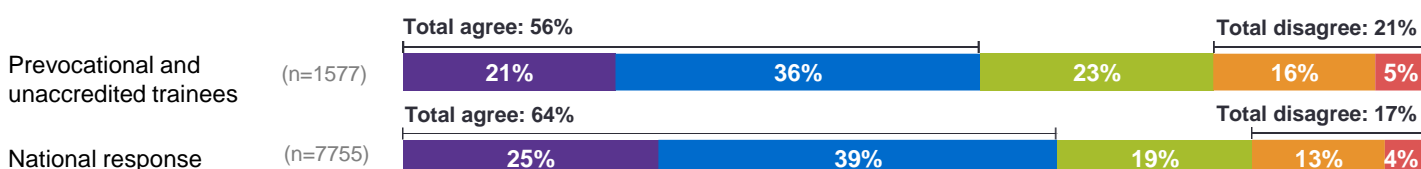
#### Most senior medical staff are supportive



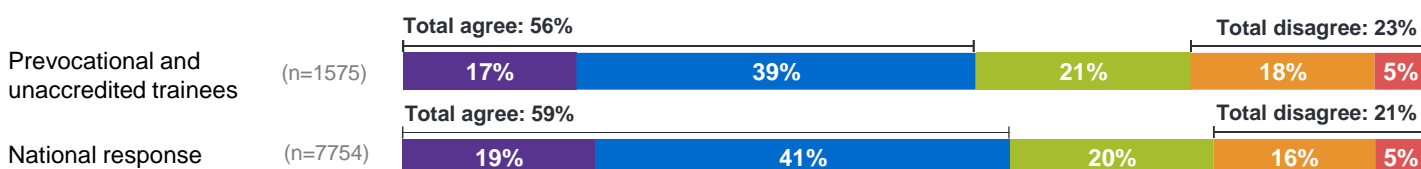
#### My workplace supports staff wellbeing



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



#### I have a good work/life balance



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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?

## Workplace environment and culture

### 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



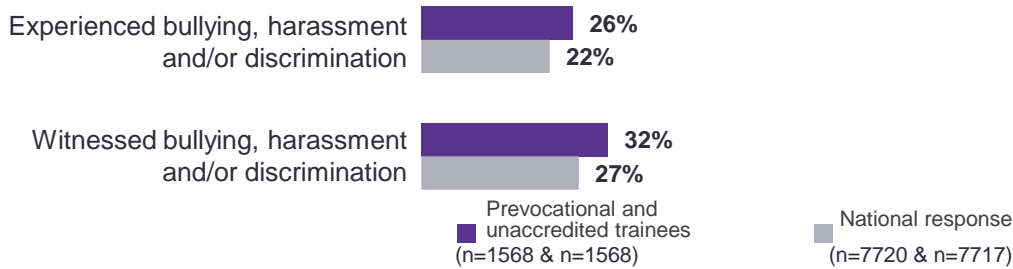
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample

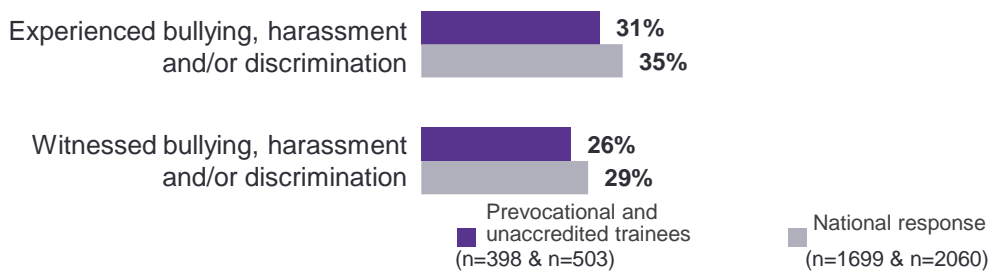
Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?

