

Medical Training Survey 2020

Medical Board of Australia and Ahpra

Report for prevocational and unaccredited trainees



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Welcome

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.



38,275 doctors in training invited to the survey in 2020



57.1% responded to the survey



5,158
respondents are prevocational and unaccredited trainees

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 prevocational and unaccredited trainees are presented at an overall level. To explore results within prevocational and unaccredited trainees further, please visit www.medicaltrainingsurvey.gov.au/results.

INTERPRETING THIS REPORT

This report provides key results based on n=5,158 prevocational and unaccredited trainees working in locations across Australia compared against national results (n=20,915) of all eligible doctors in training (i.e. currently training in Australia).

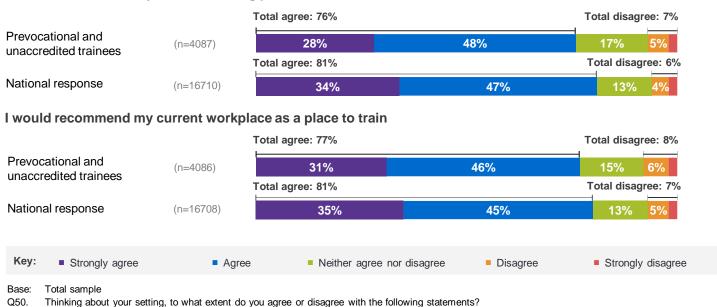
Bases exclude 'not applicable' responses or where the respondent skipped the question. Data in this report are unweighted. Labels on stacked charts are hidden for results 3% or less. Results with base sizes of less than n=10 are suppressed.

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.

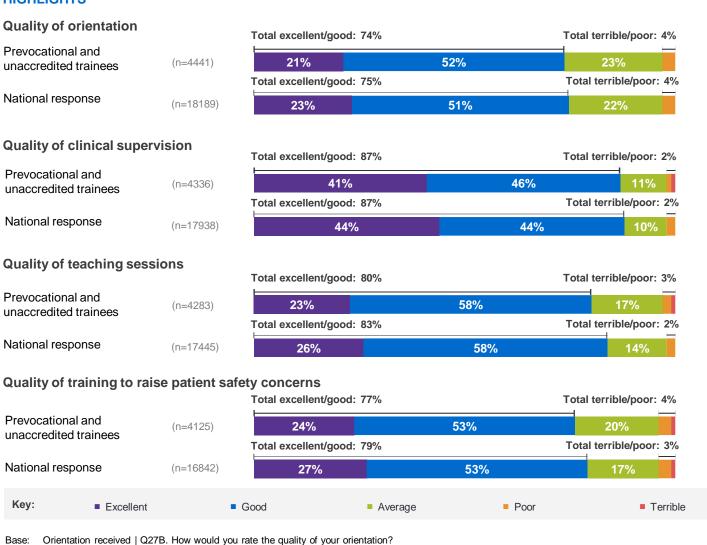
Executive summary

OVERALL SATISFACTION

I would recommend my current training position to other doctors



HIGHLIGHTS



Base:

Base:

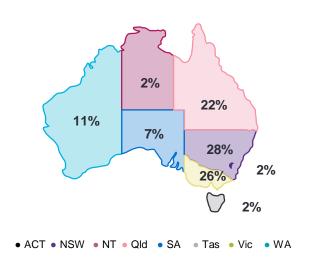
Total sample | Q39. Overall, how would you rate the quality of the teaching sessions? | Q48. In your setting, how would you rate the quality of your

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

training on how to raise concerns about patient safety?

Profile of prevocational and unaccredited trainees

TRAINING LOCATION



Training at a hospital
90%

Not training at a hospital
10%

Metropolitan area
70%

Regional area
26%

Rural area

Region

Do not wish to specify 1%

Base: Total sample (Prevocational and unaccredited trainees 2020: n=5077)

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

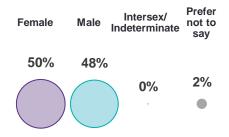
Base: Total sample (Prevocational and unaccredited trainees 2020: n=5042)

Q5A. Is your current position/term/ rotation/placement in a hospital? Base: Total sample (Prevocational and unaccredited trainees 2020: n=4976)

Q6. Is your current setting in a...?

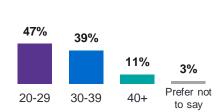
DEMOGRAPHICS

Do you identify as...



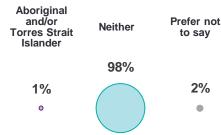
Base: Total sample (Prevocational and unaccredited trainees 2020: n=4060)
Q55. Do you identify as...?

Age in years



Base: Total sample (Prevocational and unaccredited trainees 2020: n=4057)
Q56. What is your age?

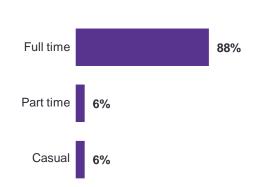
Cultural background



Base: Total sample (Prevocational and unaccredited trainees 2020:

Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?

