

Medical Training Survey 2020

Medical Board of Australia and Ahpra
Report for The Royal Australasian College of Surgeons



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MESSAGE FROM THE CHAIR

Our huge thanks to the more than 21,000 doctors in training who responded to the 2020 Medical Training Survey (MTS). We now have responses from more than half of Australia's doctors in training, and a solid evidence base for continuous improvement.

The MTS data are rich and once again, provide fascinating insights. In broad terms, 2020 MTS results are consistent with 2019 MTS data. There's a lot going well in medical training in Australia and we're doing a lot of things right to keep producing doctors who can provide patients with high quality care.

This year, 87 per cent of doctors in training rated the quality of their clinical supervision and training very highly, 75 per cent said their orientation was good or excellent, and 81 per cent would recommend their current training position to other doctors.

Stronger response rates this year have given us robust national data about the experience of prevocational and unaccredited trainees. The results show that these doctors value and rate highly the training they receive – but these training opportunities are limited. Better training for this important group of doctors will lead to better care and safety of patients in Australia and is an important opportunity for action.

About 66 per cent of trainees work more than 40 hours per week, but many value the extra training opportunities this provides.

We are delighted to have heard from so many international medical graduates (IMGs) with limited or provisional registration (49 per cent), who were very satisfied with their training experience.

We responded to stakeholder feedback and updated MTS questions to get a clearer picture of the culture of medicine. Disappointingly, the 2020 MTS results confirm that there is a lot still to be done both in medicine and the wider health sector. Again this year, 34 per cent of doctors in training reported they had experienced and/or witnessed bullying, harassment or discrimination, consistent with 33 per cent in 2019.

Nearly half our interns (47 per cent) experienced and/or witnessed bullying, harassment or discrimination, followed by 39 per cent of prevocational and unaccredited trainees, 36 per cent per cent of specialist non-GP trainees, 23 per cent of IMGs and 21 per cent of specialist GP trainees.

The primary sources of the bullying, harassment and discrimination experienced by trainees was by consultants and specialists (51 per cent), nurses or midwives (36 per cent) and patients and/or patients' family/carers (34 per cent).

Importantly, 66 per cent of trainees said that they did not report the incident they experienced, and 78 per cent did not report the incident they witnessed.

For the future of our profession, we must all listen to what the thousands of trainees have told us. Collectively, we must prioritise the work needed to build a culture of respect, including by making it safe for them to speak up. We must keep our trainees safe. An urgent and shared commitment to this across medicine and the wider health sector will lead to safer patient care.

Questions in 2020 about the impact of COVID-19 on training drew interesting answers. Perhaps unsurprisingly, 80 per cent said the pandemic had impacted on their training. About one third of trainees overall (notably 37 per cent in Victoria) reported it having had a negative effect, nearly half said the impact on their training was mixed, and more than one third said it had led to innovative ways to learn.

Once again, we have deliberately presented the results of the MTS unadorned. As promised, we have prioritised confidentiality and results are only published when there were 10 or more responses.

You can access 2020 results in a series of static reports or with an online reporting tool, accessible from the MTS website at www.medicaltrainingsurvey.gov.au. You can use this tool to compare 2019 and 2020 results and see how your workplace, college or state compares with the national response.

The Board is grateful to everyone who worked with us to deliver and promote the 2020 MTS. Sincere thanks to all the members of our Steering Committee and Advisory Group, who shared their expertise and experience so openly. A very special thanks to the many doctors in training who have worked closely with us on the Medical Training Survey this year, whose insight, energy and commitment continues to reassure and inspire.



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 2020 representing the second 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=21,851 doctors in training, with n=20,915 responses eligible for analysis (i.e. currently training in Australia) between 21 July and 8 October 2020.



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.

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

INTERPRETING THIS REPORT

This report provides key 2020 results based on n=536 doctors in training, at The Royal Australasian College of Surgeons (RACS) compared against national results (2020 n=20,915) of all eligible doctors in training (i.e. currently training in Australia).

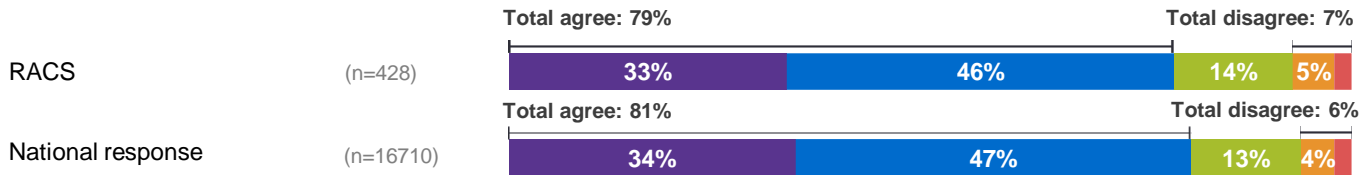
Bases exclude 'not applicable' responses or where the respondent skipped the question. Data in this report are unweighted. Labels on stacked charts are hidden for results 3% or less. Results with base sizes of less than n=10 are suppressed.

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.

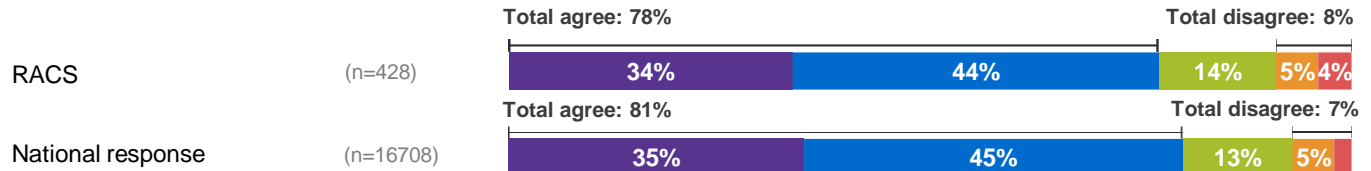
Executive summary

OVERALL SATISFACTION

I would recommend my current training position to other doctors



I would recommend my current workplace as a place to train



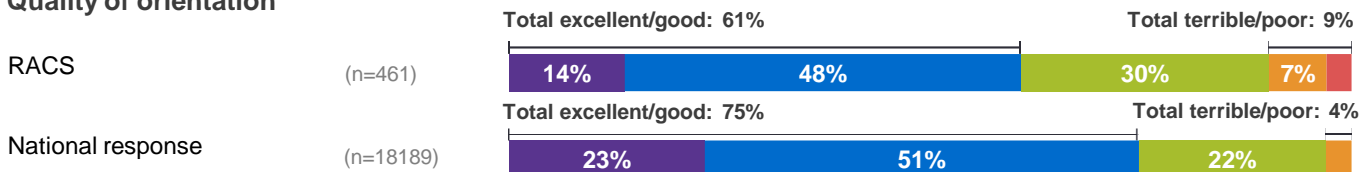
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample

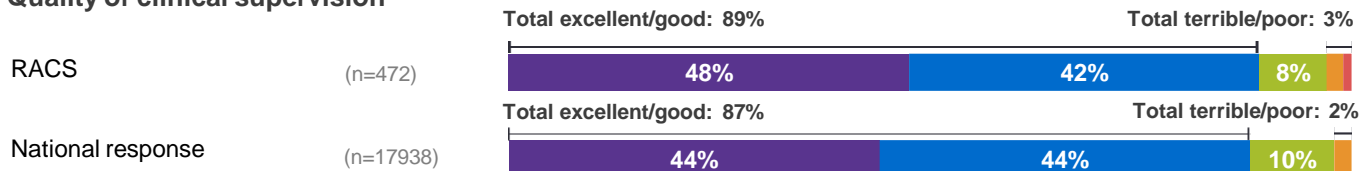
Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?

HIGHLIGHTS

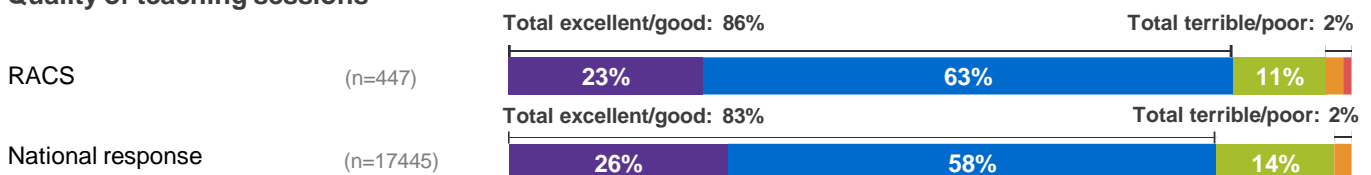
Quality of orientation



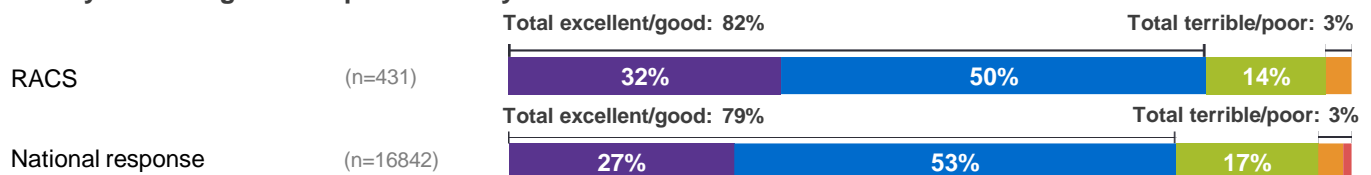
Quality of clinical supervision



Quality of teaching sessions



Quality of training to raise patient safety concerns



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

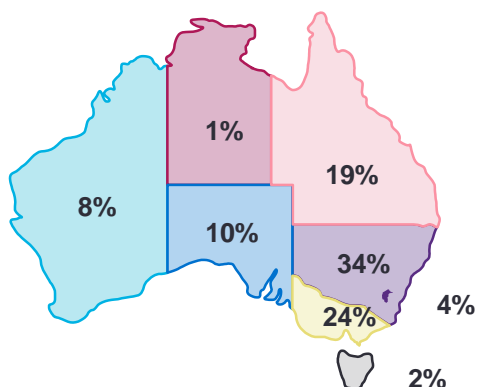
Base: Orientation received | Q27B. How would you rate the quality of your orientation?

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 RACS trainees

TRAINING LOCATION



● ACT ● NSW ● NT ● Qld ● SA ● Tas ● Vic ● WA

Facility



Training at a hospital
98%



Not training at a hospital
2%

Region



Metropolitan area
81%



Regional area
17%



Rural area
0%

Do not wish to specify
1%

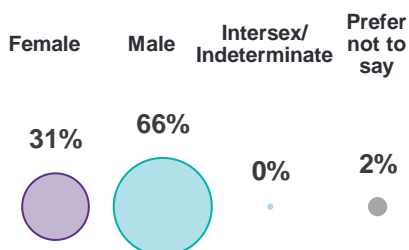
Base: Total sample (RACS 2020: n=536)
 Q4. In which state or territory is your current term/rotation/placement based?

Base: Total sample (RACS 2020: n=536)
 Q5A. Is your current position/term/rotation/placement in a hospital?

Base: Total sample (RACS 2020: n=536)
 Q6. Is your current setting in a...?

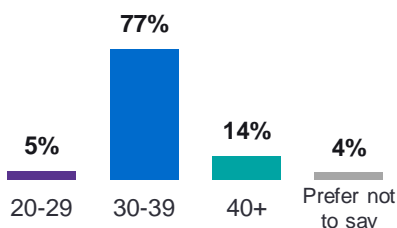
DEMOGRAPHICS

Do you identify as...



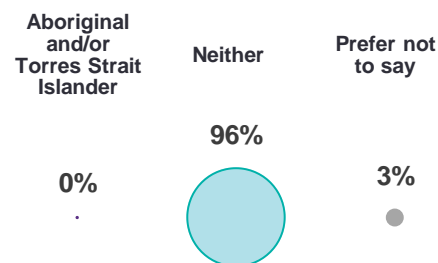
Base: Total sample (RACS 2020: n=426)
 Q55. Do you identify as...?

Age in years



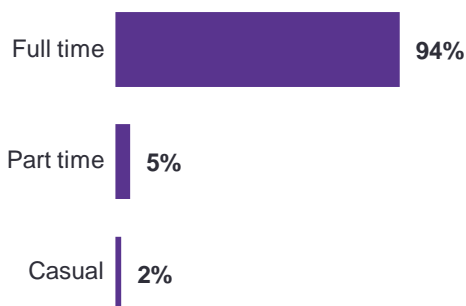
Base: Total sample (RACS 2020: n=425)
 Q56. What is your age?

Cultural background



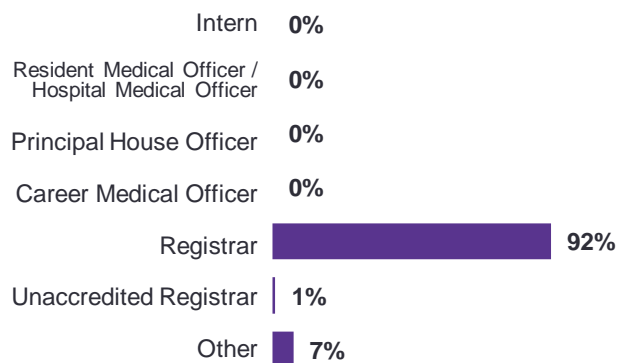
Base: Total sample (RACS 2020: n=425)
 Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?

Employment



Base: Total sample (RACS 2020: n=536)
 Q2. Are you employed:

Role



Base: Total sample (RACS 2020: n=536)
 Q7. What is your role in the setting?

Profile of RACS trainees

POSTGRADUATE YEAR

Postgraduate year average is

Years:
8.5



RACS

Years:
5.6



National average

Base: Total sample (National: 2020 n=20824; RACS: 2020 n=536)

Q1. What is your postgraduate year?

PRIMARY DEGREE



Australia



78%



New Zealand



2%



Elsewhere

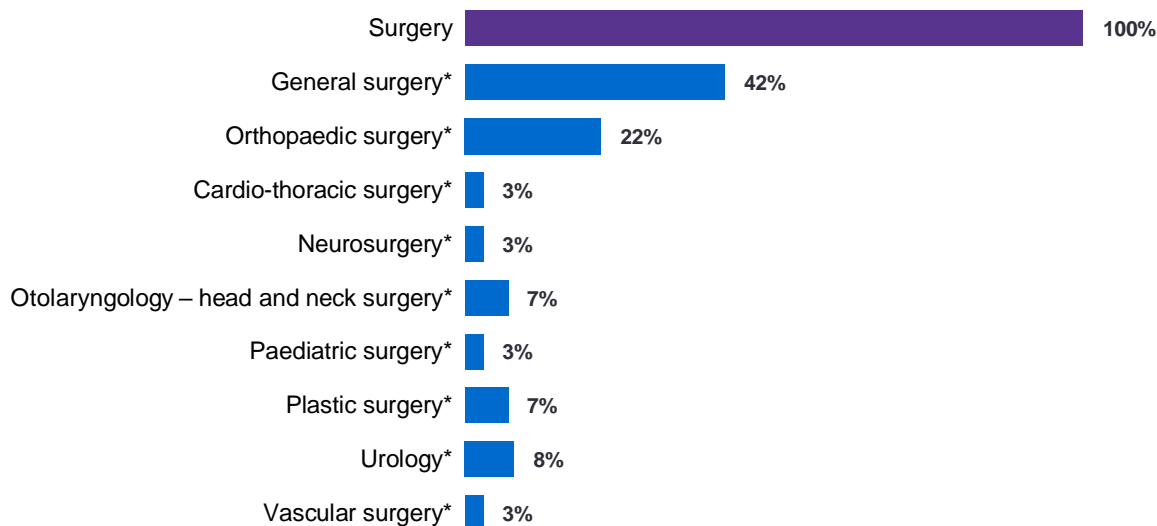


20%

Base: Total sample (RACS 2020: n=425)

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

CURRENT ROTATION / TERM / POSITION



Base: Total sample (RACS 2020: n=536), fields with 10 or more responses shown. 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 RACS have been in their training program for

Years:
3.2



RACS

Years:
3.2



National average

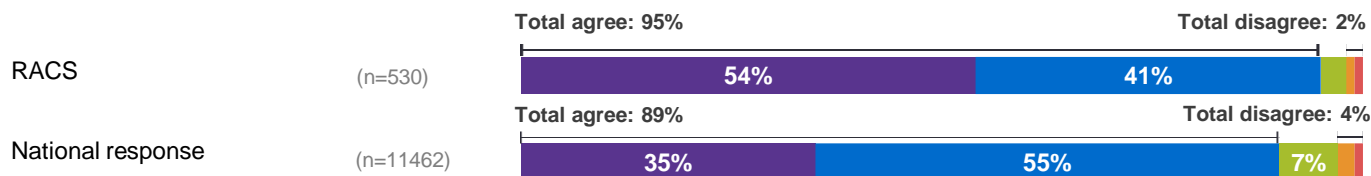
Base: Specialist trainees (National: 2020 n=11676; RACS: 2020 n=534)

Q15. How many years have you been in the College training program?

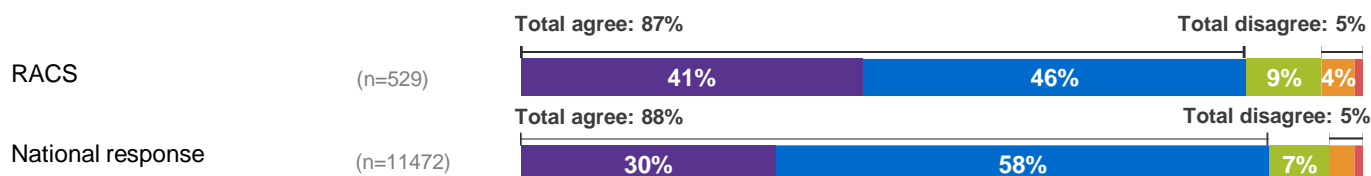
Training curriculum

TRAINING PROGRAM PROVIDED BY COLLEGE

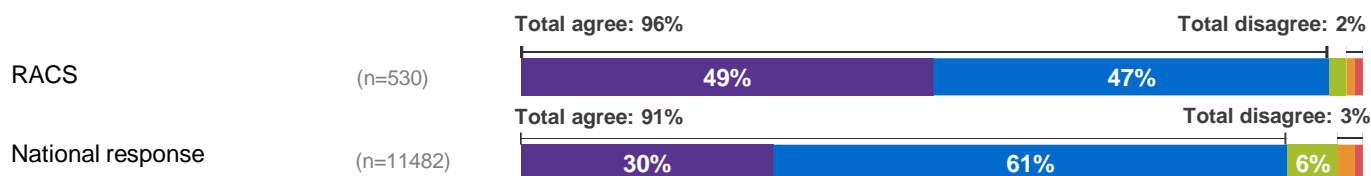
The College training program is relevant to my development



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



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

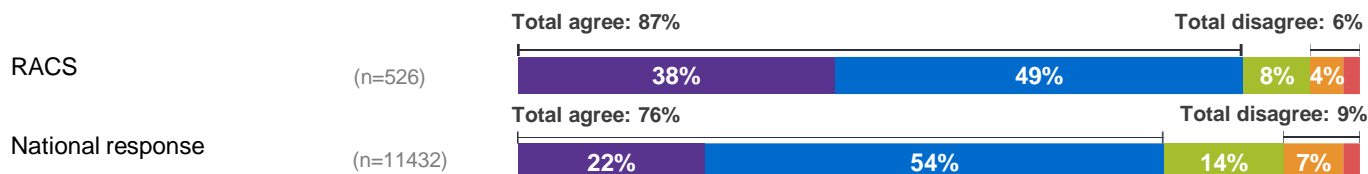
Base: Specialist trainees

Q21. Thinking about your The Royal Australasian College of Surgeons training program, to what extent do you agree or disagree with each of the following statements?