## Workplace environment and culture

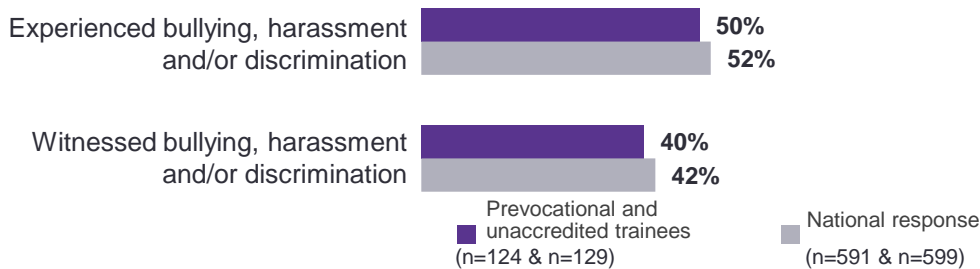
### IN THE PAST 12 MONTHS, HAVE YOU... (% yes)



### DID YOU REPORT IT... (% yes)



### HAS THE REPORT BEEN FOLLOWED UP... (% yes)

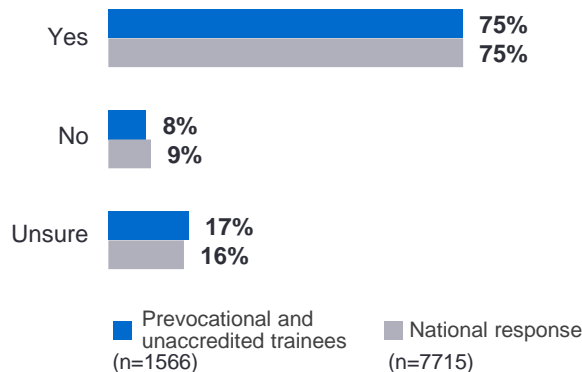


Base: Total sample  
 Q42a. Thinking about your workplace, in the past 12 months, have you...?

Base: Experienced/witnessed bullying, harassment and/or discrimination (including racism)  
 Q42b. Did you report it?

Base: Reported bullying, harassment and/or discrimination (including racism)  
 Q42c. Has the report been followed up?

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

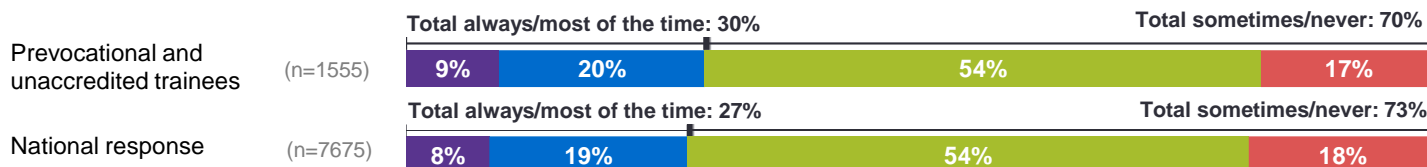


Base: Total sample  
 Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

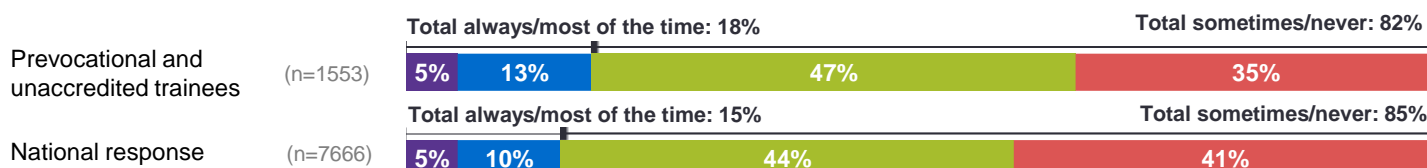
## Workplace environment and culture

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

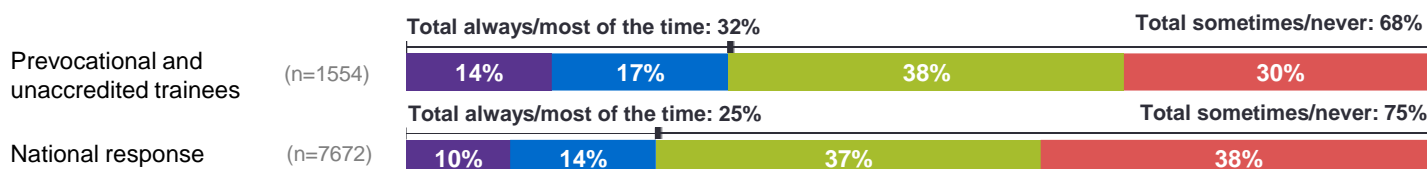
#### The amount of work I am expected to do