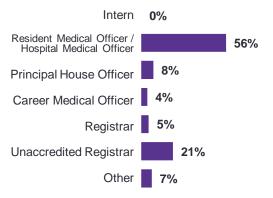
Employment



Base: Total sample (Prevocational and unaccredited trainees 2020: n=5158)

n=5158)
Q2. Are you employed:

Role



Base: Total sample (Prevocational and unaccredited trainees 2020: n=4982)

Q7. What is your role in the setting?

Profile of prevocational and unaccredited trainees

POSTGRADUATE YEAR

Postgraduate year average is



Base: Total sample (National: 2020 n=20824; Prevocational and

unaccredited trainees: 2020 n=5149)
Q1. What is your postgraduate year?

PRIMARY DEGREE



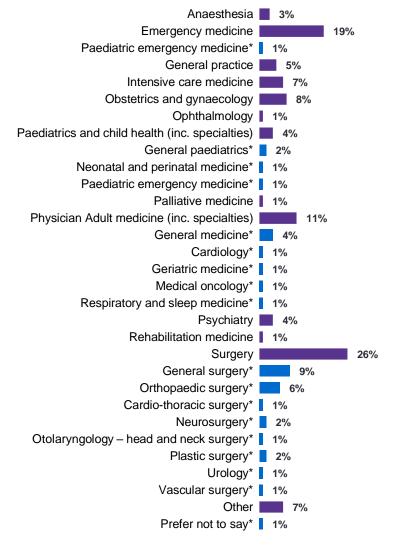
Base: Total sample (Prevocational and unaccredited trainees 2020:

n=4057)

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

New Zealand?

CURRENT ROTATION / TERM / POSITION

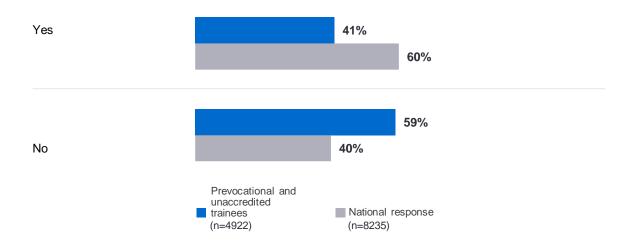


Base: Total sample (Prevocational and unaccredited trainees 2020: n=4953), fields with 10 or more responses shown. Note: fields marked with an * are subspecialties.

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

Training curriculum

TRAINEES WITH A CURRENT TRAINING/PROFESSIONAL DEVELOPMENT PLAN...



Base: Prevocational and unaccredited trainees. National response includes interns, prevocational and unaccredited trainees and IMGs.

Q12. Do you have a training/professional development plan?

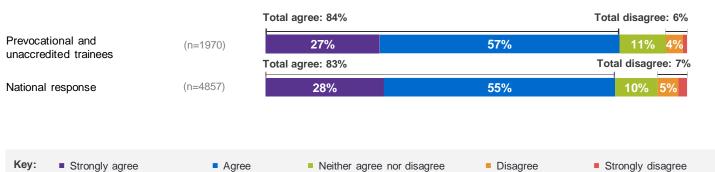
Note: interns were shown the question: "Organisations that employ interns are required to provide them with a formal education program (such as grand rounds and weekly teaching sessions etc) in addition to work-based teaching and learning. Do you know about your intern education program?"

TRAINING/PROFESSIONAL DEVELOPMENT 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



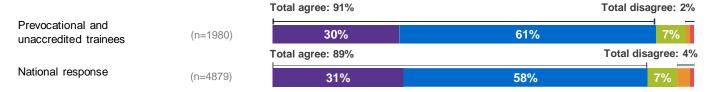
Base: Prevocational and unaccredited trainees with a training/professional development plan. National response includes interns, prevocational and unaccredited trainees and IMGs.

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

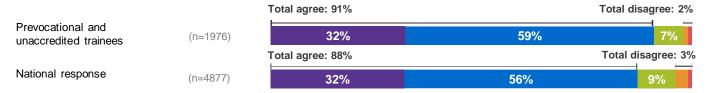
Training curriculum

TRAINING/PROFESSIONAL DEVELOPMENT PLAN (continued)

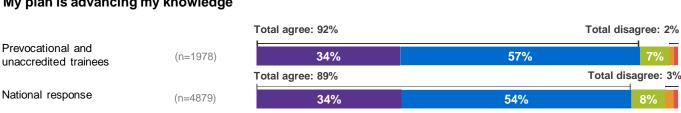
I understand what I need to do to meet my plan requirements

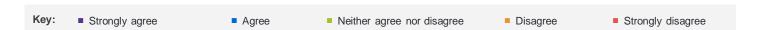


My plan is preparing me for future medical practice



My plan is advancing my knowledge





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

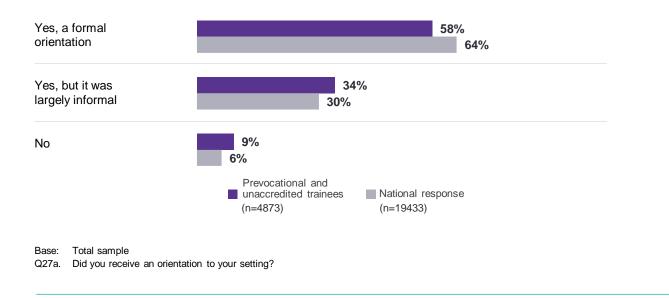
Q13. Thinking about your training/professional development plan, to what extent do you agree or disagree with the following statements? Note:

Note: interns were shown the question: "Thinking about your intern education program, to what extent do you agree or disagree with the following

Orientation

DID YOU RECEIVE AN ORIENTATION TO YOUR SETTING?