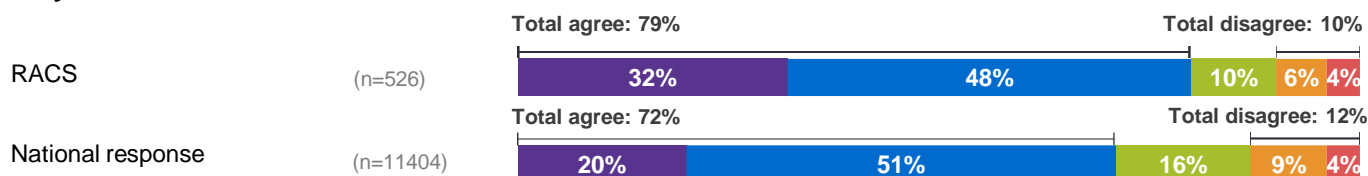
Training curriculum

COMMUNICATION WITH COLLEGE

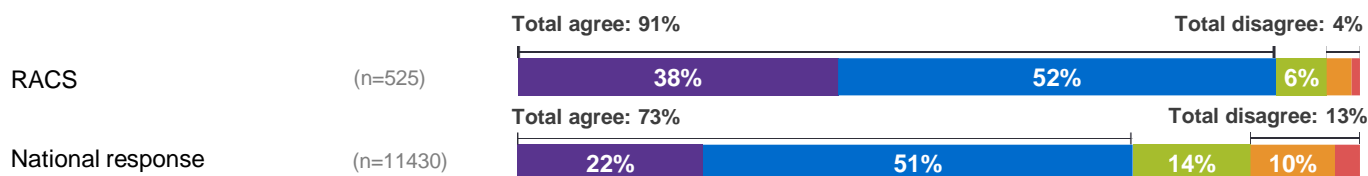
My College clearly communicates the requirements of my training program



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



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

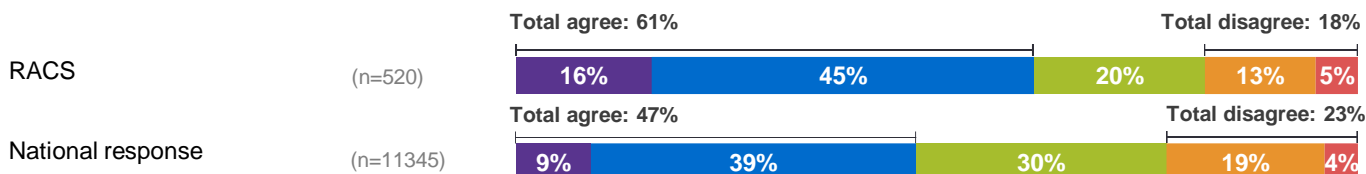
Base: Specialist trainees

Q22. Thinking about how The Royal Australasian College of Surgeons communicates with you about your training program, to what extent do you agree or disagree with the following statements?

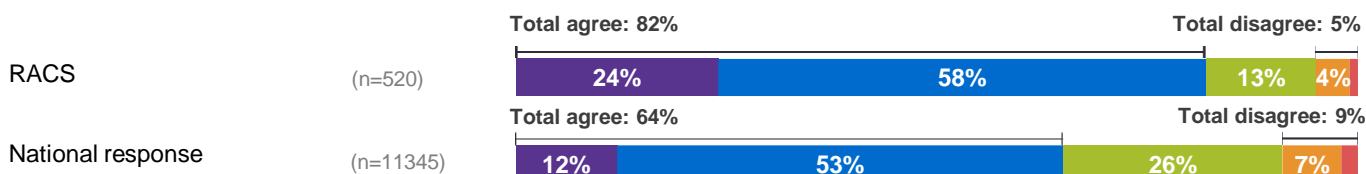
Training curriculum

ENGAGEMENT WITH COLLEGE

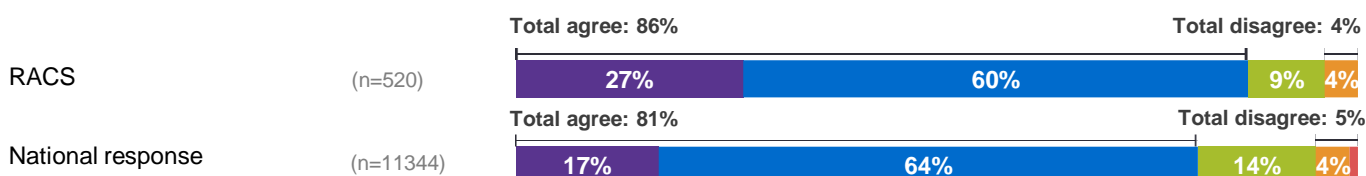
The College seeks my views on the training program



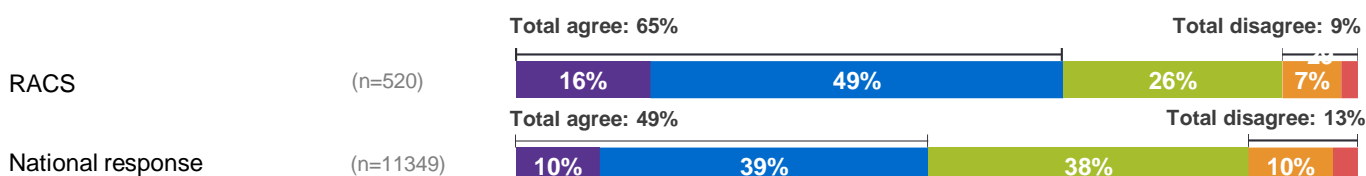
I am represented by doctors in training on the College's training and/or education committees



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



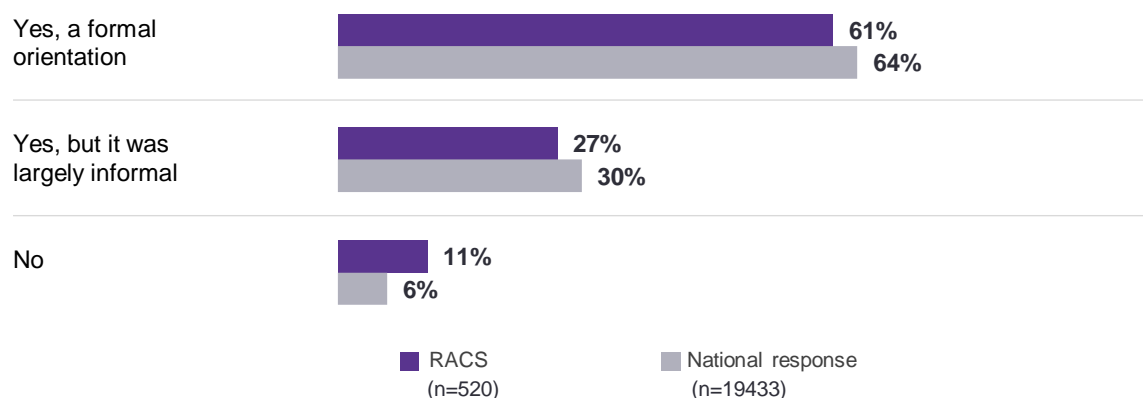
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Specialist trainees
 Q25. Thinking about how The Royal Australasian College of Surgeons 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.

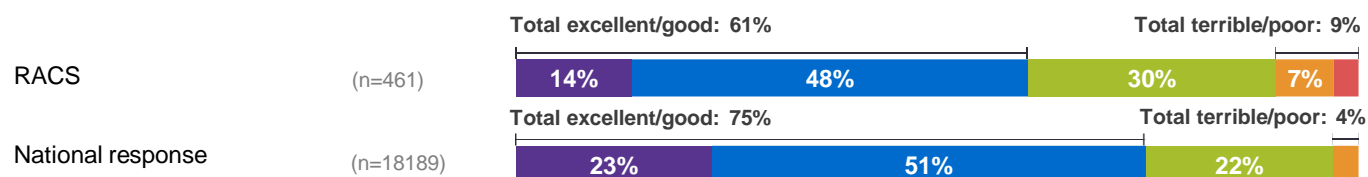


Base: Total sample
 Q27a. Did you receive an orientation to your setting?

HOW WOULD YOU RATE THE QUALITY OF YOUR ORIENTATION?

As shown in the chart above, 89% of RACS trainees had an orientation in their current setting (compared to the national response of 94%).

61% of RACS trainees rate the quality of the orientation as either 'excellent' or 'good', compared to the national response of 75%.



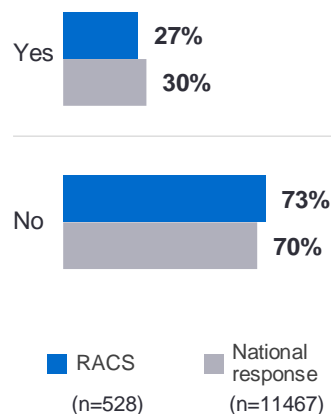
Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

Assessment

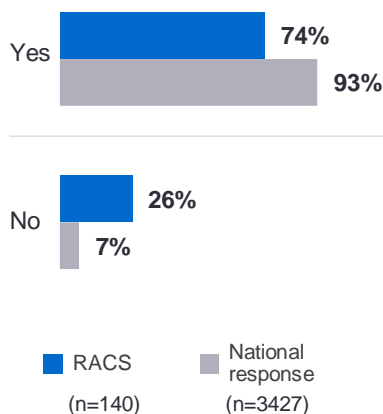
COLLEGE EXAMS

RACS trainees who have sat an exam in the last 12 months...



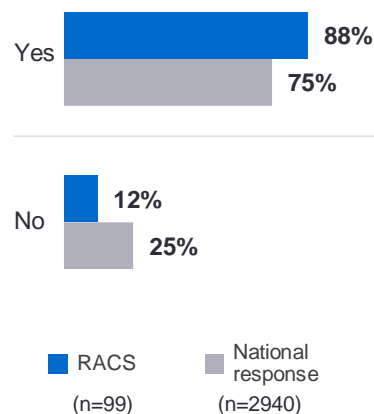
Base: Specialist trainees
 Q23a. In the last 12 months, have you sat one or more exams from The Royal Australasian College of Surgeons?

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



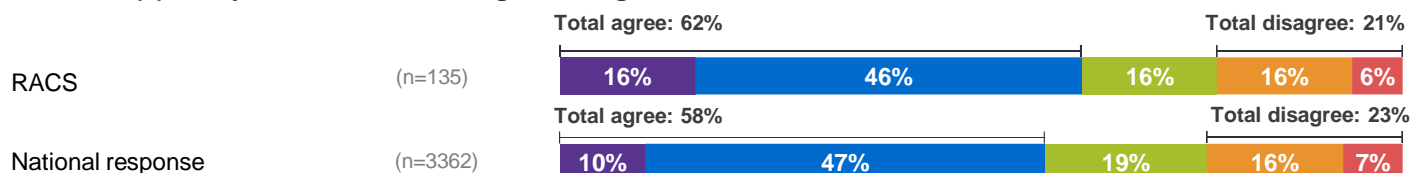
Base: Sat an exam
 Q23b. Have you received the results of your most recent exam from The Royal Australasian College of Surgeons?

Of those receiving results, passed their exams...

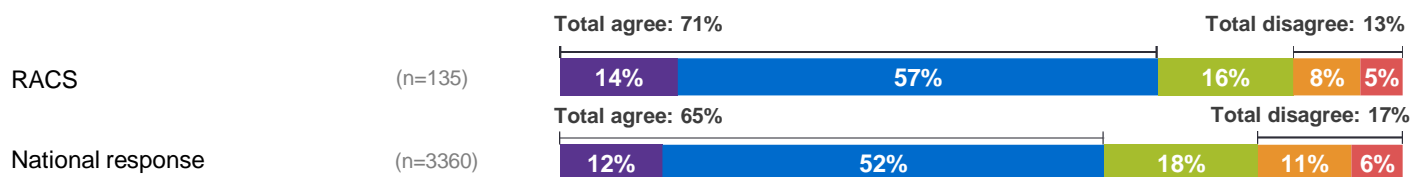


Base: Received results
 Q23c. Did you pass the exam for The Royal Australasian College of Surgeons?

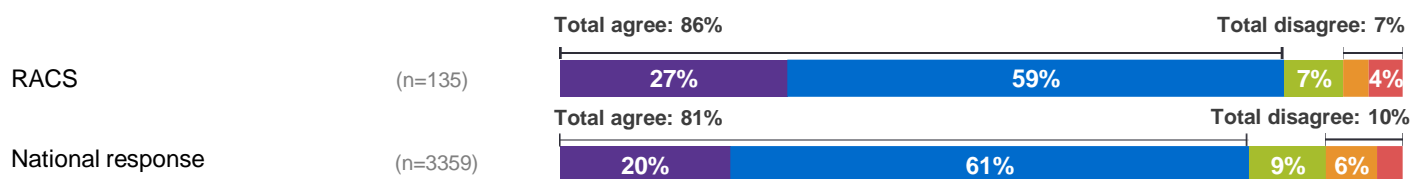
The exam(s) always reflected the college training curriculum



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



The exam(s) always ran smoothly on the day



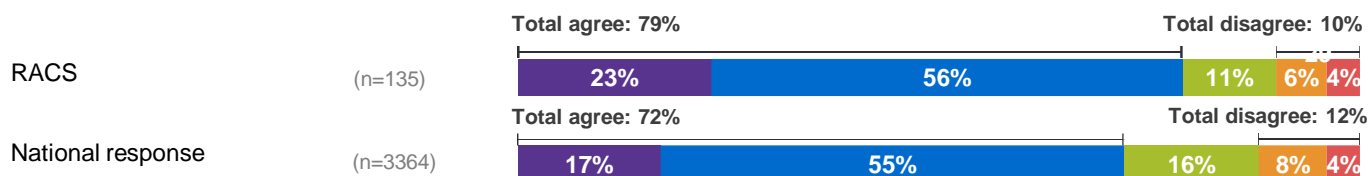
Key: Strongly agree (purple), Agree (blue), Neither agree nor disagree (green), Disagree (orange), Strongly disagree (red)

Base: Specialist trainees
 Q24. Thinking about all your The Royal Australasian College of Surgeons exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?

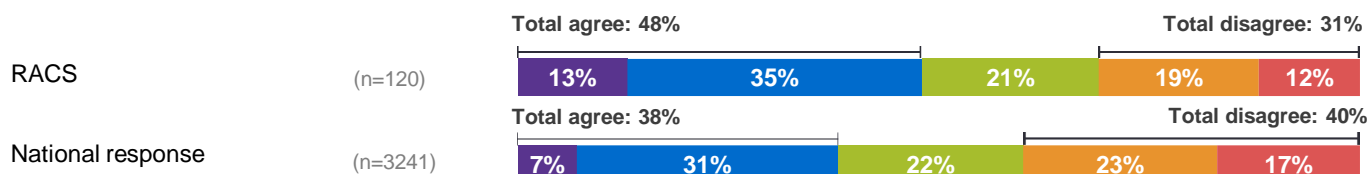
Assessment

COLLEGE EXAMS (continued)

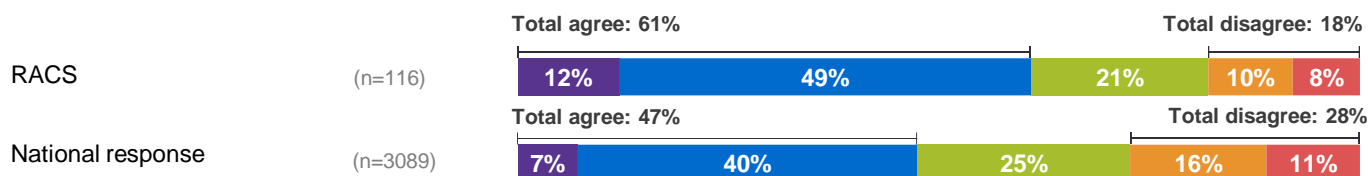
The exam(s) were always conducted fairly



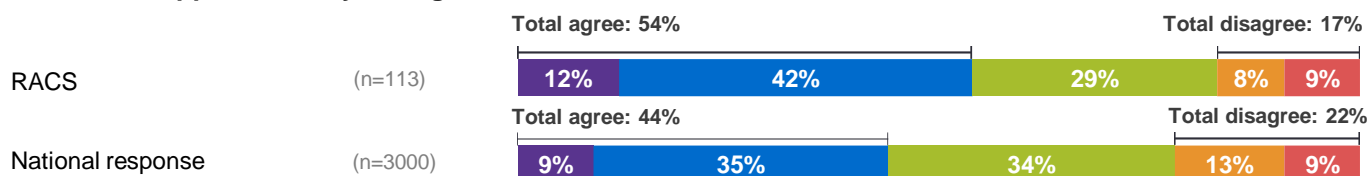
I received useful feedback about my performance in the exam(s)



The feedback is timely



I received support from my College when needed



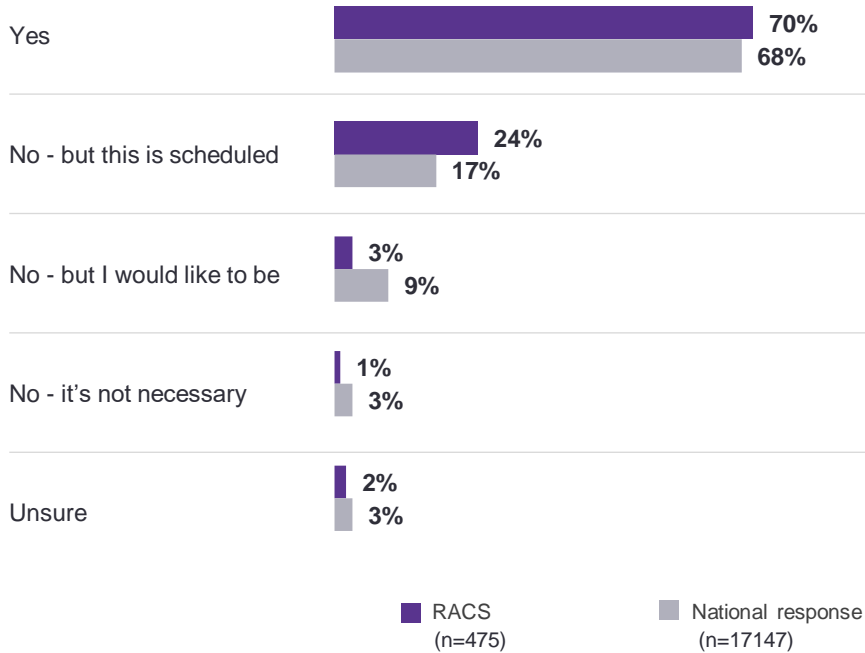
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Specialist trainees

Q24. Thinking about all your The Royal Australasian College of Surgeons exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?