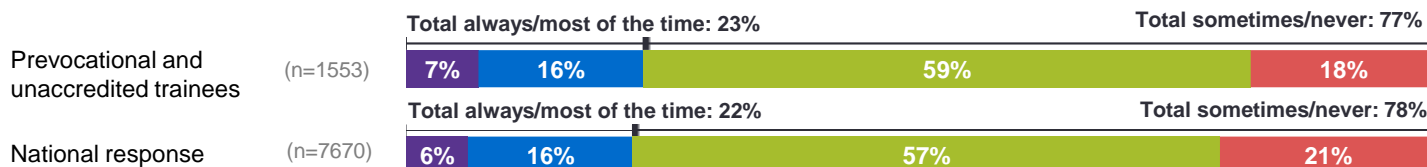
#### Having to work paid overtime



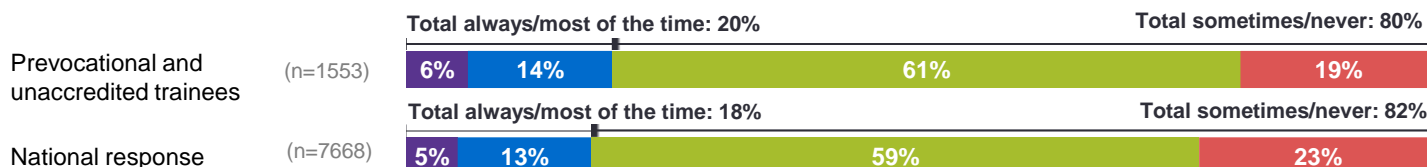
#### Having to work unpaid overtime



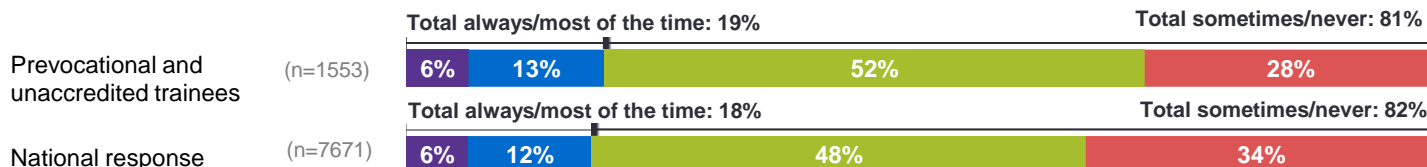
#### Dealing with patient expectations



#### Dealing with patients' families



#### Expectations of supervisors



Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

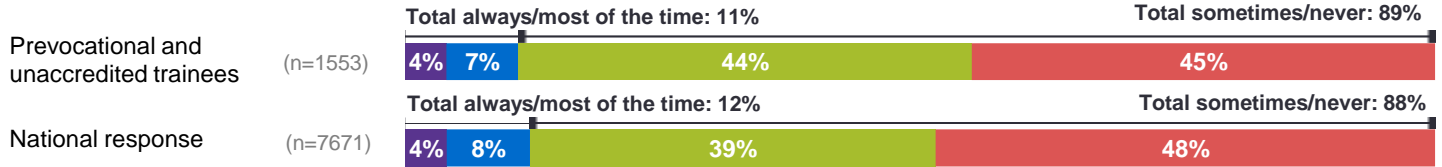
Base: Total sample  
 Q44. How often do the following adversely affect your wellbeing in your setting?