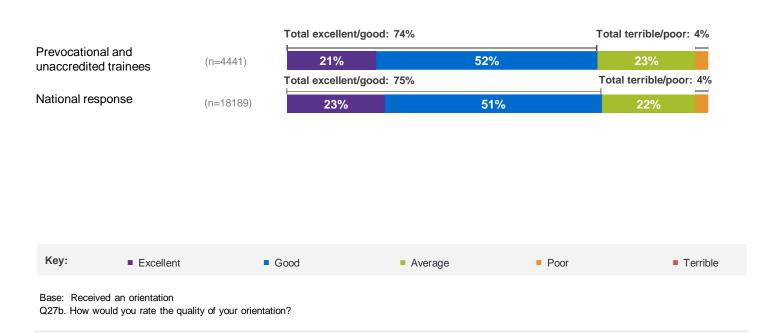
Doctors in training were asked questions about their experiences in their workplace. This could be the doctor in training's current setting, workplace, placement or rotation, or might be a previous setting, if they had only been practising or training in their current setting for less than two weeks.



HOW WOULD YOU RATE THE QUALITY OF YOUR ORIENTATION?

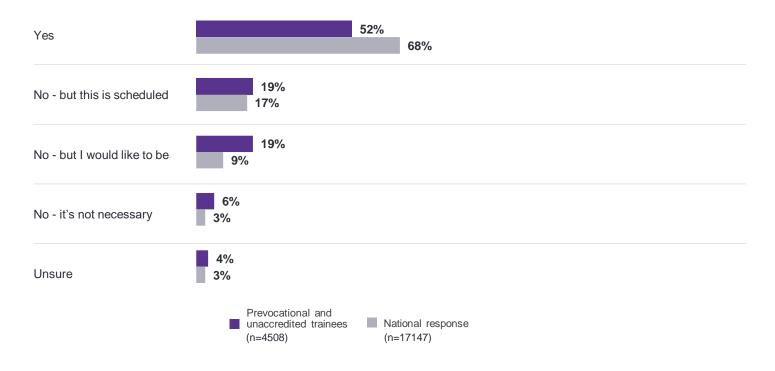
As shown in the chart above, 91% of prevocational and unaccredited trainees had an orientation in their current setting (compared to the national response of 94%).

74% of prevocational and unaccredited trainees rate the quality of the orientation as either 'excellent' or 'good', compared to the national response of 75%.



Assessment

HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?

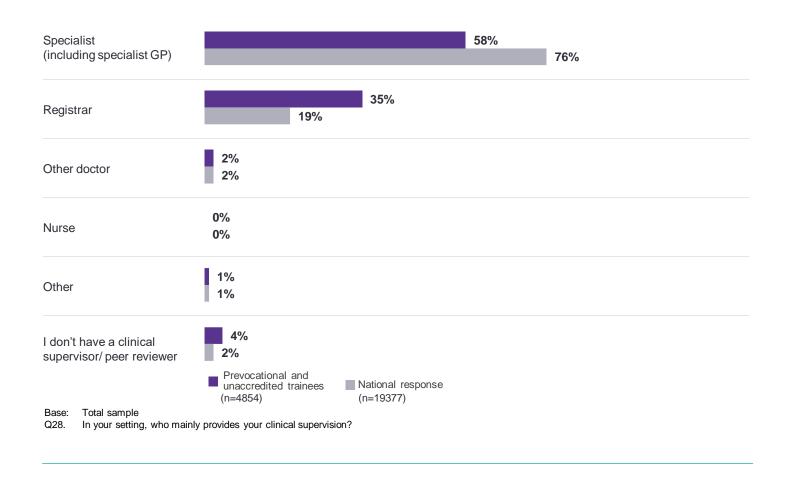


Base: Prevocational and unaccredited trainees, specialist trainees and IMGs.

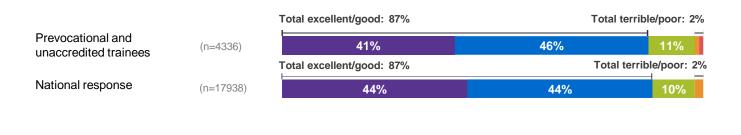
Q32. Has your performance been assessed in your setting?

Clinical supervision

WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?