Assessment

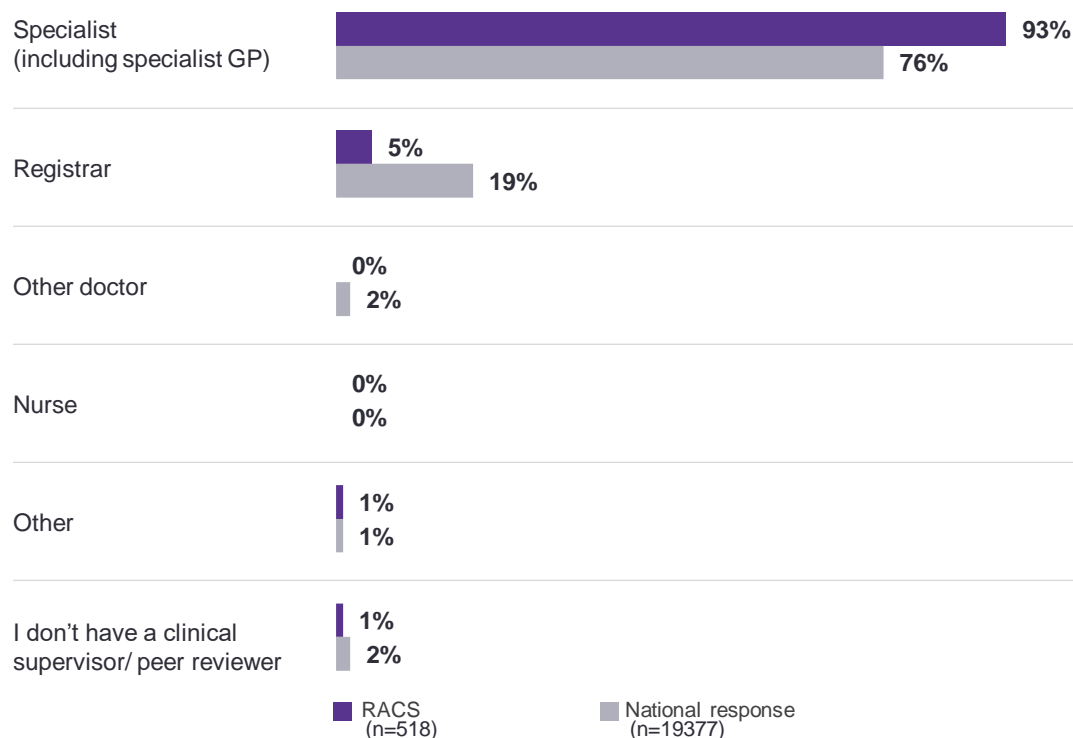
HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?



Base: Prevocational and unaccredited trainees, specialist trainees and IMGs.
 Q32. Has your performance been assessed in your setting?

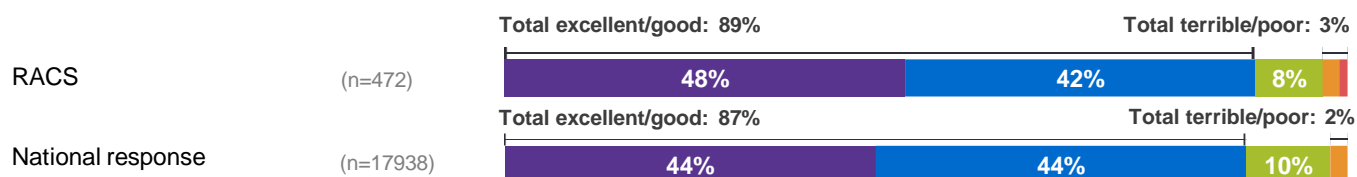
Clinical supervision

WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



Base: Total sample
 Q28. In your setting, who mainly provides your clinical supervision?

HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?

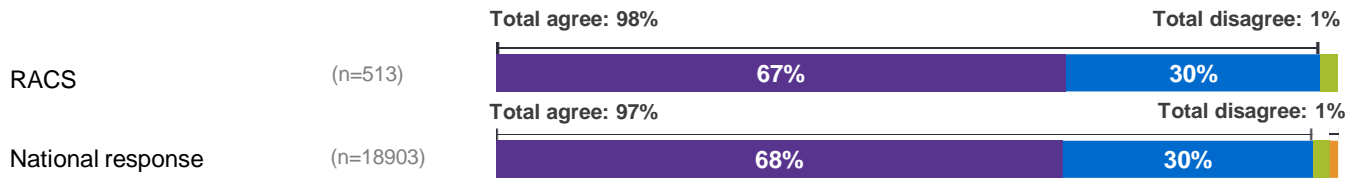


Base: Received supervision
 Q31. For your setting, how would you rate the quality of your clinical supervision?

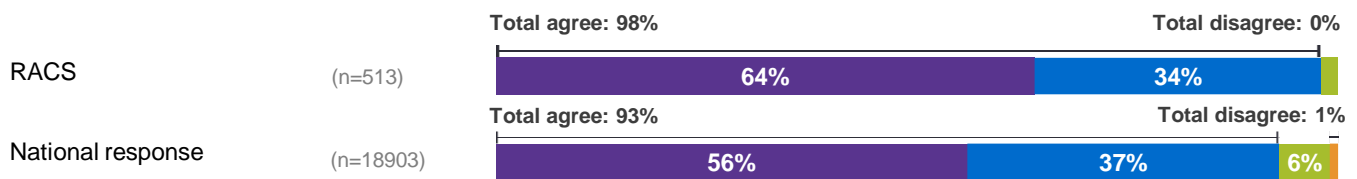
Clinical supervision

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



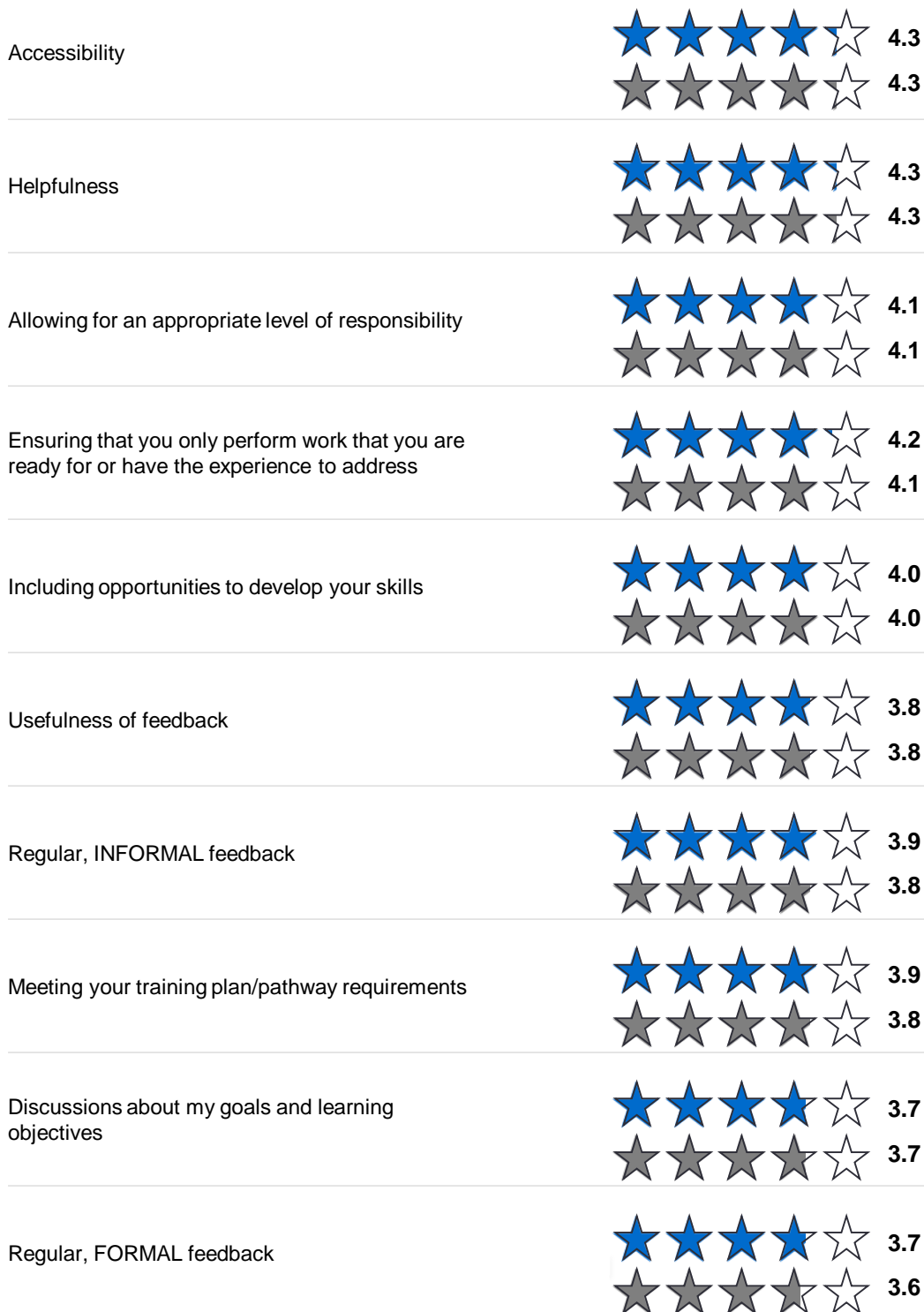
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree



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)

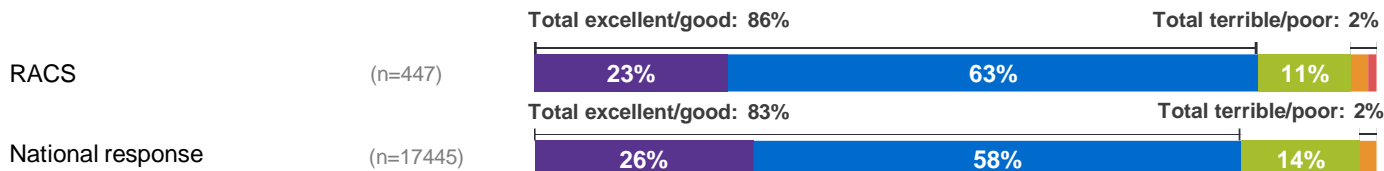


 RACS (max n=472)
 National response (max n=17967)

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?

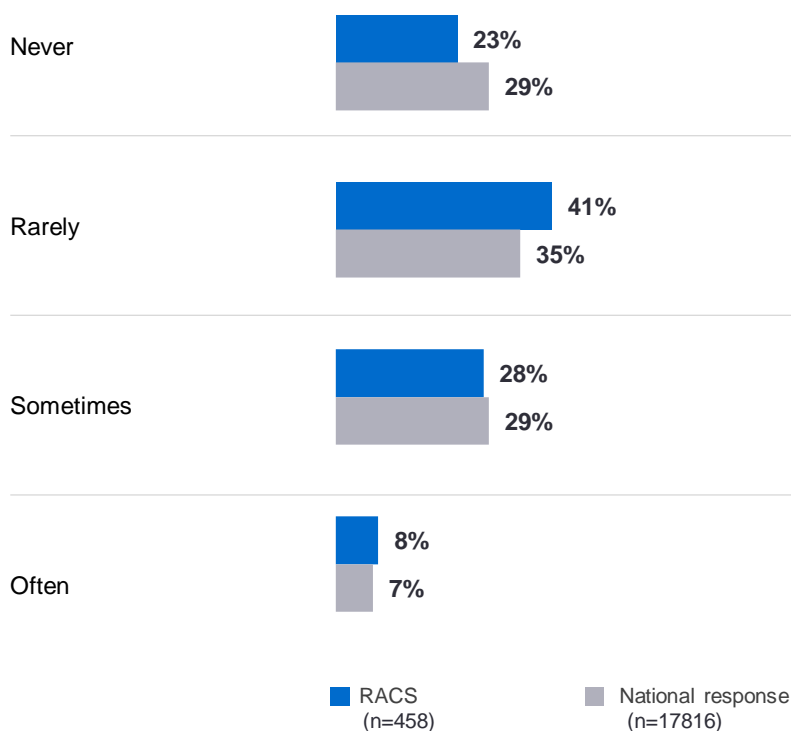


Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

Base: Total sample
 Q39. Overall, how would you rate the quality of the teaching sessions?

TRAINING AND OTHER JOB RESPONSIBILITIES

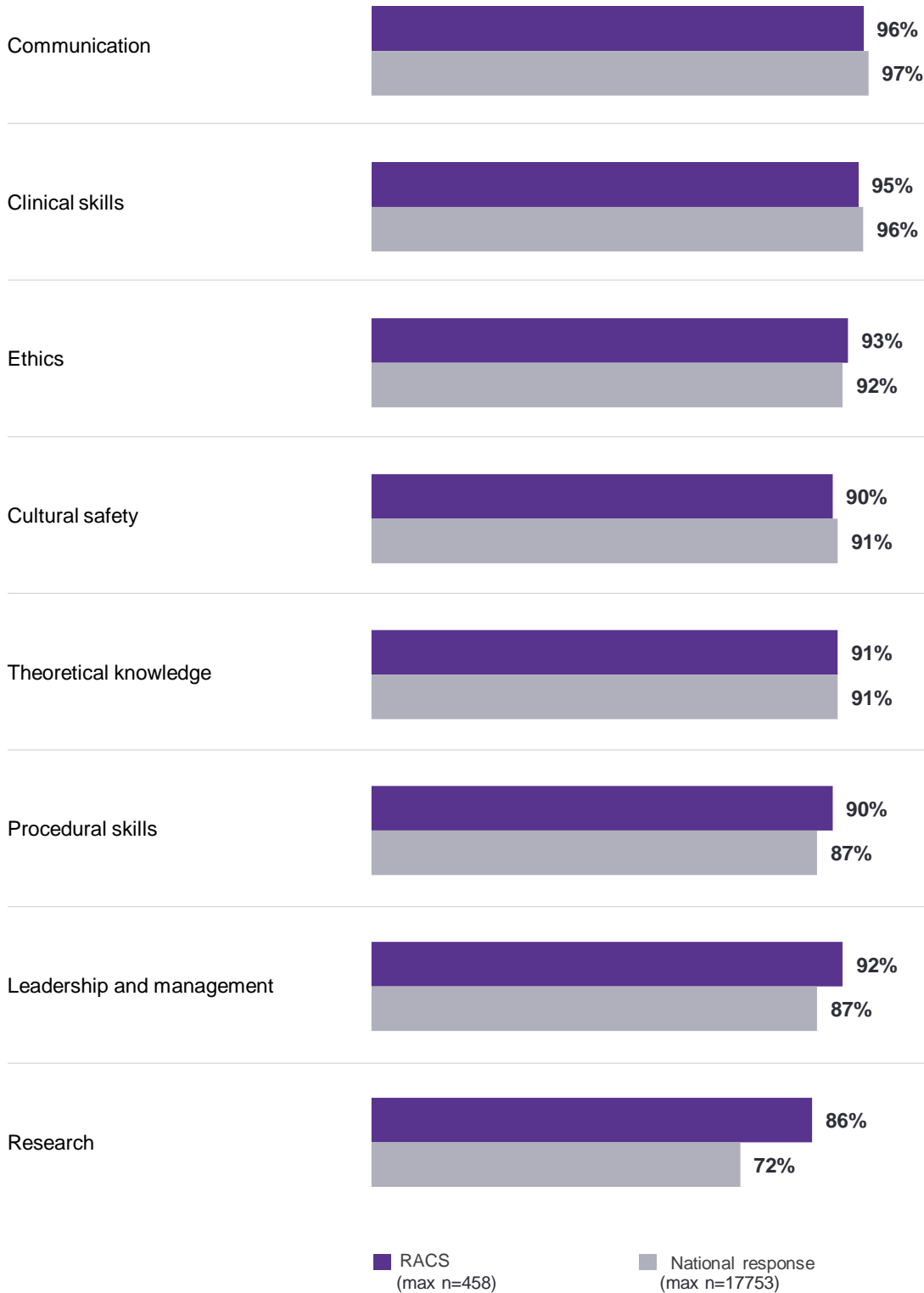
How regularly job responsibilities are preventing doctors in training from meeting training requirements



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

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

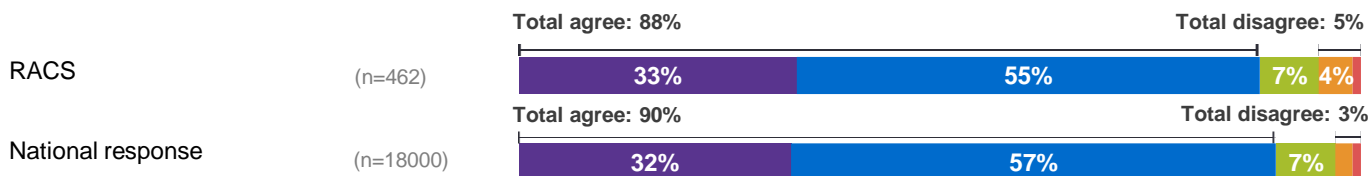


Base: Total sample excluding not applicable
 Q35. In your setting, do you have sufficient opportunities to develop your?