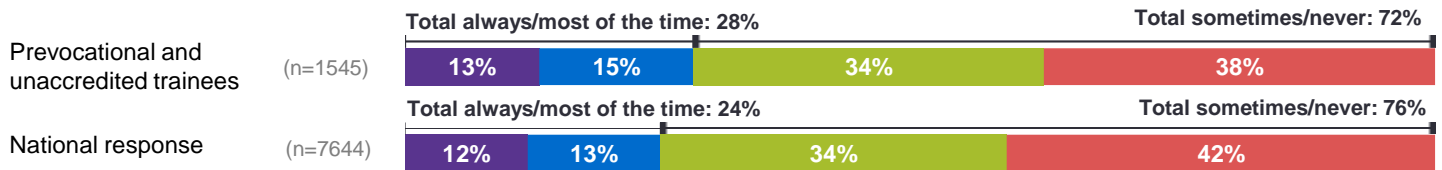
## Workplace environment and culture

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

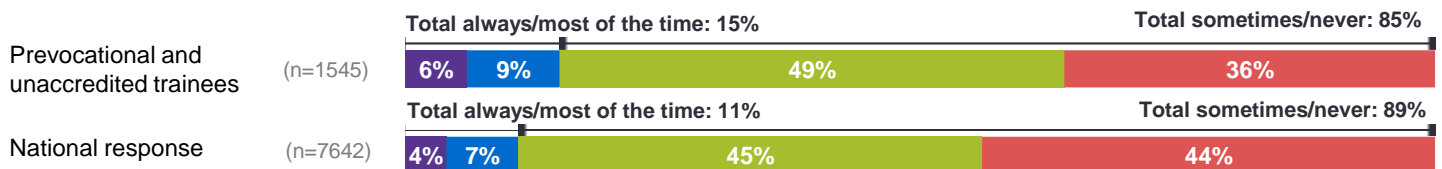
#### Supervisor feedback



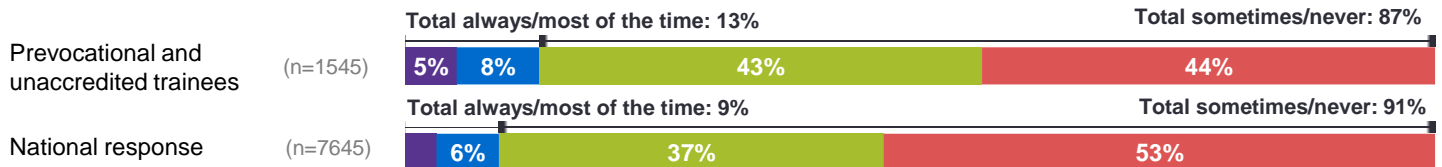
#### Having to relocate for work



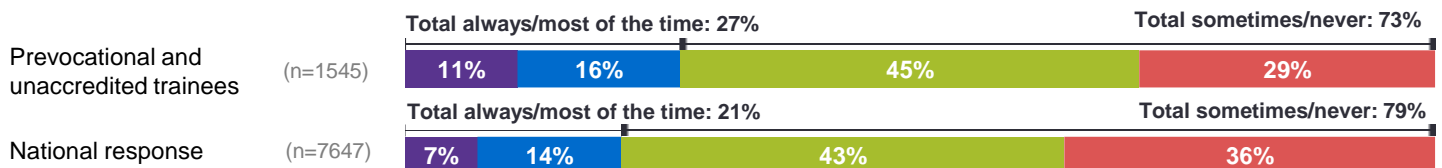
#### Being expected to do work that I don't feel confident doing



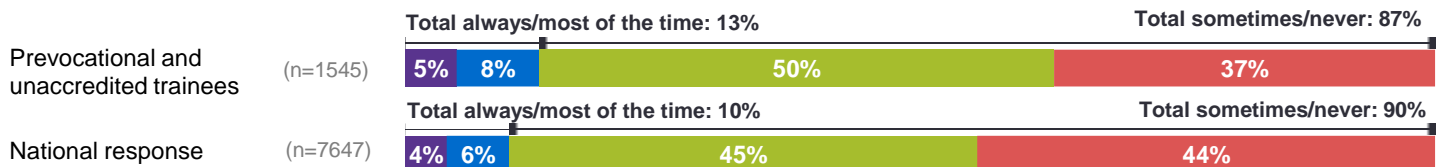
#### Limited access to senior clinicians