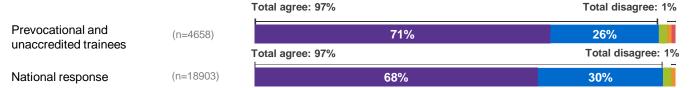
Base: Received supervision

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

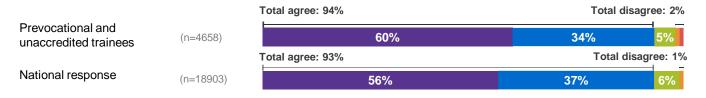
Clinical supervision

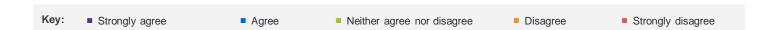
IF CLINICAL SUPERVISOR(S) ARE NOT AVAILABLE...

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





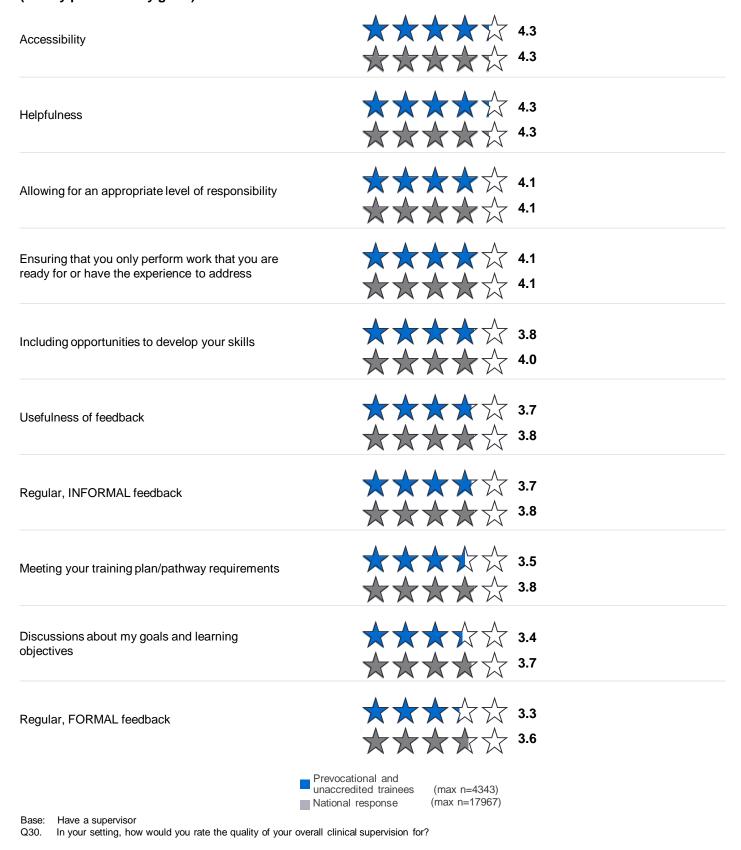
Base: Total sample

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

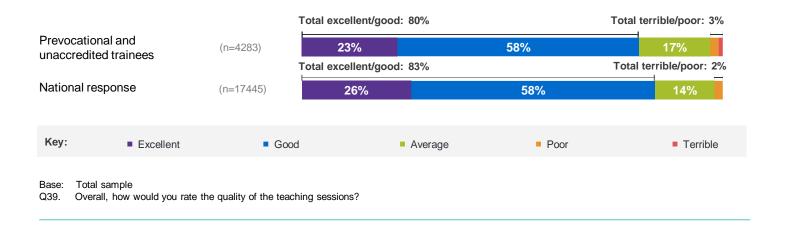
Clinical supervision

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

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

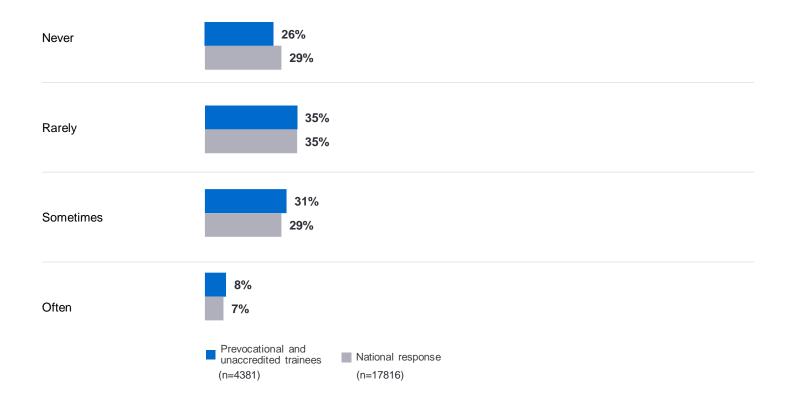


OVERALL, HOW WOULD YOU RATE THE QUALITY OF THE TEACHING SESSIONS?