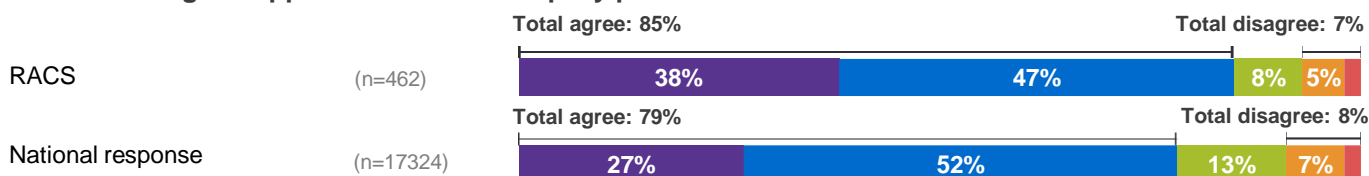
Access to teaching

DEVELOPMENT OF CLINICAL AND PRACTICAL SKILLS

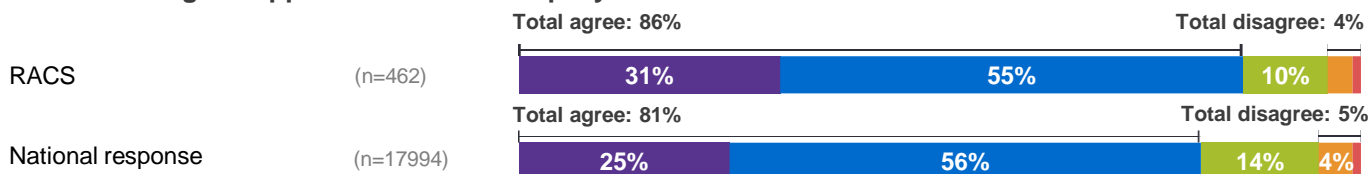
There is a range of opportunities to develop my clinical skills



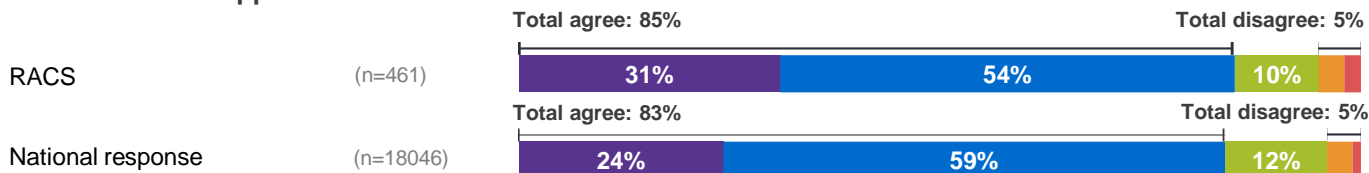
There is a range of opportunities to develop my procedural skills



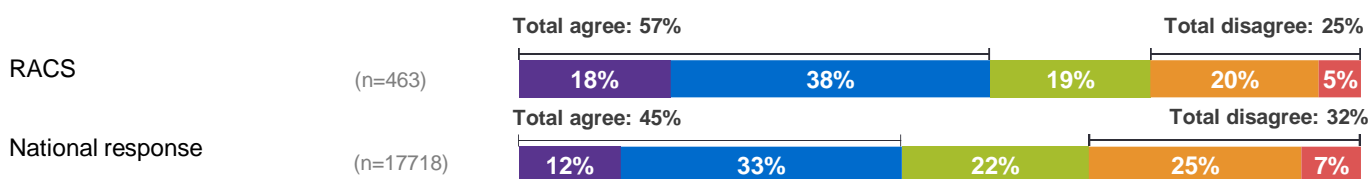
There is a range of opportunities to develop my non-clinical skills



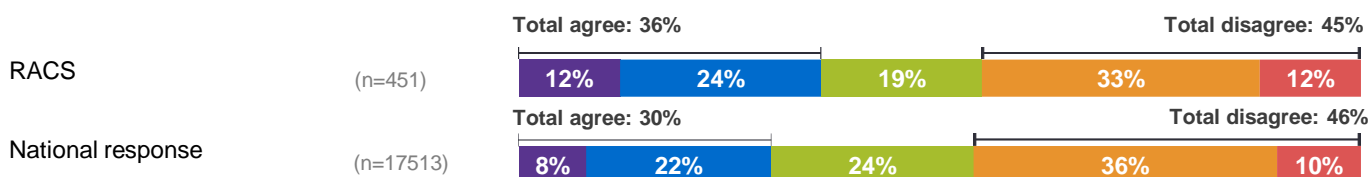
I can access the opportunities available to me



I have to compete with other doctors for access to opportunities



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



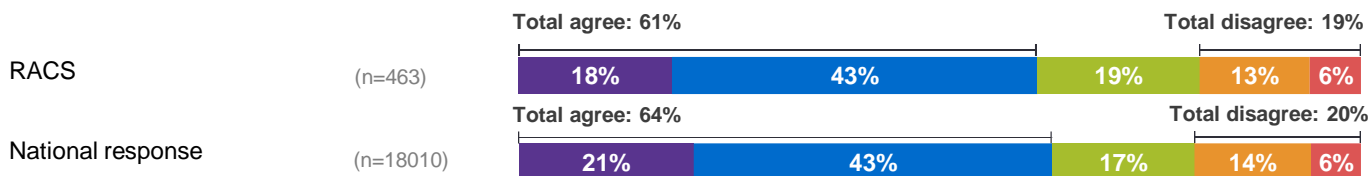
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample
 Q33. Thinking about the development of your skills, to what extent do you agree or disagree with the following statements?

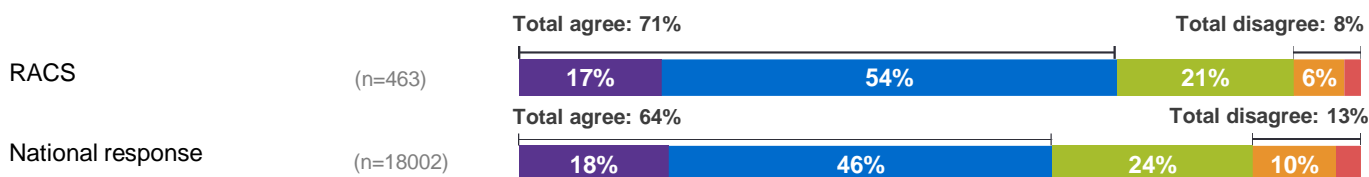
Access to teaching

ACCESS TO TEACHING AND RESEARCH

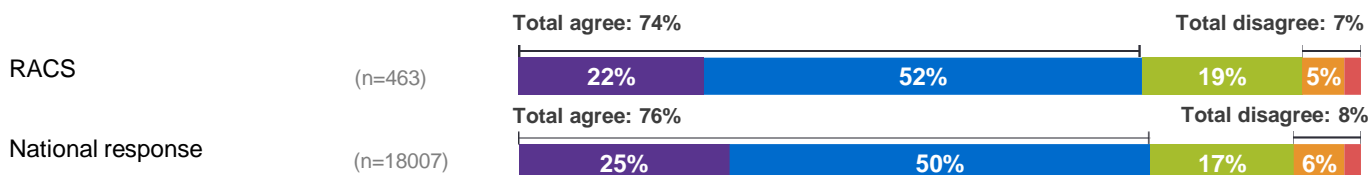
I have access to protected study time/leave



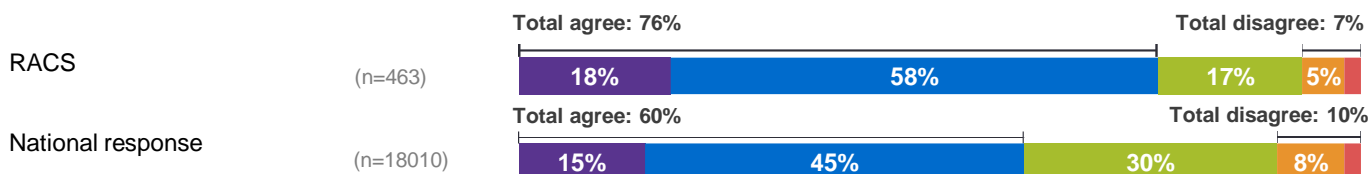
I am able to attend conferences, courses and/or external education events



My employer supports me to attend formal and informal teaching sessions



I am able participate in research activities



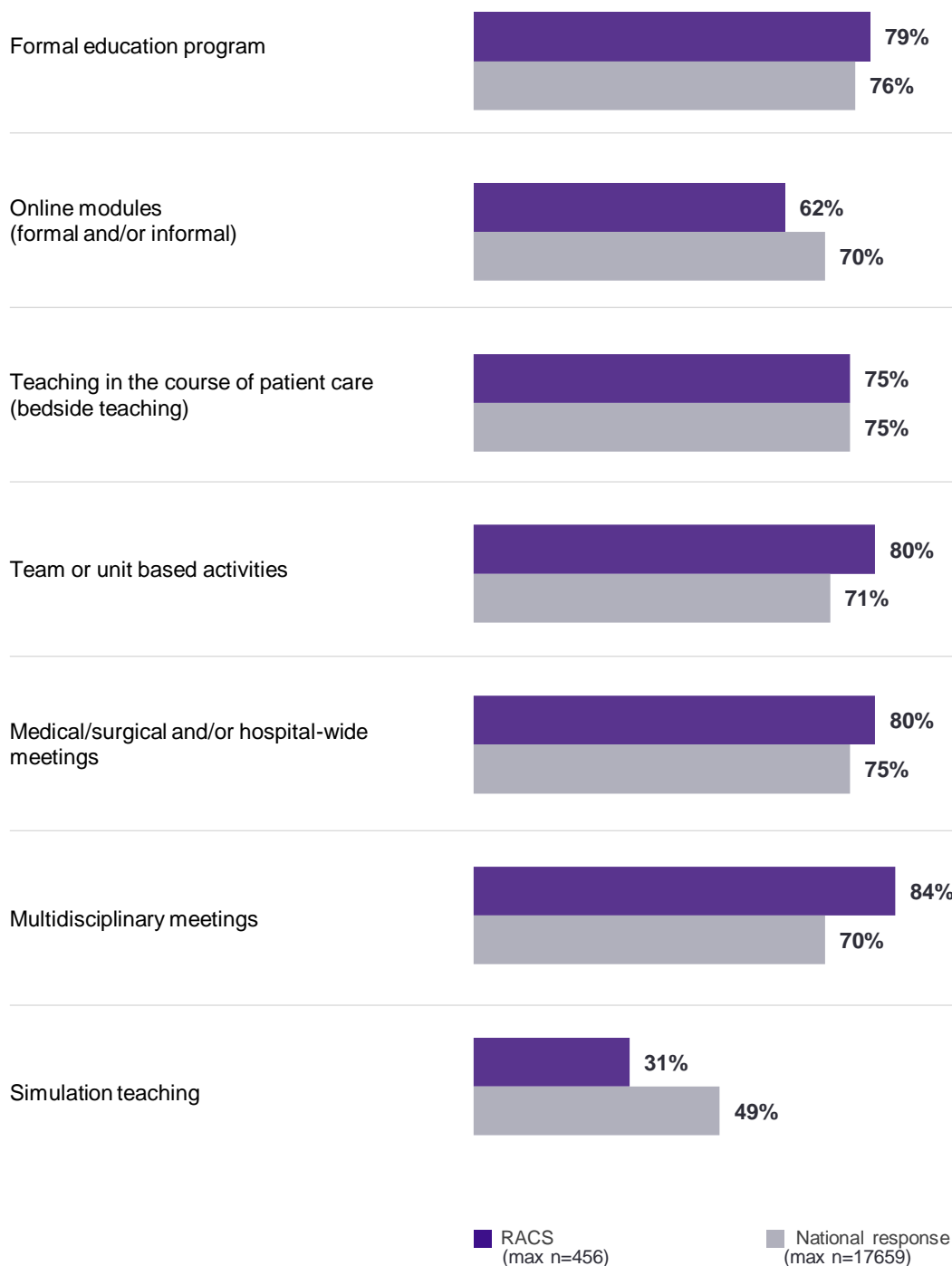
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample,
 ^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 current setting, to what extent do you agree or disagree with the following statements?

Access to teaching

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

RACS trainees were asked to select which educational opportunities were available to them in their current setting. Multidisciplinary meetings (84%), team or unit based activities (80%) and medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings (80%) were reported as the educational opportunities most available to RACS trainees.



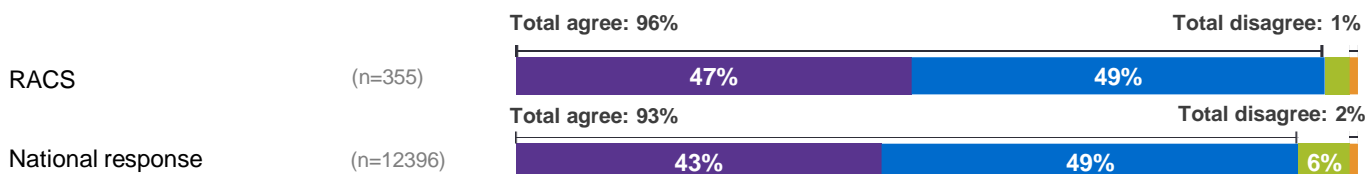
Base: Total sample
 Q37. Which of the following educational opportunities are available to you in your setting?

Access to teaching

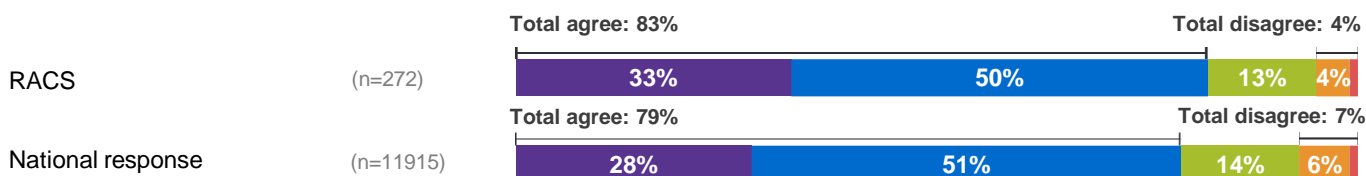
THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR

RACS trainees who had reported access to a range of educational activities were then asked their level of agreement on whether the educational activity had been useful in their development as a doctor. Of the educational activities available, teaching in the course of patient care (bedside teaching) (97%), formal education program (96%) and team or unit based activities (93%) were rated the most useful.

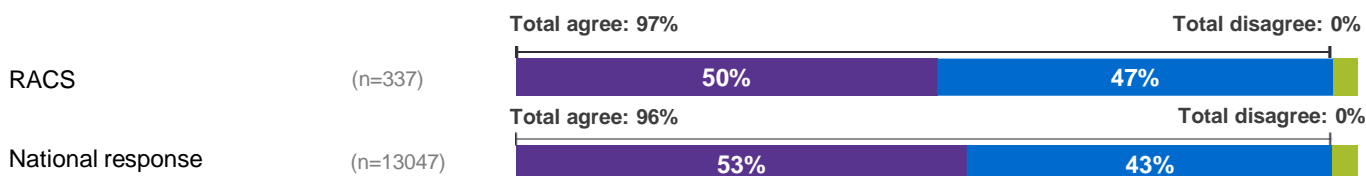
Formal education program



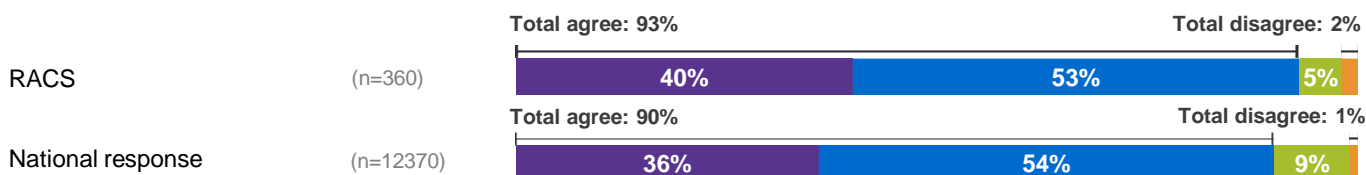
Online modules (formal and/or informal)



Teaching in the course of patient care (bedside teaching)



Team or unit based activities



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

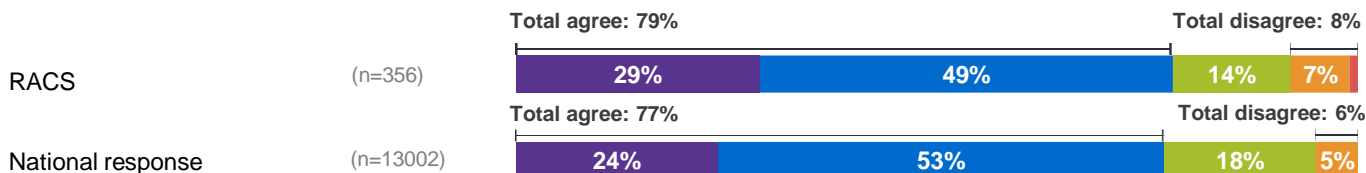
Base: Where educational opportunity is available

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

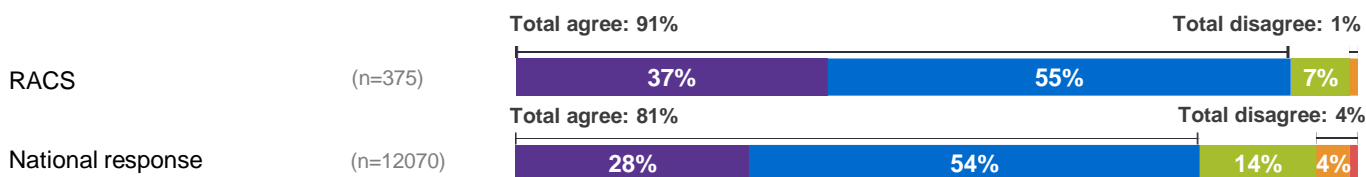
Access to teaching

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

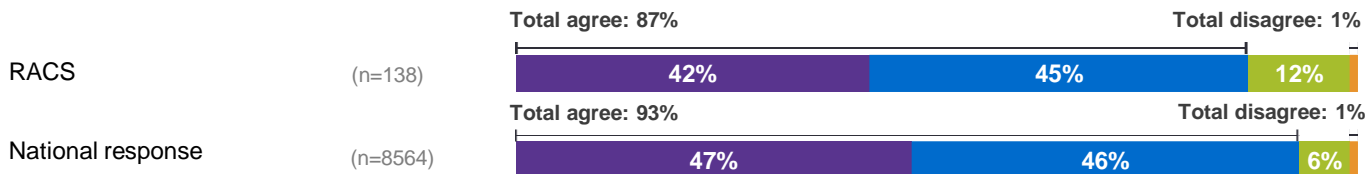
Medical/surgical and/or hospital-wide meetings