#### Lack of appreciation



#### Workplace conflict

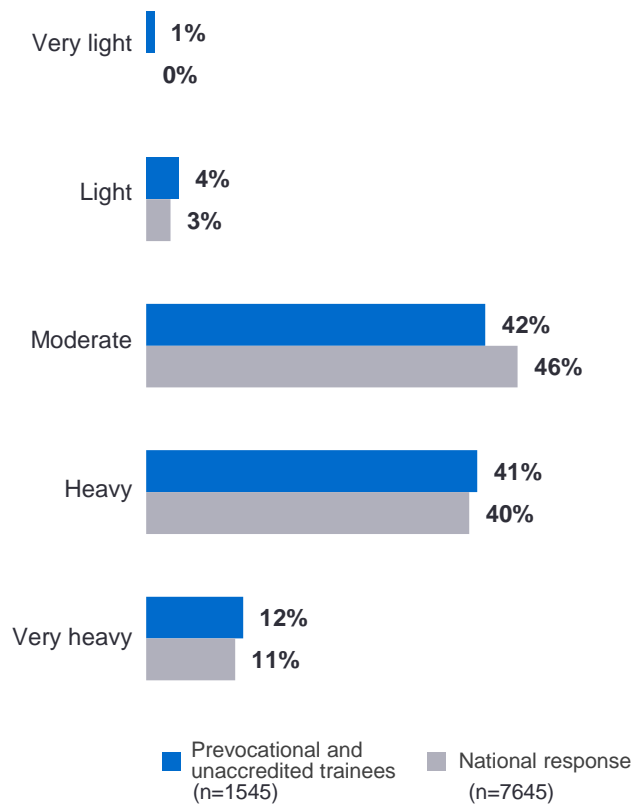


Key: ■ Always ■ Most of the time ■ Sometimes ■ Never

Base: Total sample  
 Q44. How often do the following adversely affect your wellbeing in your setting?

## Workplace environment and culture

### HOW WOULD YOU RATE YOUR WORKLOAD IN YOUR SETTING?



Base: Total sample  
 Q45. How would you rate your workload in your setting?

## Workplace environment and culture

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

On average, prevocational and unaccredited trainees worked...



On average, doctors in training nationally worked...



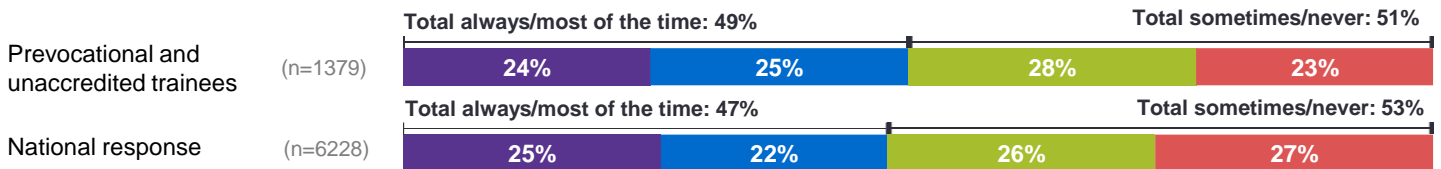
On average, prevocational and unaccredited trainees work 49.8 hours a week, compared to 46.9 hours a week for the national response.

For prevocational and unaccredited trainees, 82% are working 40 hours a week or more, compared to the national response of 76%.

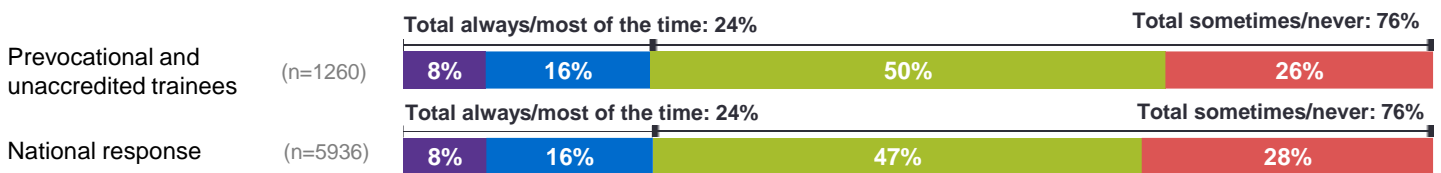
Base: Total sample (National: n=7619; Prevocational and unaccredited trainees: n=1541)  
 Q46. On average in the past month, how many hours per week have you worked?