TRAINING AND OTHER JOB RESPONSIBILITIES

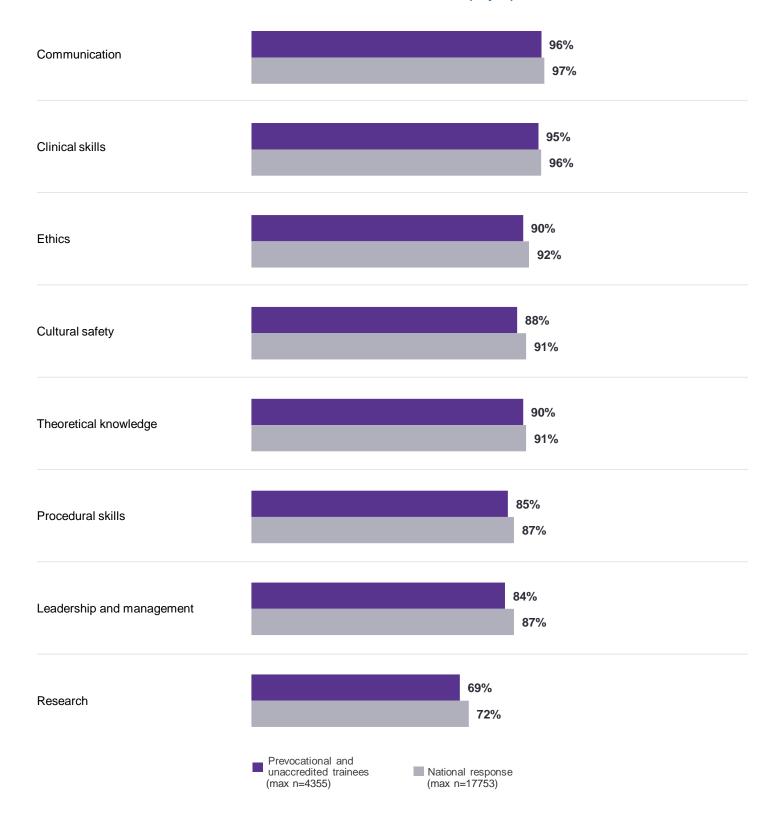
How regularly job responsibilities are preventing doctors in training from meeting training requirements



Base: Total sample

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

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

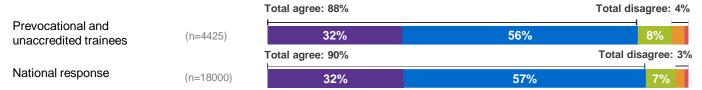


Base: Q35.

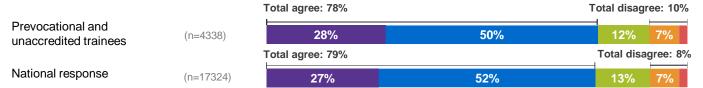
Total sample excluding not applicable In your setting, do you have sufficient opportunities to develop your?

DEVELOPMENT OF CLINICAL AND PRACTICAL SKILLS

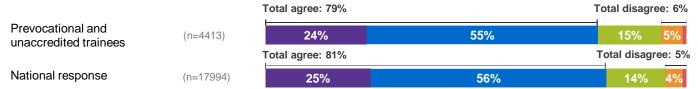
There is a range of opportunities to develop my clinical skills



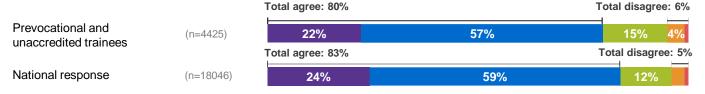
There is a range of opportunities to develop my procedural skills



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



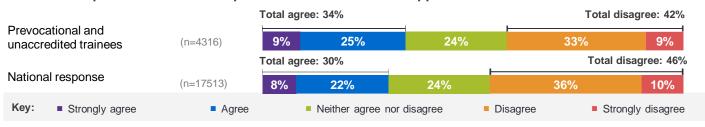
I can access the opportunities available to me



I have to compete with other doctors for access to opportunities



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

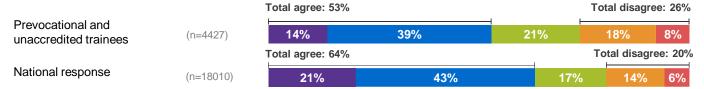


Base: Total sample

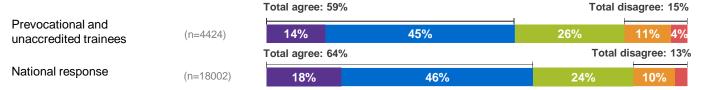
Q33. Thinking about the development of your skills, to what extent do you agree or disagree with the following statements?