Multidisciplinary meetings



Simulation teaching



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

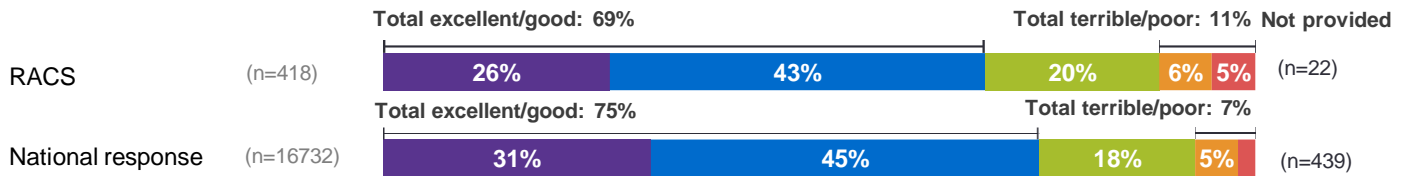
Base: Where educational opportunity is available

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

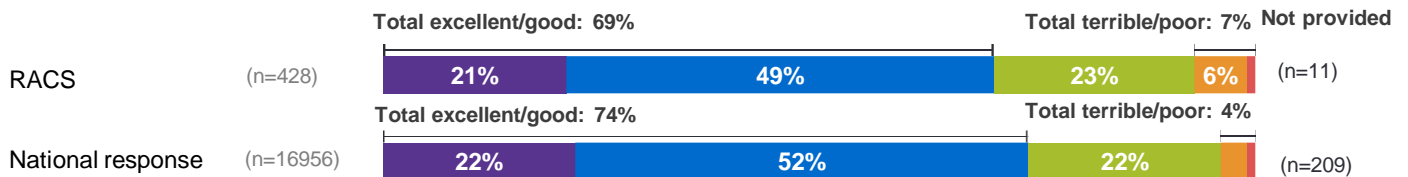
Facilities

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

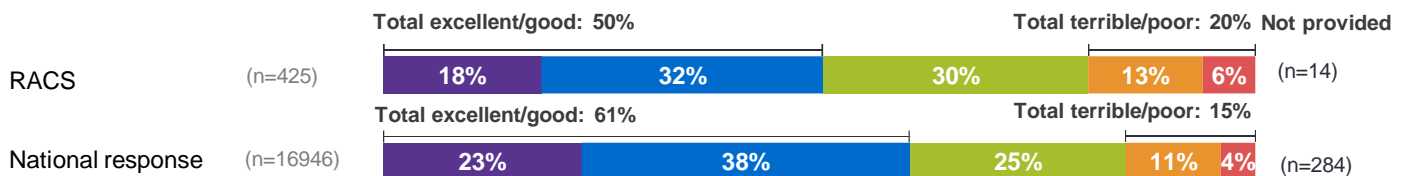
Reliable internet for training purposes



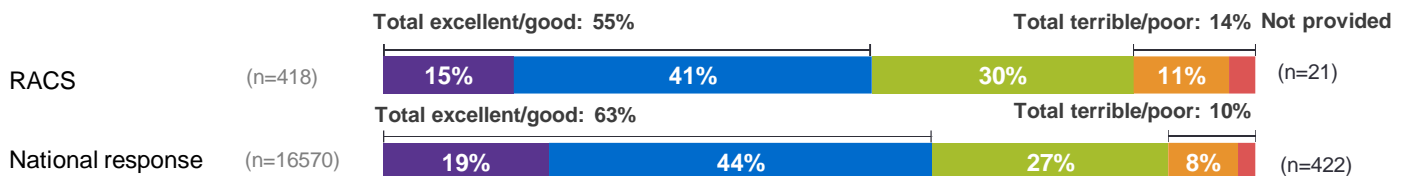
Educational resources



Working space, such as a desk and computer



Teaching spaces



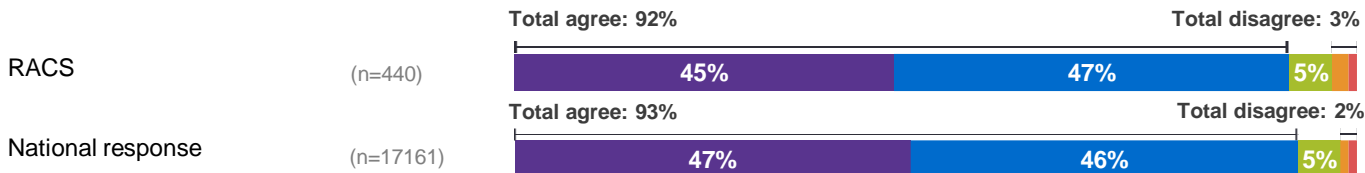
Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

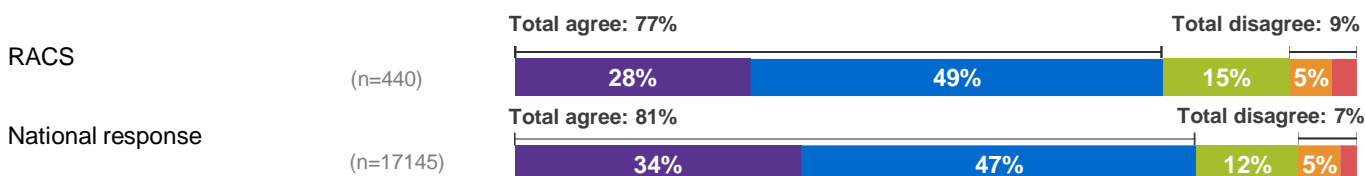
Workplace environment and culture

CULTURE WITHIN THE TRAINEE'S SETTING

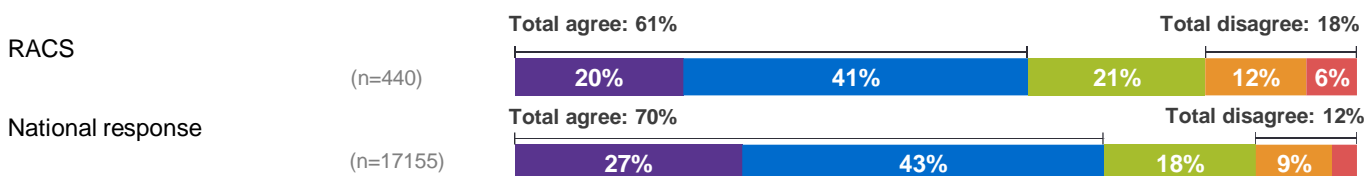
Most senior medical staff are supportive



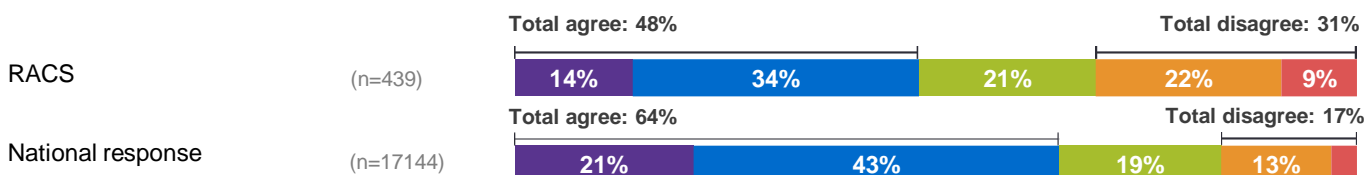
My workplace supports staff wellbeing



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



I have a good work/life balance



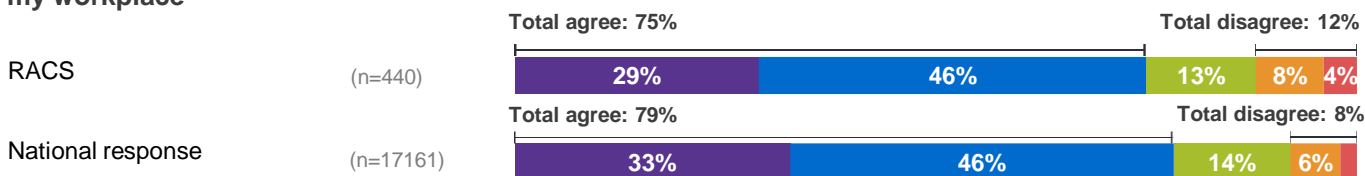
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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?

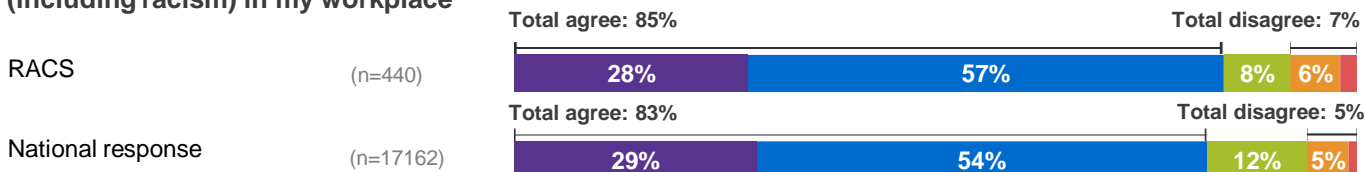
Workplace environment and culture

CULTURE WITHIN THE TRAINEE'S SETTING (continued)

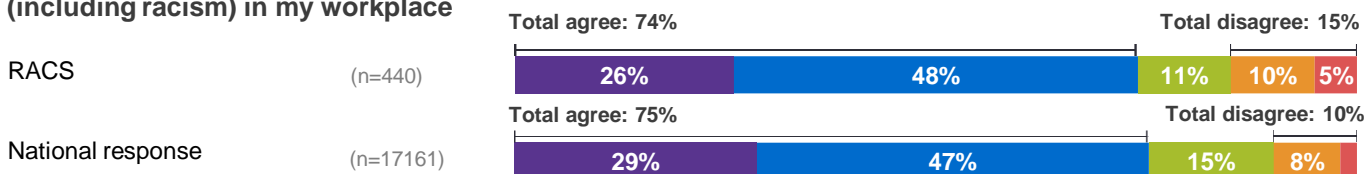
Bullying, harassment and discrimination (including racism) by anyone is not tolerated at my workplace



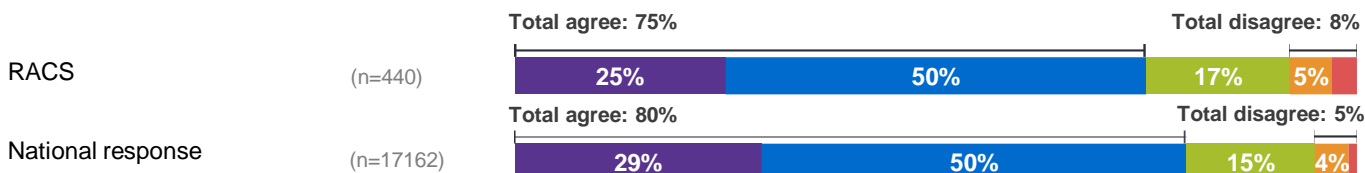
I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



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

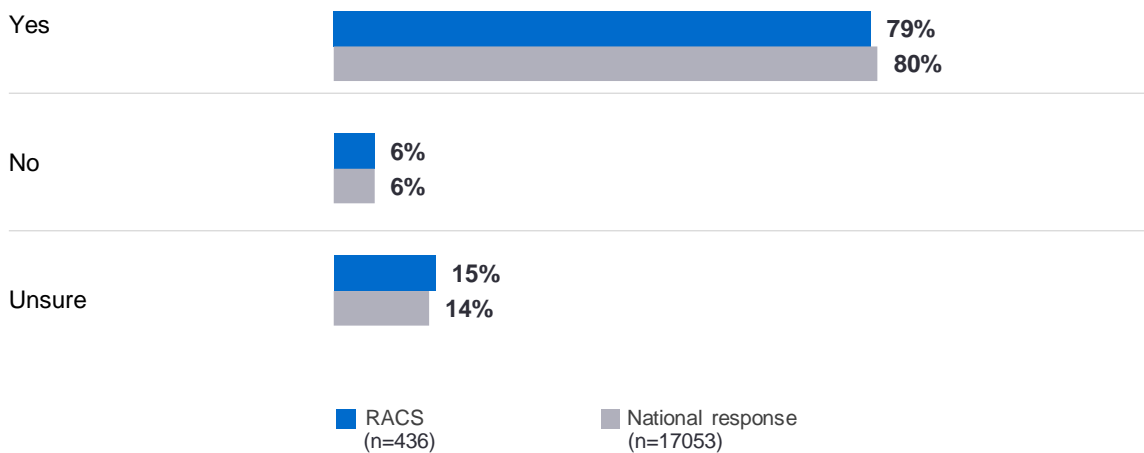


Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

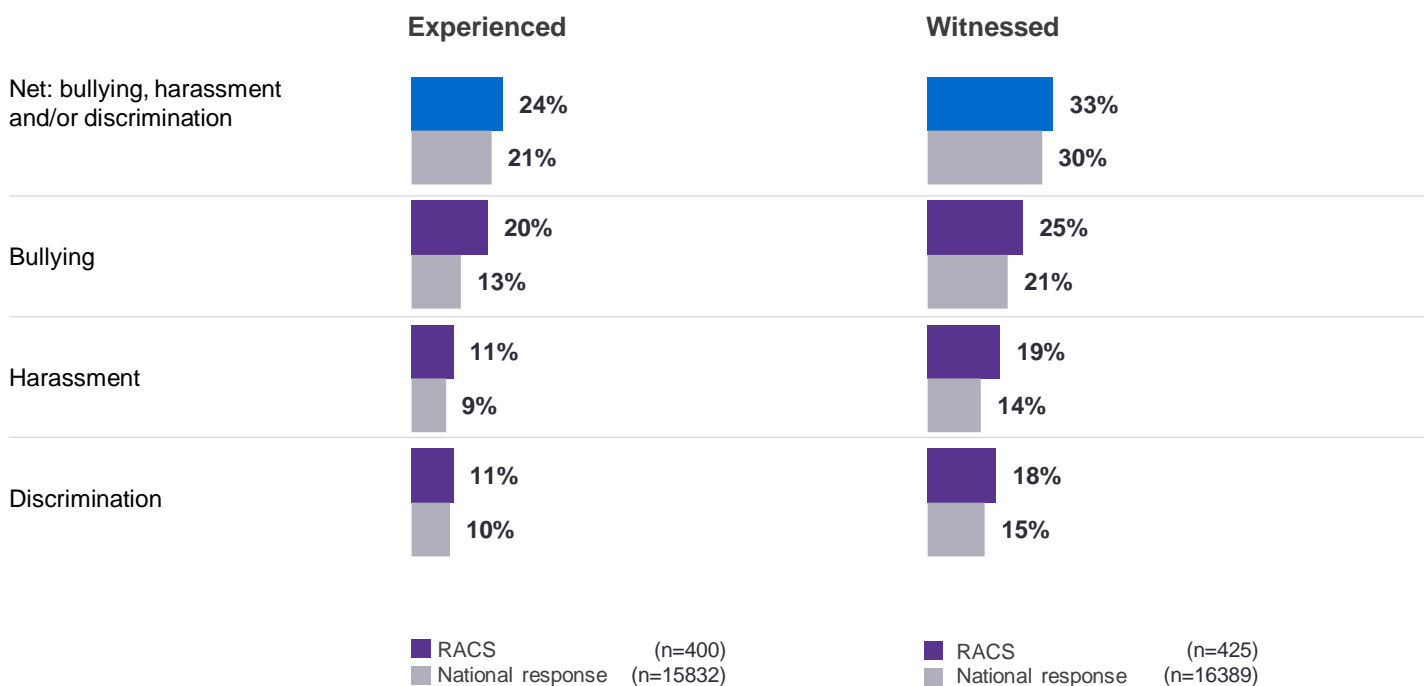
IF YOU NEEDED SUPPORT, DO YOU KNOW HOW TO ACCESS SUPPORT FOR YOUR HEALTH (INCLUDING FOR STRESS AND OTHER PSYCHOLOGICAL DISTRESS)?