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

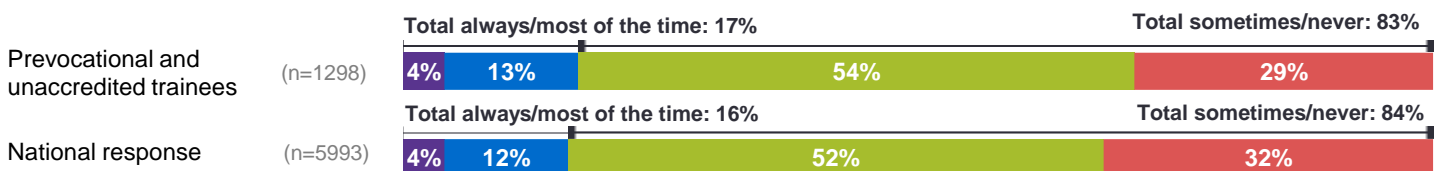
#### You get paid for the unrostered overtime



#### Working unrostered overtime have a negative impact on your training



#### Working unrostered overtime provide you with more training opportunities

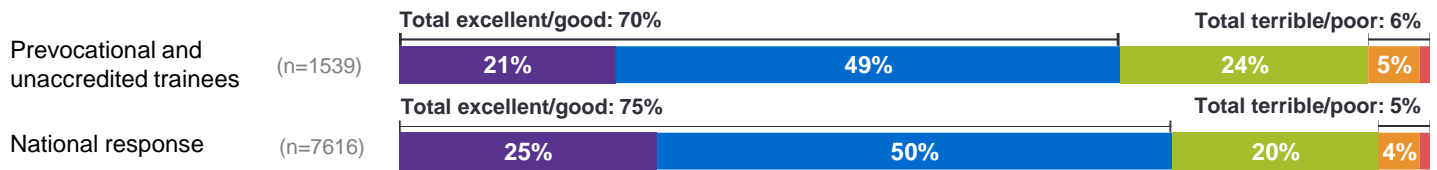


Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

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

## Patient safety

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



Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

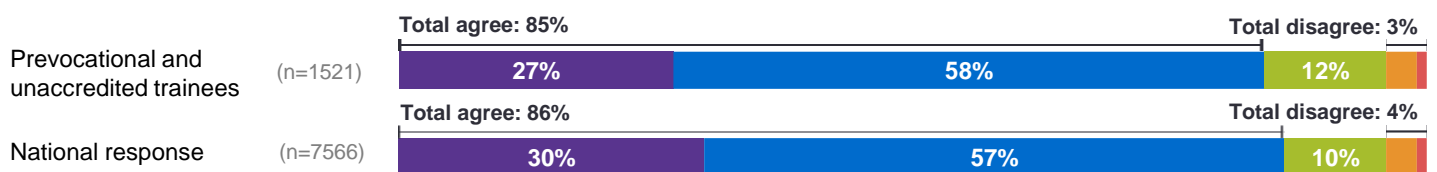
### I know how to report concerns about patient care and safety