ACCESS TO TEACHING AND RESEARCH

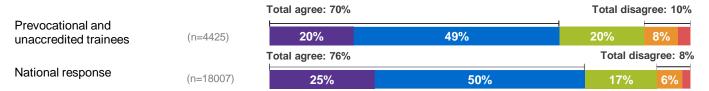
I have access to protected study time/leave



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

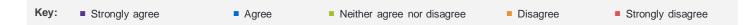


My employer supports me to attend formal and informal teaching sessions



I am able participate in research activities





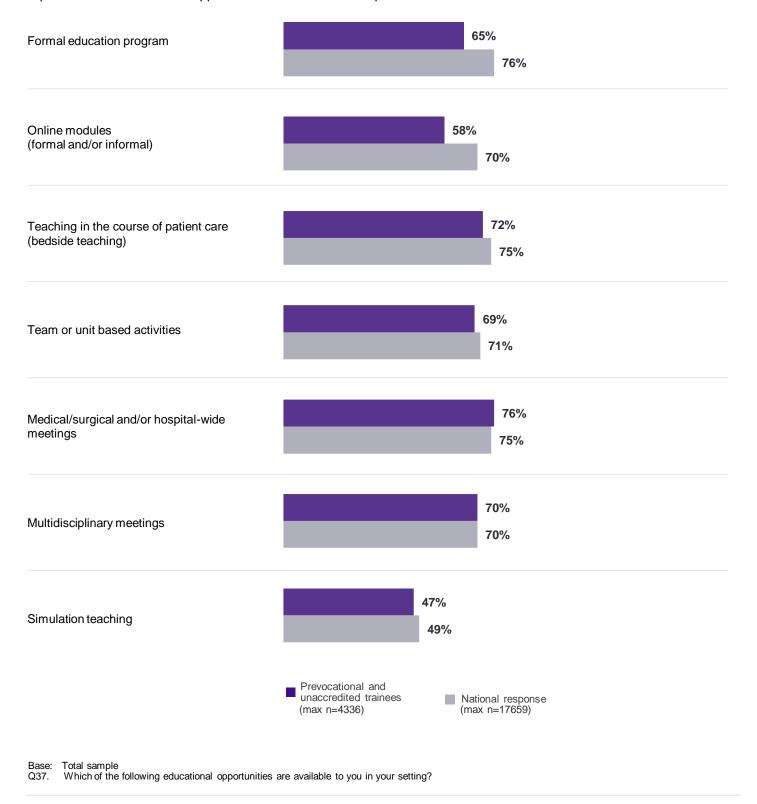
Base:

These questions were only asked of Specialist GP trainees, as such, data is filtered to Specialist GP trainees ^Note: Q34.

Thinking about access to teaching and research in your current setting, to what extent do you agree or disagree with the following statements?

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

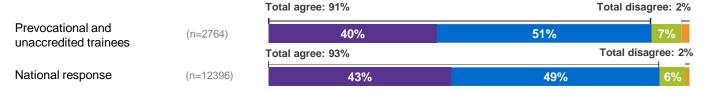
Prevocational and unaccredited trainees were asked to select which educational opportunities were available to them in their current setting. Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings (76%), teaching in the course of patient care (bedside teaching) (72%) and multidisciplinary meetings (70%) were reported as the educational opportunities most available to prevocational and unaccredited trainees.



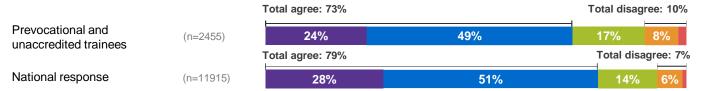
THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR

Prevocational and unaccredited 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%) and simulation teaching (95%) were rated the most useful.

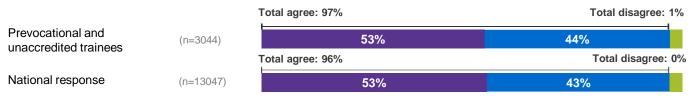
Formal education program



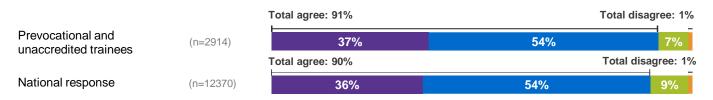
Online modules (formal and/or informal)

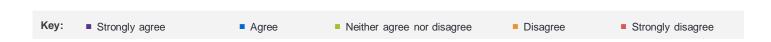


Teaching in the course of patient care (bedside teaching)



Team or unit based activities



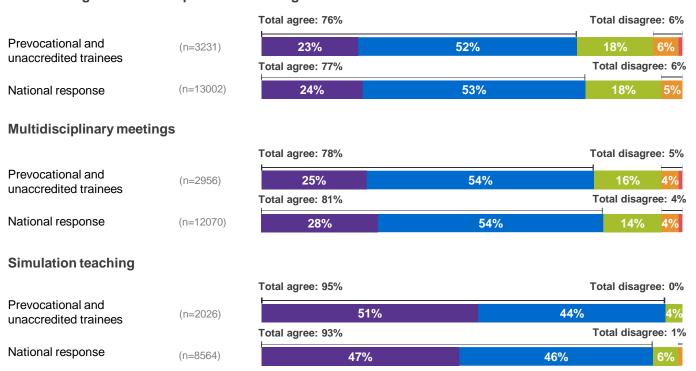


Base: Where educational opportunity is available

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

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

Medical/surgical and/or hospital-wide meetings





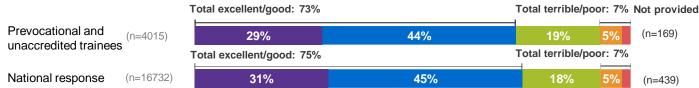
Base: Where educational opportunity is available