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

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

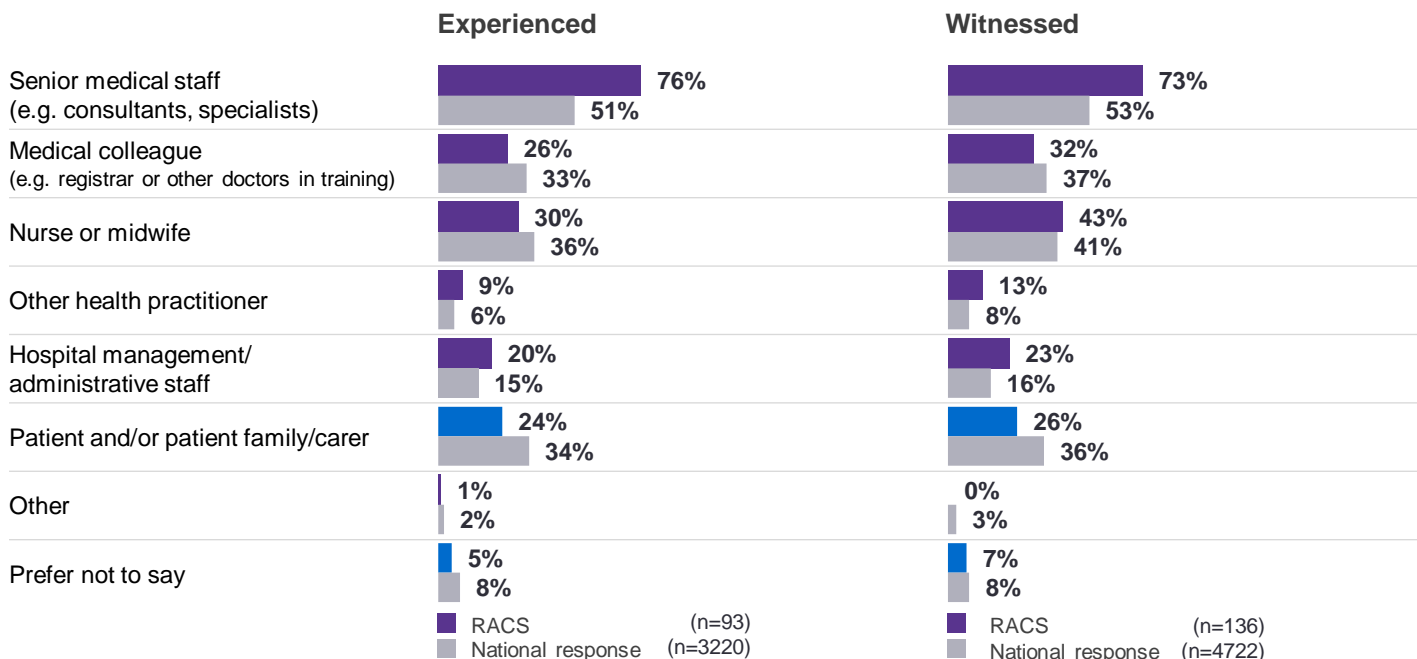


Base: Total sample

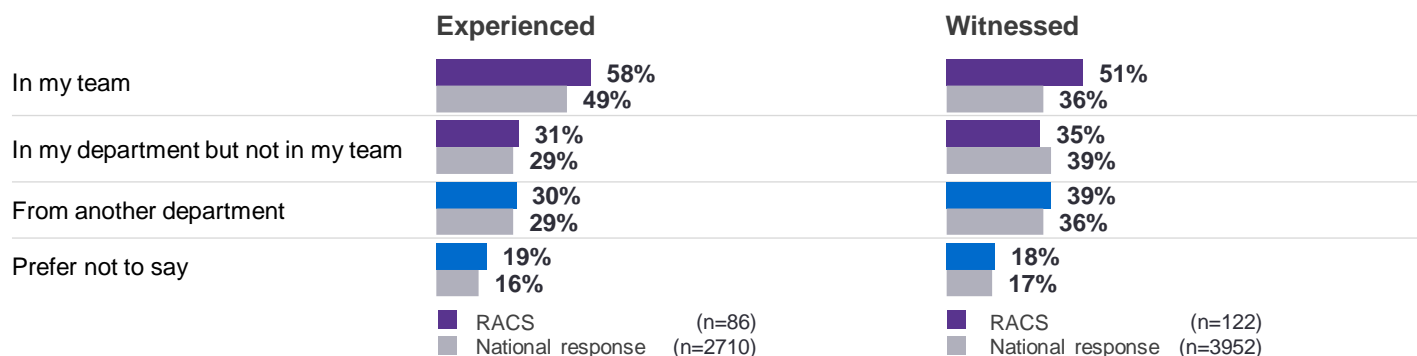
Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Workplace environment and culture

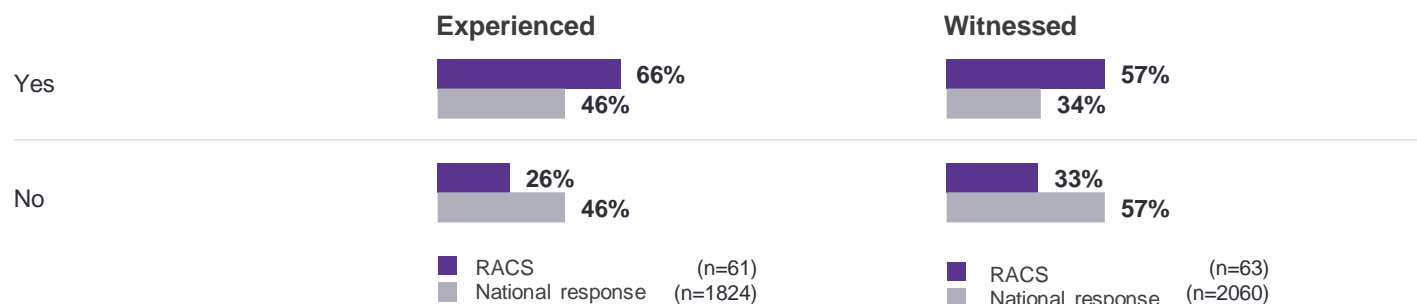
WHO WAS RESPONSIBLE...



THE STAFF MEMBER OR COLLEAGUE RESPONSIBLE WAS...



THE STAFF MEMBER OR COLLEAGUE FROM MY TEAM OR DEPARTMENT WAS MY SUPERVISOR...



Base: Experienced/witnessed bullying, harassment and/or discrimination (including racism)

Q42b. Who was responsible for the bullying, harassment and/or discrimination (including racism) that you Experienced/witnessed...

Base: Experienced/witnessed bullying, harassment and/or discrimination (including racism) from someone who was not a patient

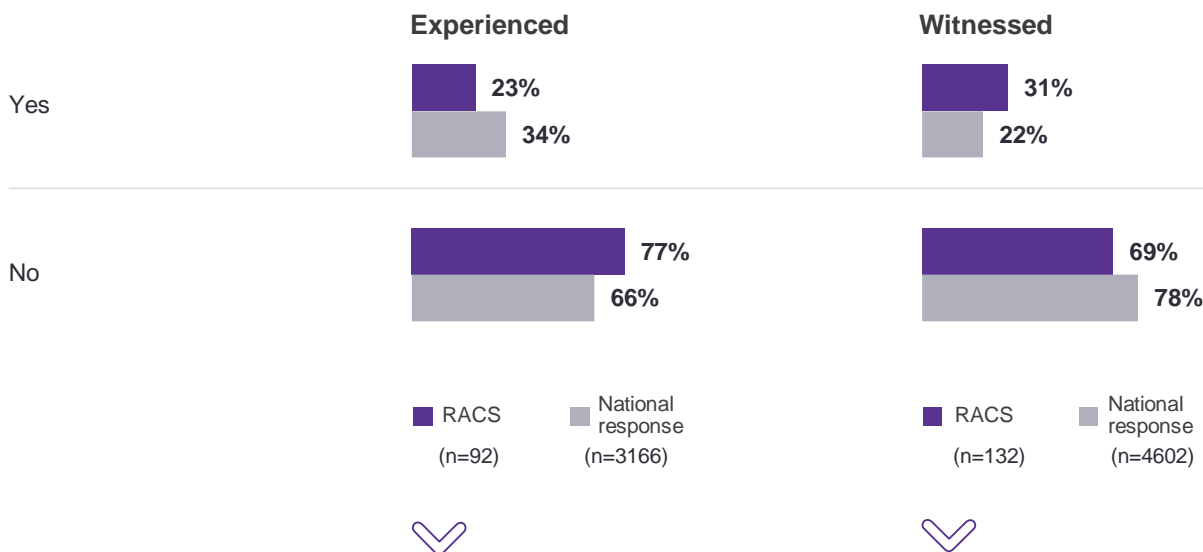
Q42c. The person(s) responsible was...

Base: Experienced/witnessed bullying, harassment and/or discrimination (including racism) from someone in their team or department (rebased to who was not a patient)

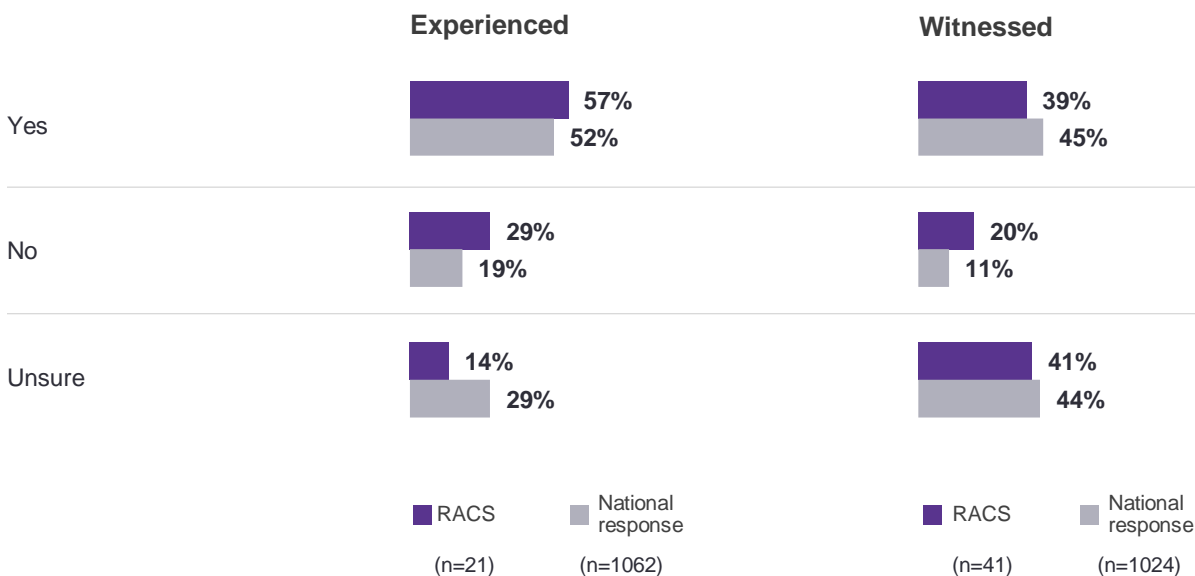
Q42d. Was the person(s) one of your supervisors?...

Workplace environment and culture

HAVE YOU REPORTED IT...



HAS THE REPORT BEEN FOLLOWED UP...



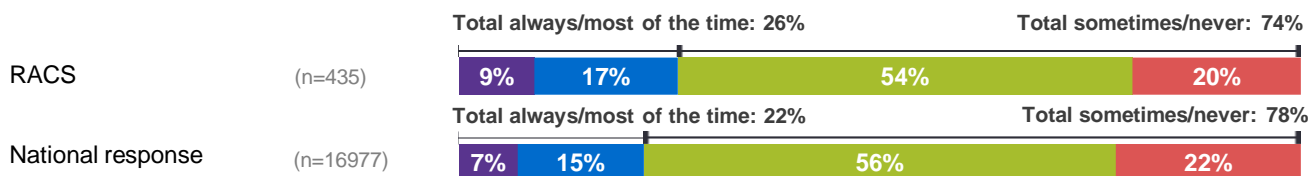
Base: Experienced bullying, harassment and/or discrimination (including racism)
 Q42e. Have you reported it?

Base: Reported bullying, harassment and/or discrimination (including racism)
 Q42f. Has the report been followed up?

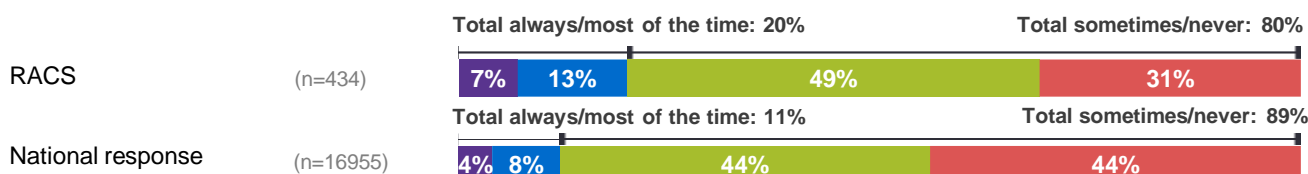
Workplace environment and culture

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

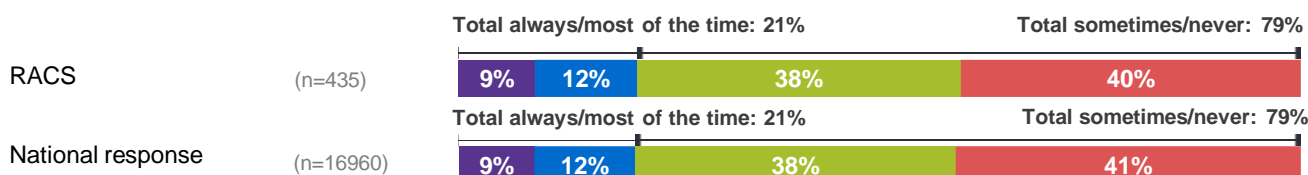
The amount of work I am expected to do



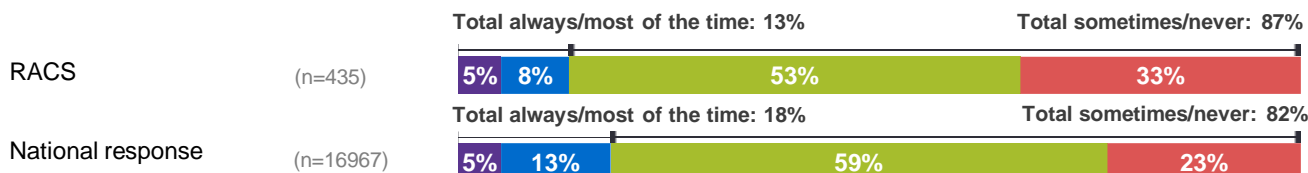
Having to work paid overtime



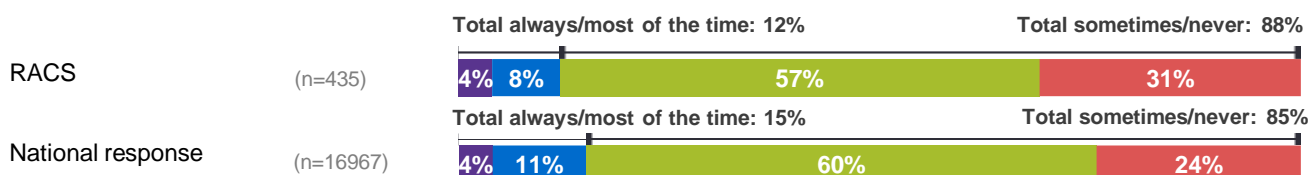
Having to work unpaid overtime



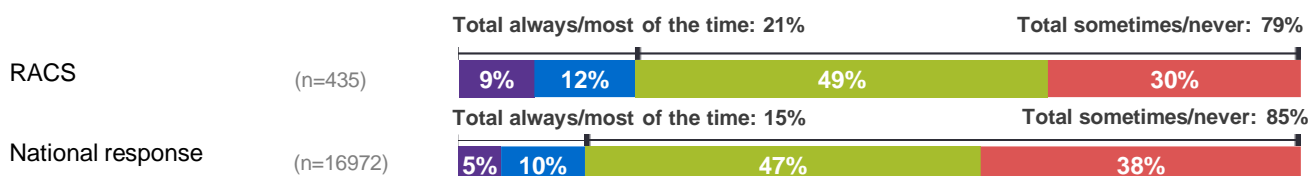
Dealing with patient expectations



Dealing with patients' families



Expectations of supervisors



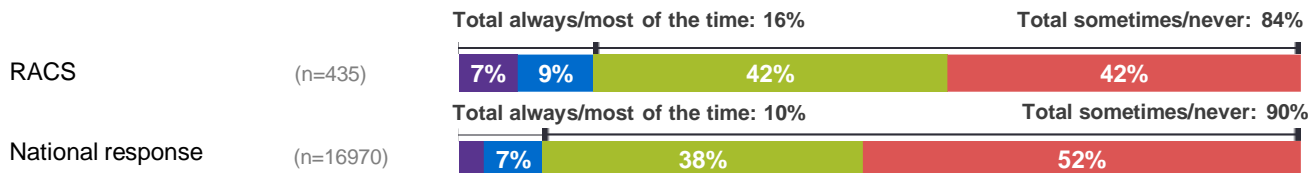
Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

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

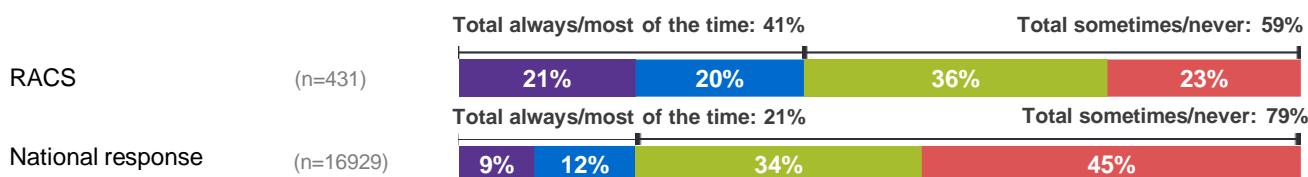
Workplace environment and culture

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

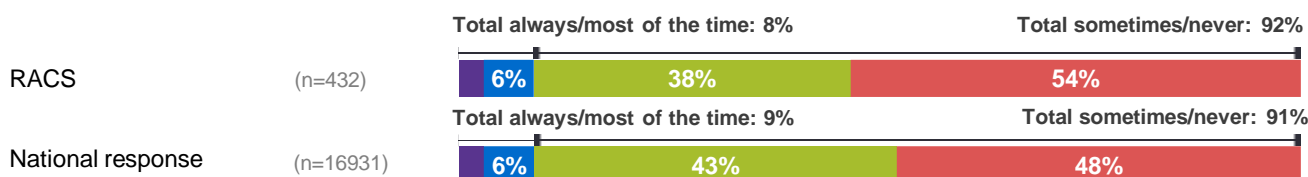
Supervisor feedback



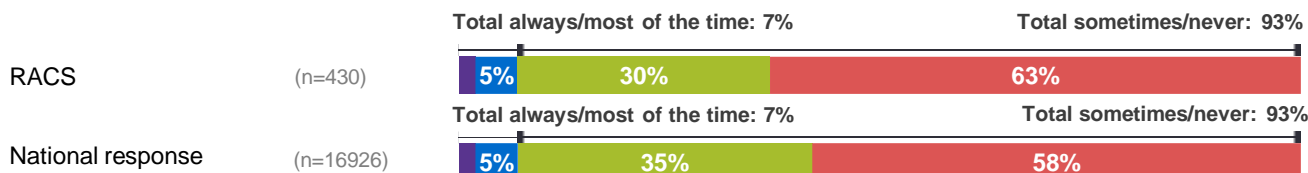
Having to relocate for work



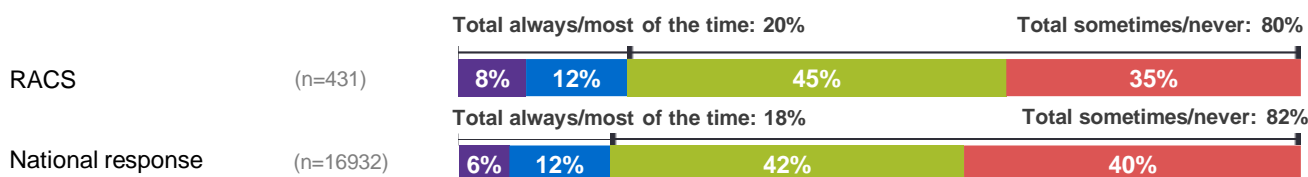
Being expected to do work that I don't feel confident doing