### 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



Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

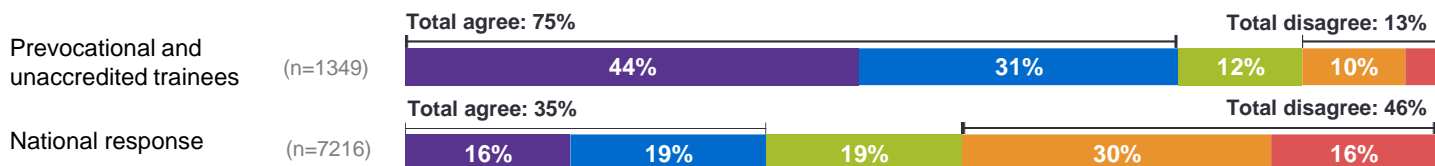
Base: Total sample

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

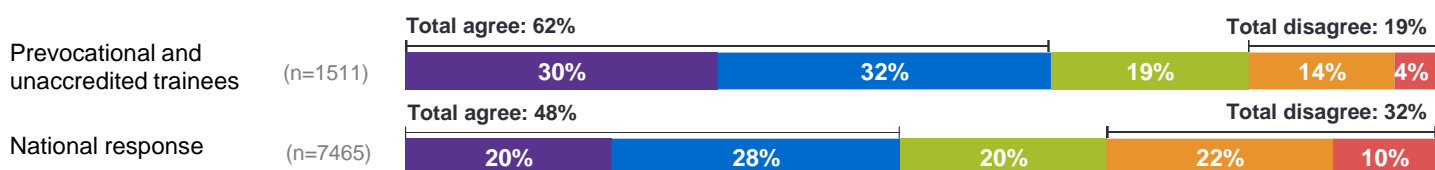
## Future career intentions

### 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



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

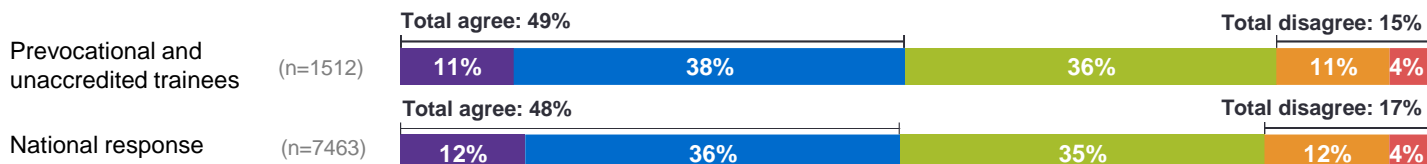
Base: Total sample

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

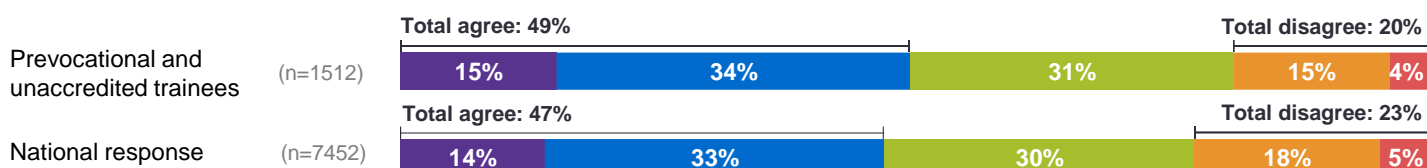
## Future career intentions

### CAREER INTERESTS

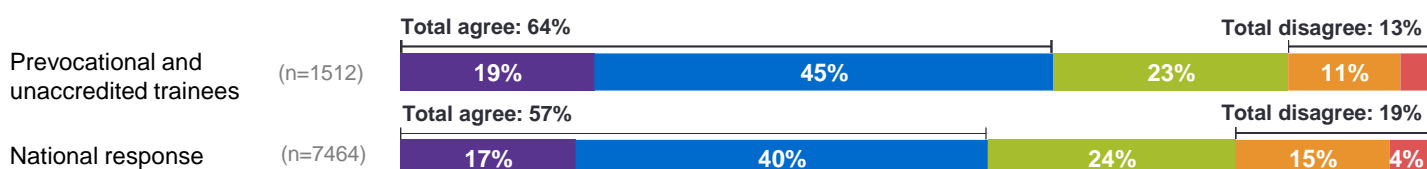
#### I have an interest in Aboriginal and Torres Strait Islander health/healthcare