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

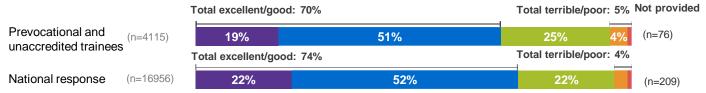
Facilities

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

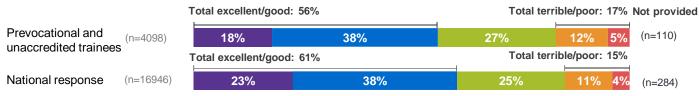
Reliable internet for training purposes



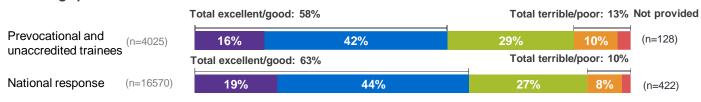
Educational resources



Working space, such as a desk and computer



Teaching spaces



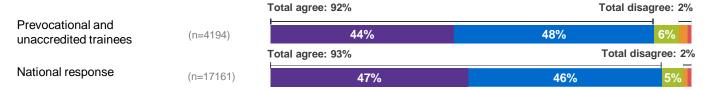


Base: Total sample excluding not provided (shown separately)

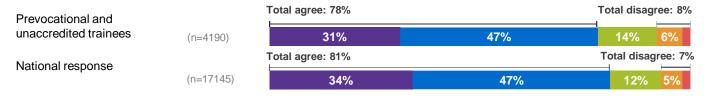
Q40. How would you rate the quality of the following in your setting?

CULTURE WITHIN THE TRAINEE'S SETTING

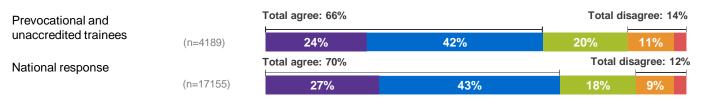
Most senior medical staff are supportive



My workplace supports staff wellbeing

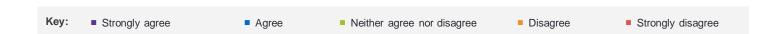


In practice, my workplace supports me to achieve a good work/life balance



I have a good work/life balance



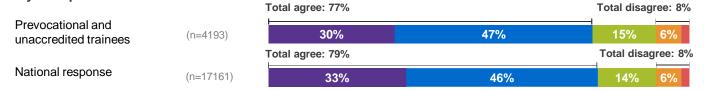


Base: Total sample

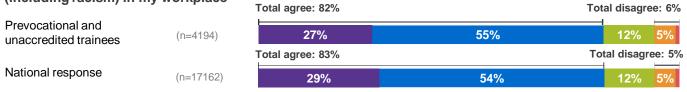
Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?

CULTURE WITHIN THE TRAINEE'S SETTING (continued)

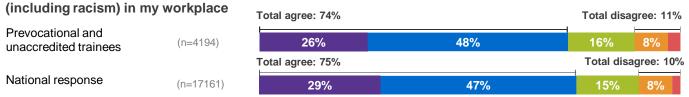
Bullying, harassment and discrimination (including racism) by anyone is not tolerated at my workplace



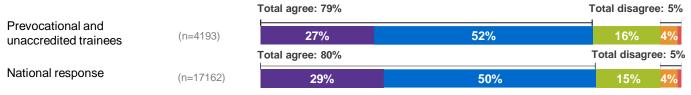
I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace

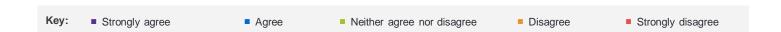


I am confident that I could raise concerns/issues about bullying, harassment and discrimination