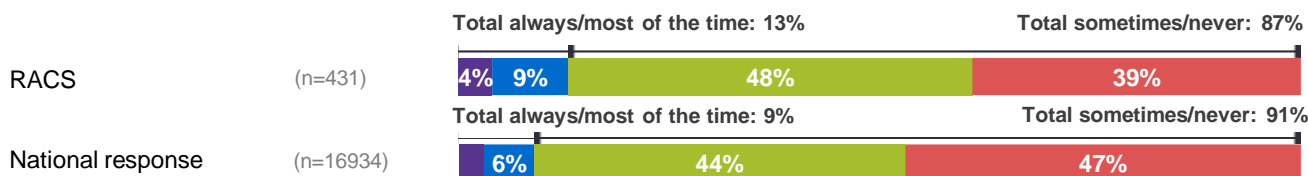
Limited access to senior clinicians



Lack of appreciation



Workplace conflict

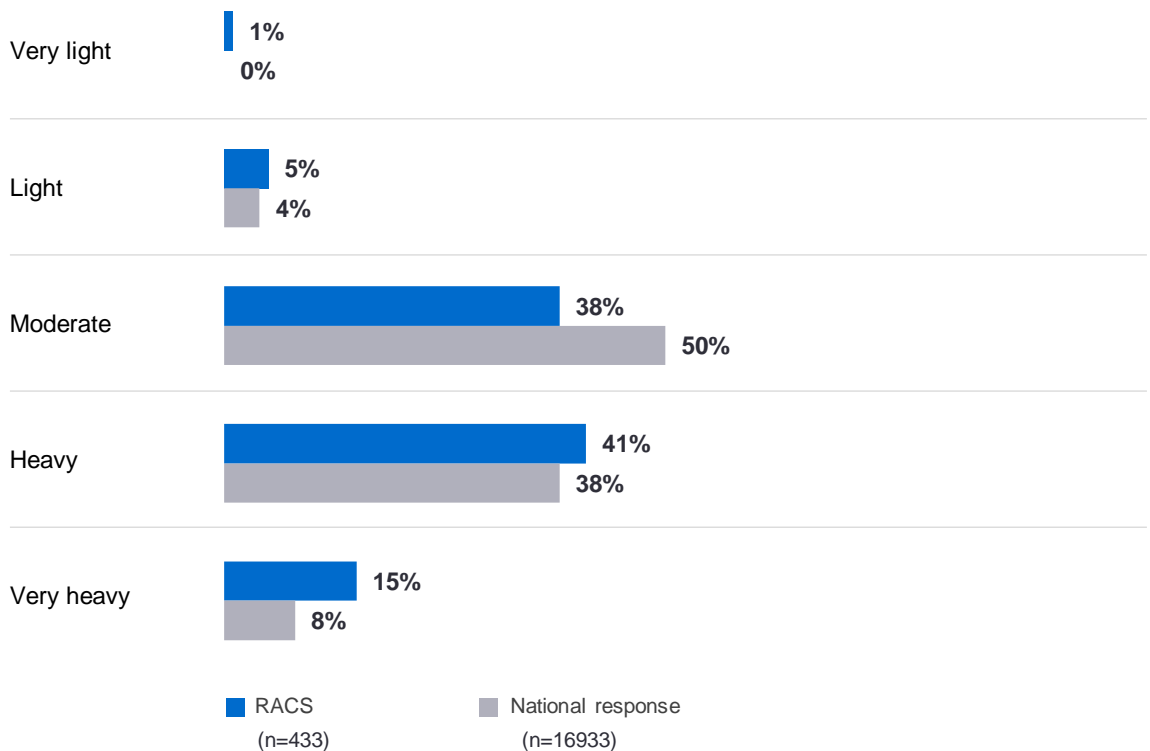


Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

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

Workplace environment and culture

HOW 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

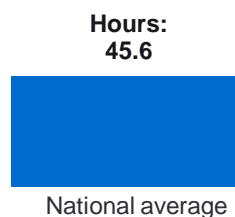
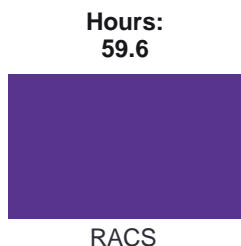
ON AVERAGE IN THE PAST MONTH, HOW MANY HOURS PER WEEK HAVE YOU WORKED?

On average, RACS trainees work 59.6 hours a week, compared to 45.6 hours a week for the national average.

For RACS trainees, 93% are working 40 hours a week or more, compared to the national response of 66%.

On average, RACS trainees worked...

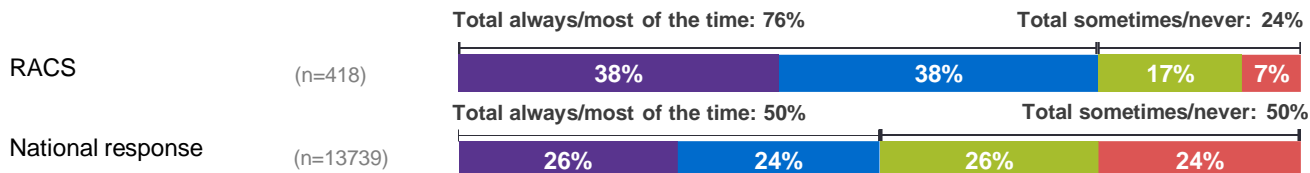
On average, doctors in training nationally worked...



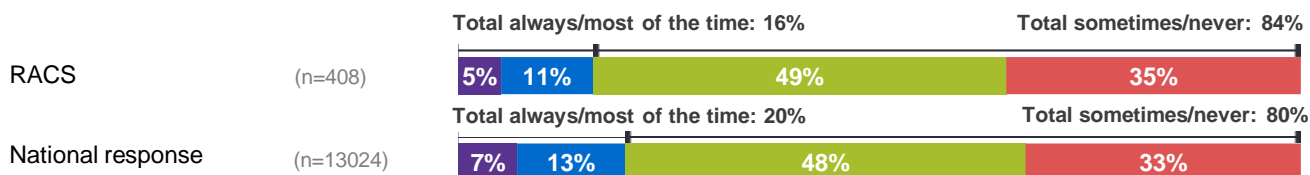
Base: Total sample (National: 2020 n=16889; RACS: 2020 n=433)
 Q46. On average in the past month, how many hours per week have you worked?

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

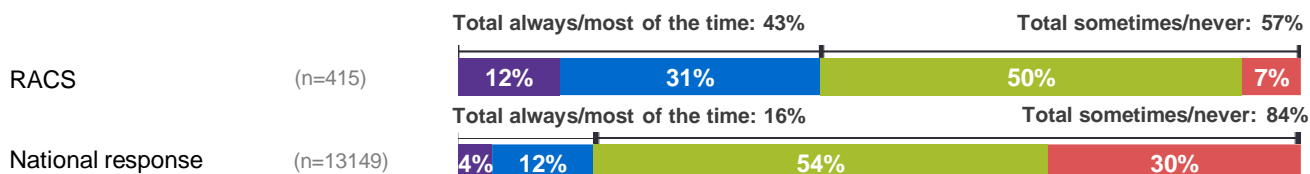
You get paid for the unrostered overtime



Working unrostered overtime have a negative impact on your training



Working unrostered overtime provide you with more training opportunities

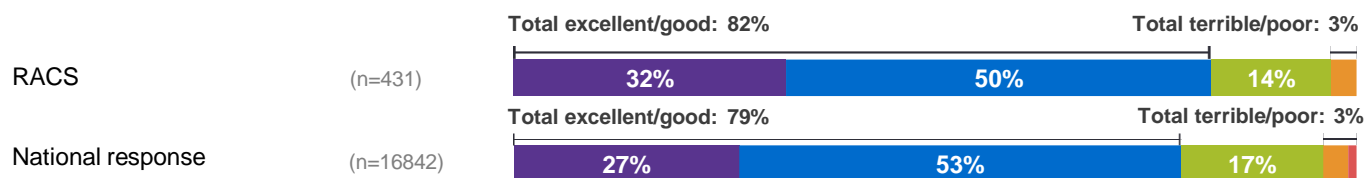


Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

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?



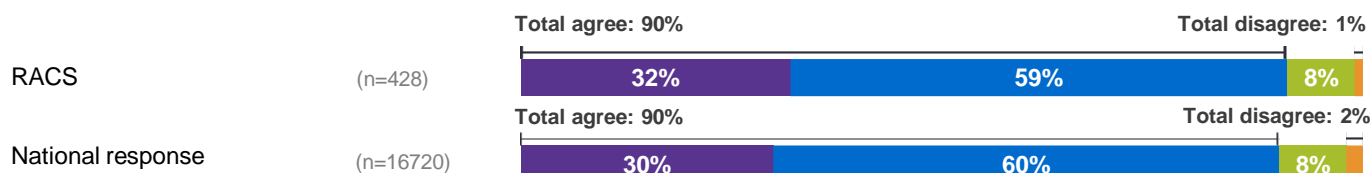
Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

Base: Total sample

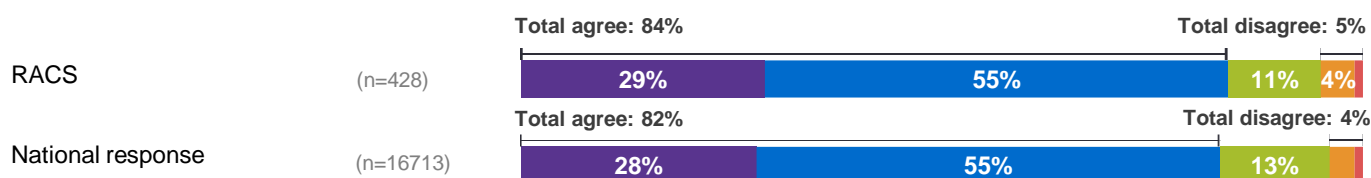
Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

PATIENT CARE AND SAFETY IN THE WORKPLACE

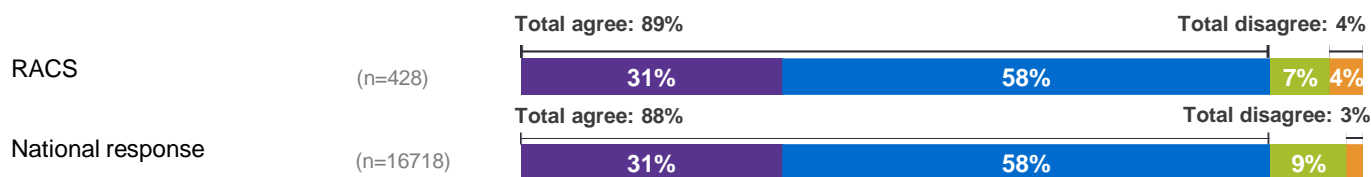
I know how to report concerns about patient care and safety



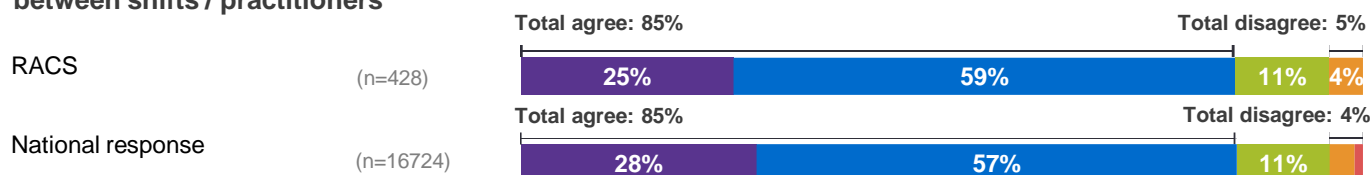
There is a culture of proactively dealing with concerns about patient care and safety



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

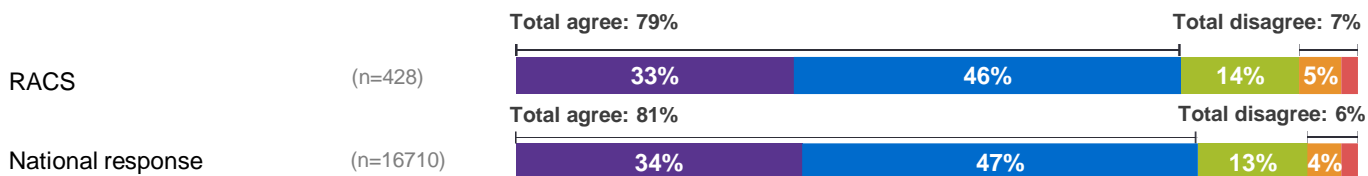
Base: Total sample

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

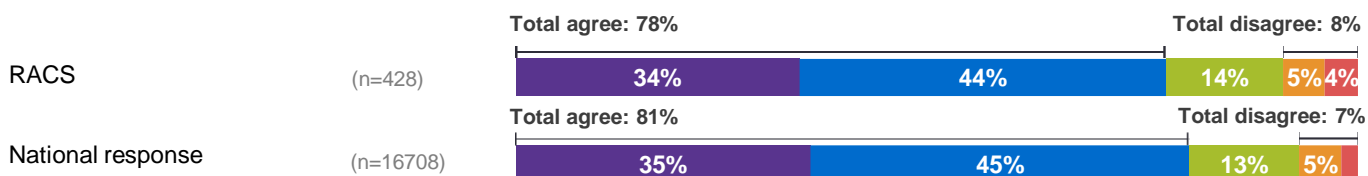
Overall satisfaction

RECOMMEND TRAINING

I would recommend my current training position to other doctors



I would recommend my current workplace as a place to train



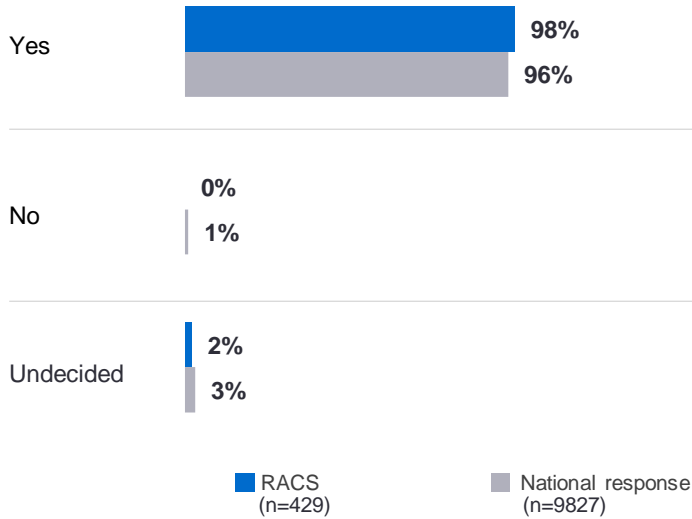
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

Future career intentions

CONTINUATION OF SPECIALITY TRAINING PROGRAM

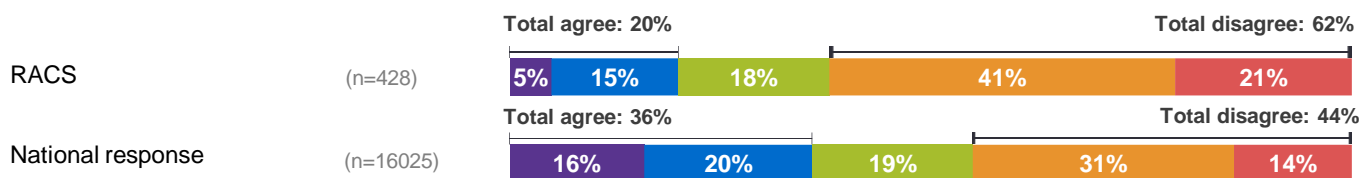
Overall, 98% of RACS trainees intend to continue with their speciality.



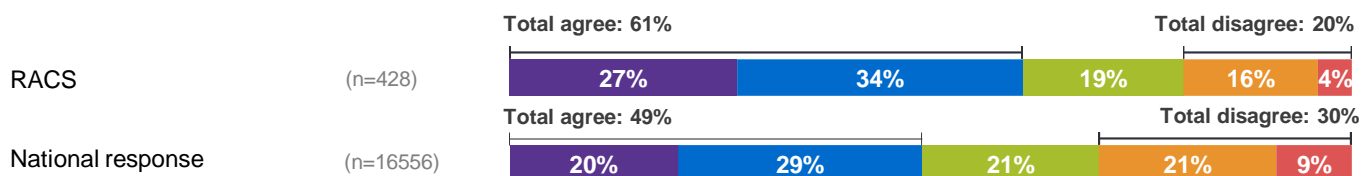
Base: Specialist trainees
 Q51a. Do you intend to continue in your speciality training program?