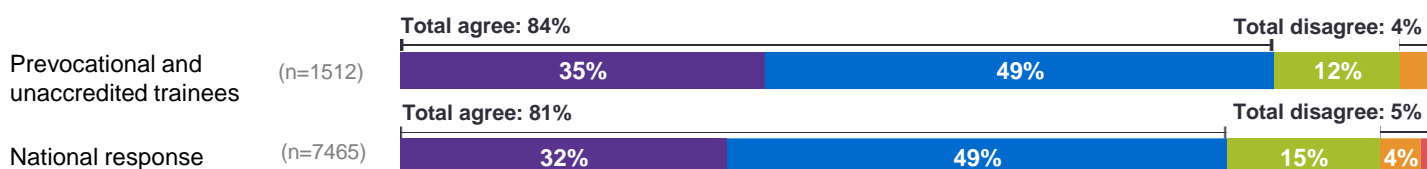
#### I am interested in rural practice



#### I am interested in getting involved in medical research



#### I am interested in getting involved in medical teaching



**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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



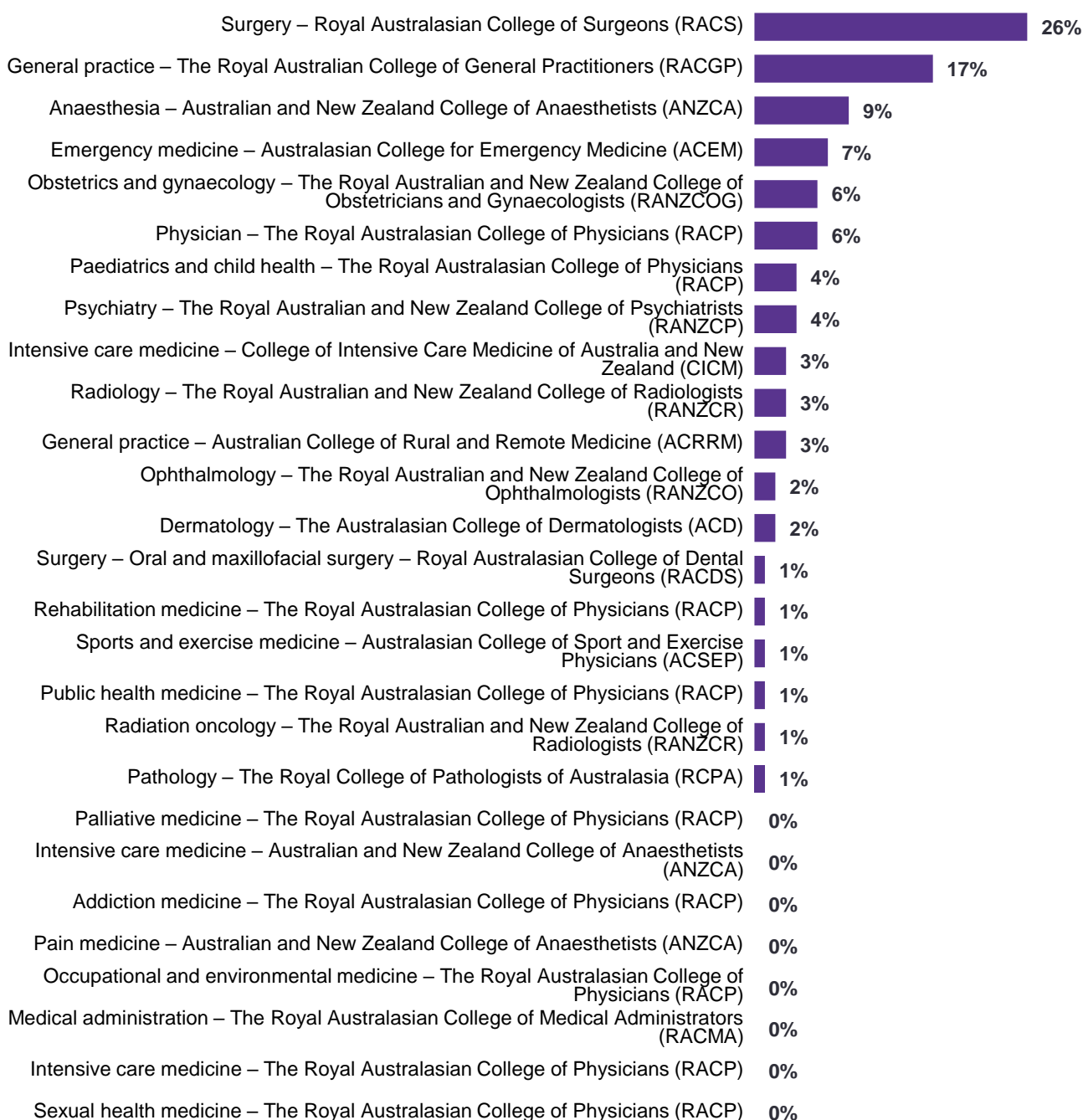
## Future career intentions

### PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY



> 89% of prevocational and unaccredited trainees are intending to become a specialist.

### 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?

Visit [MedicalTrainingSurvey.gov.au](https://www.medicaltrainingsurvey.gov.au) to explore the results further by using the interactive data dashboard