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



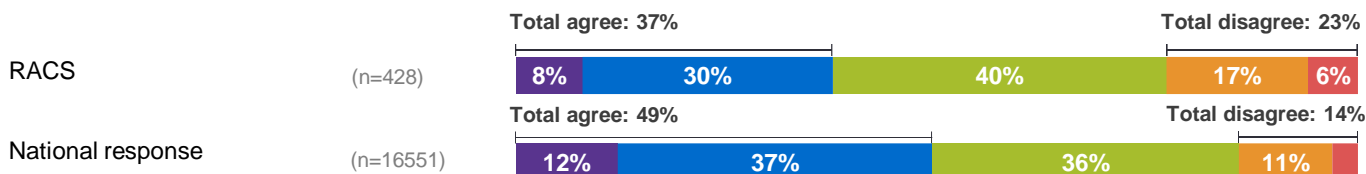
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

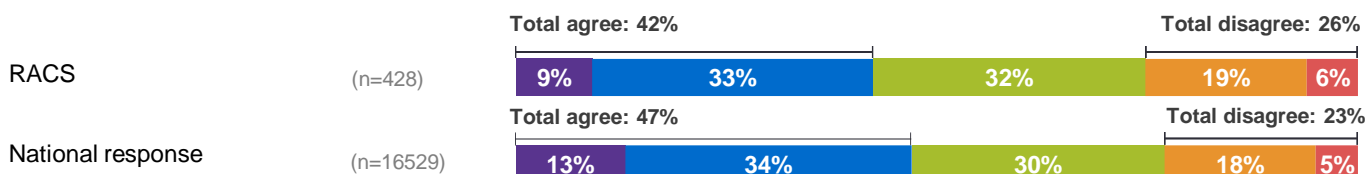
Future career intentions

CAREER INTERESTS

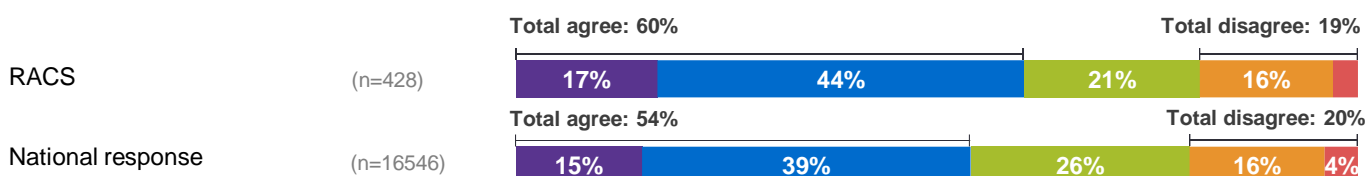
I have an interest in Aboriginal and Torres Strait Islander health/healthcare



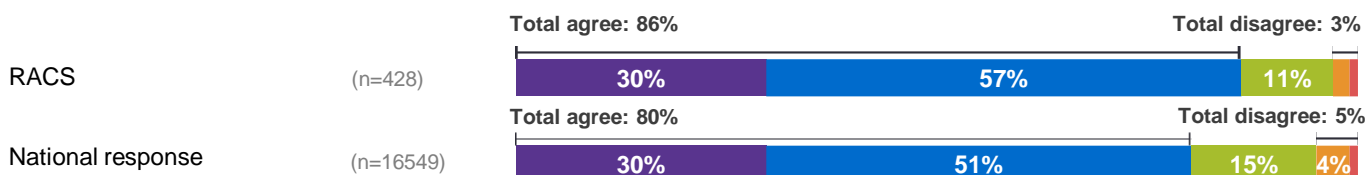
I am interested in rural practice



I am interested in getting involved in medical research



I am interested in getting involved in medical teaching

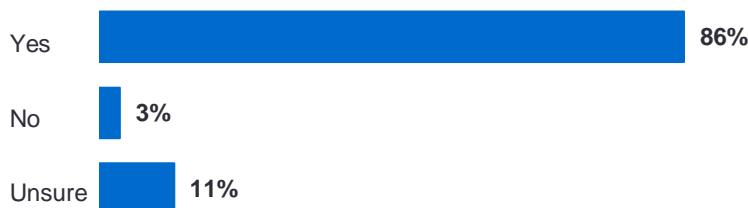


Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

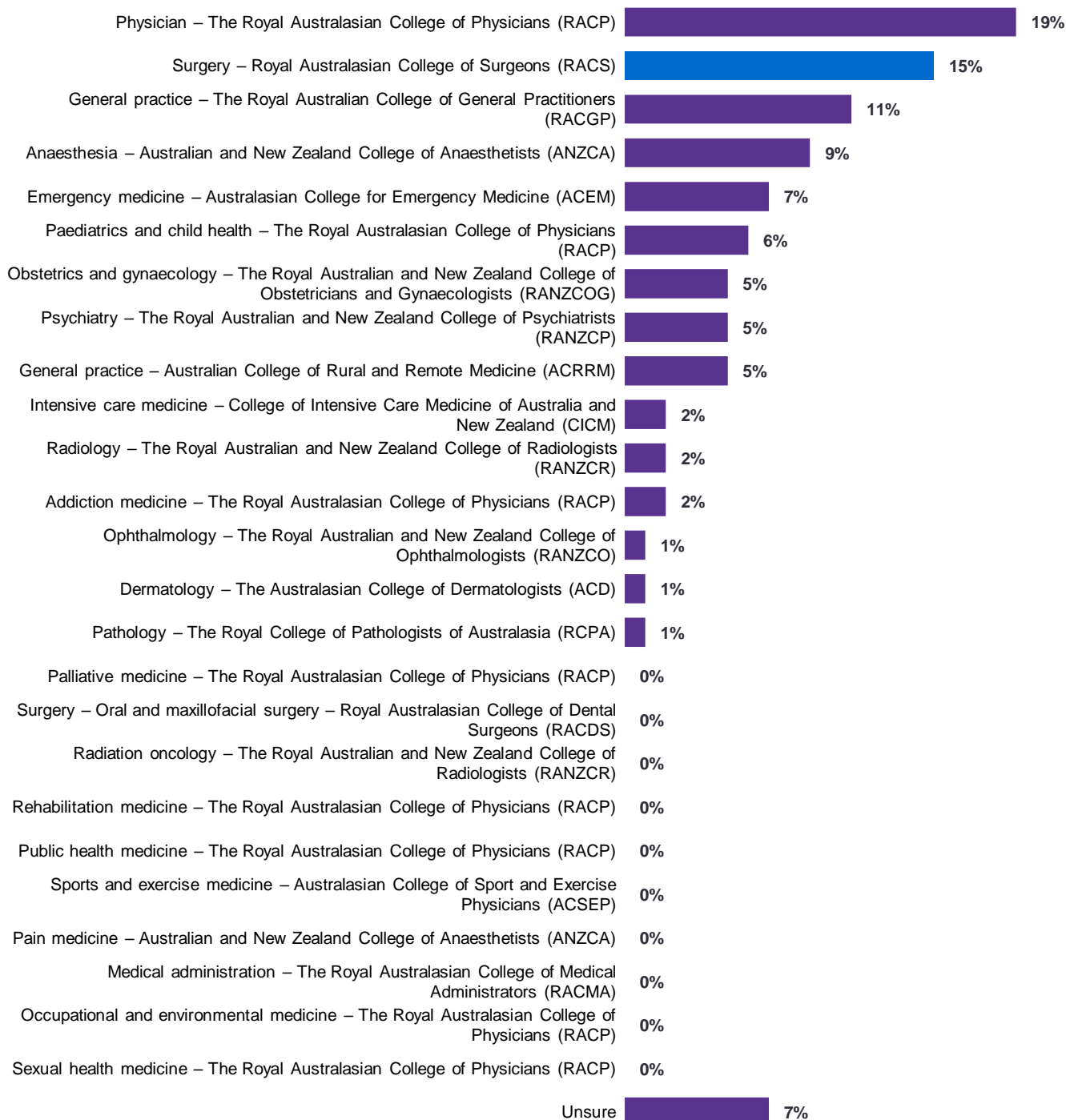
Future career intentions

INTERNS - INTERESTED IN A SPECIALTY



86% of interns are intending to become a specialist. Of these, 15% are most interested in pursuing a surgery specialty with RACS.

SPECIALIST TRAINING PROGRAM INTERNS ARE INTERESTED IN

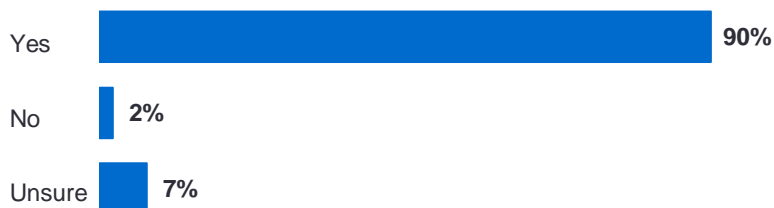


Base: Interns (2020 n=1026)
 Q52. Do you intend to become a specialist?

Base: Interns interested in a specialty (2020 n=884)
 Q53. Which specialty are you most interested in pursuing?

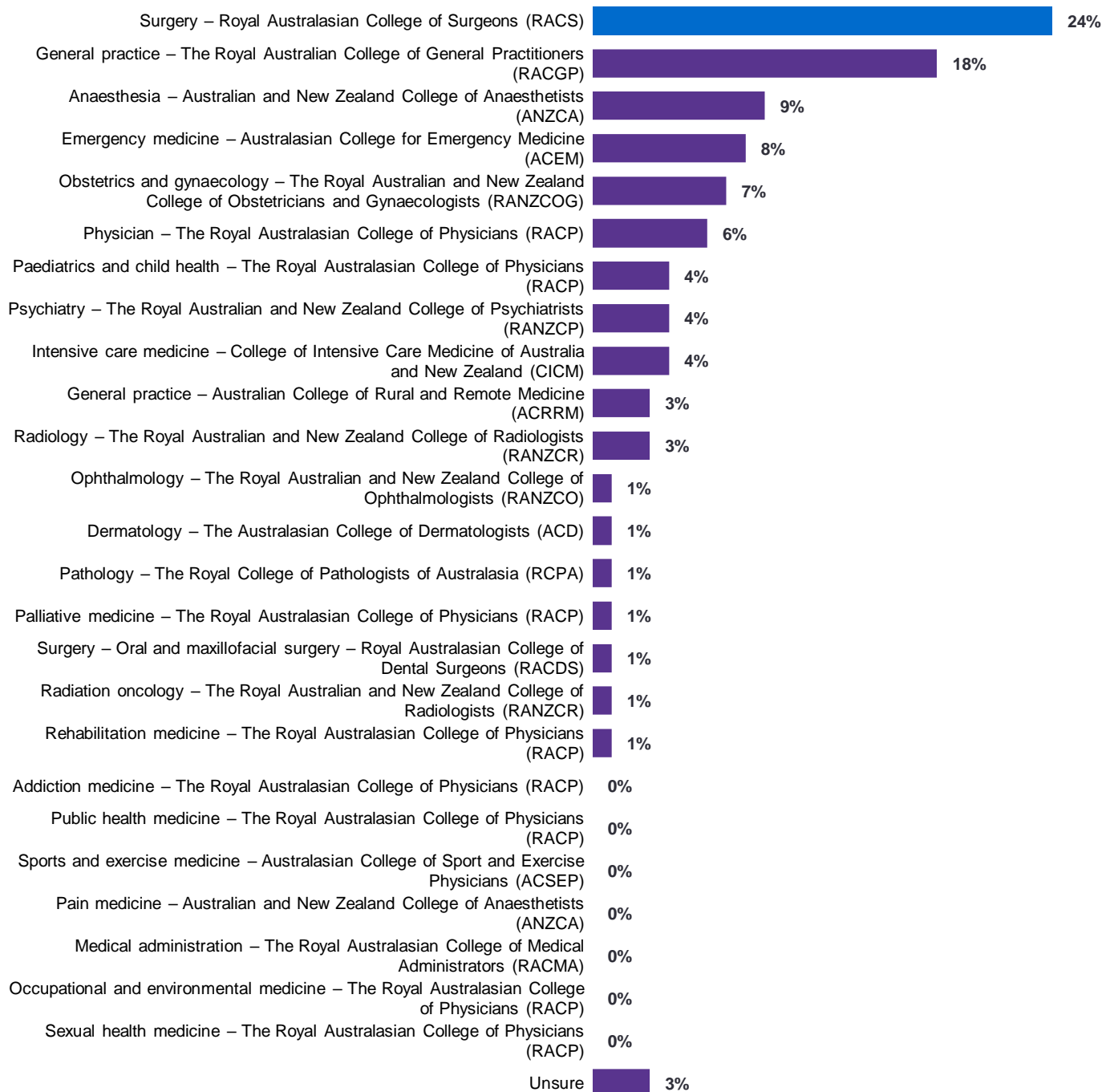
Future career intentions

PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY



90% of prevocational and unaccredited trainees are intending to become a specialist. Of these, 24% are most interested in pursuing a surgery specialty with RACS.

SPECIALIST TRAINING PROGRAM PREVOCATIONAL AND UNACCREDITED TRAINEES ARE INTERESTED IN



Base: Prevocational and unaccredited trainees (2020 n=4081)

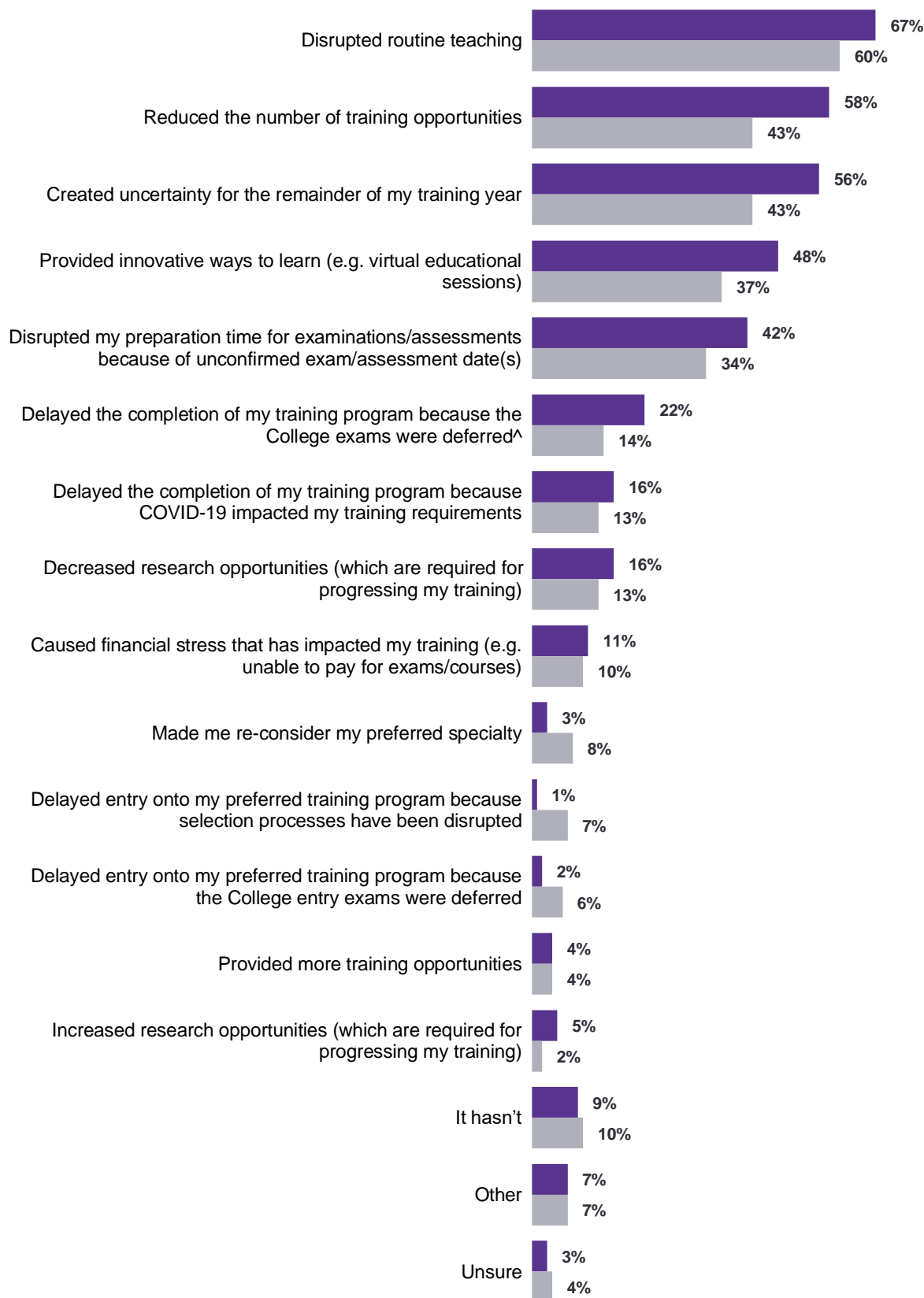
Base: Prevocational and unaccredited trainees interested in a specialty (2020 n=3682)

Q52. Do you intend to become a specialist?

Q53. Which specialty are you most interested in pursuing?

Impacts of COVID-19

HOW COVID-19 IMPACTED TRAINING AND EDUCATION



Base: Total sample (National: 2020 n=16584; RACS: 2020 n=427)

^Note: Only specialist trainees were shown this option.

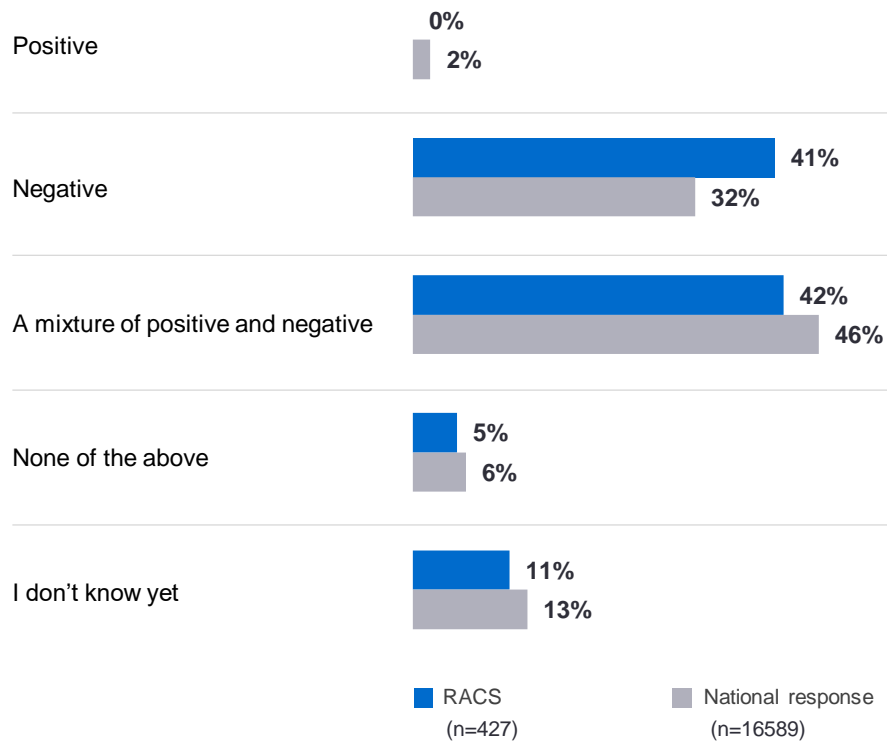
Q60. How has COVID-19 impacted your training and education?

■ RACS

■ National response

Impacts of COVID-19

OVERALL THE IMPACTS OF COVID-19 ON TRAINING



Base: Total sample
 Q61. Upon reflection, overall the impacts of COVID-19 on my training have been...

A young girl with a white surgical cap and green scrubs is smiling warmly at a healthcare professional in blue scrubs. The background is a bright, clinical setting. A blue text box is overlaid on the top left of the image.

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