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

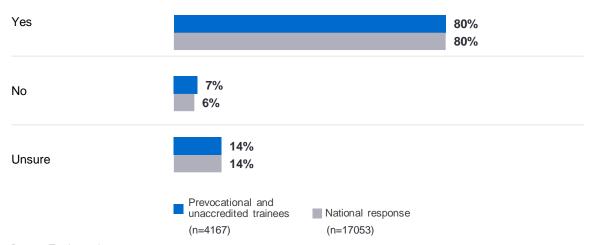




Base: Total sample

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

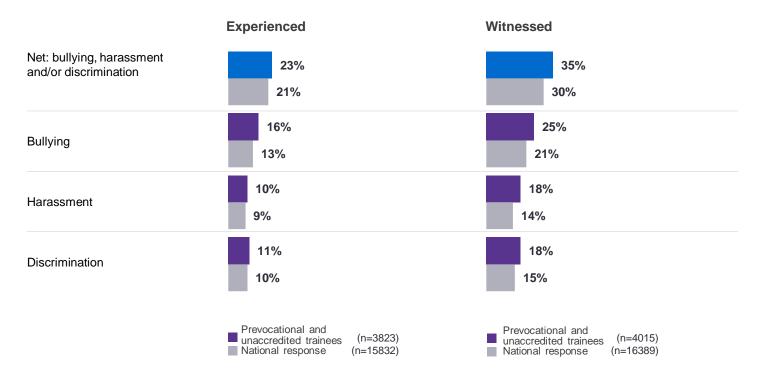
IF YOU NEEDED SUPPORT, DO YOU KNOW HOW TO ACCESS SUPPORT FOR YOUR HEALTH (INCLUDING FOR STRESS AND OTHER PSYCHOLOGICAL DISTRESS)?



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)?

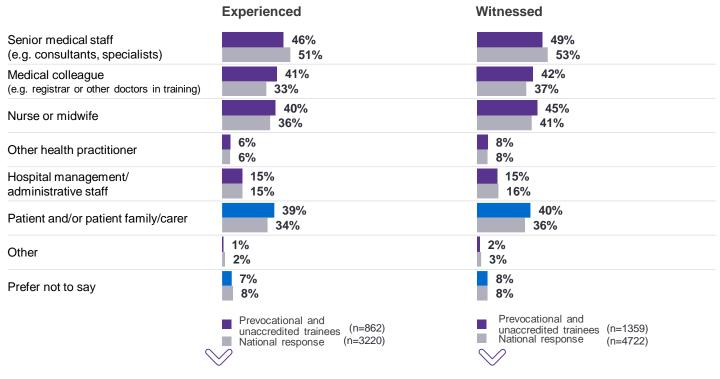
IN THE PAST 12 MONTHS, HAVE YOU... (% yes)



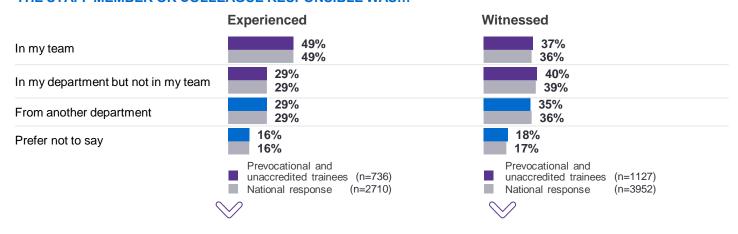
Base: Total sample

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

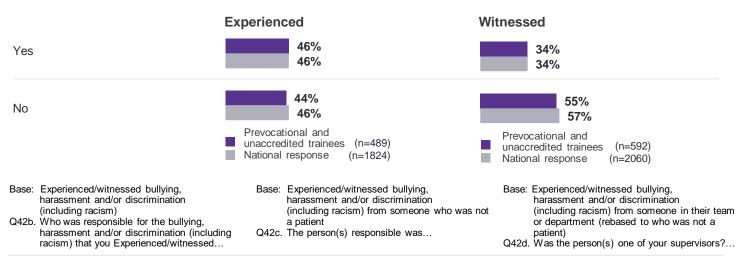
WHO WAS RESPONSIBLE...



THE STAFF MEMBER OR COLLEAGUE RESPONSIBLE WAS...



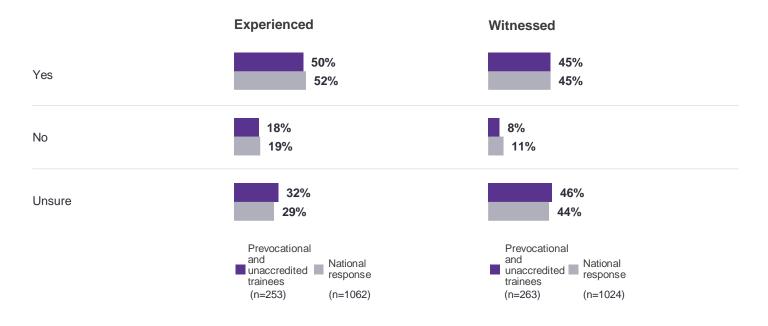
THE STAFF MEMBER OR COLLEAGUE FROM MY TEAM OR DEPARTMENT WAS MY SUPERVISOR...



HAVE YOU REPORTED IT...



HAS THE REPORT BEEN FOLLOWED UP...



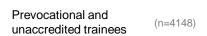
Base: Experienced bullying, harassment and/or discrimination (including racism)

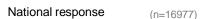
Q42e. Have you reported it?

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

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

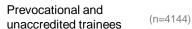


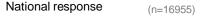






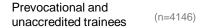
Having to work paid overtime

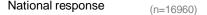






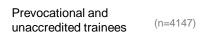
Having to work unpaid overtime

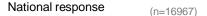






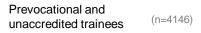
Dealing with patient expectations

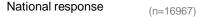






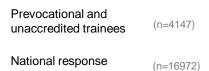
Dealing with patients' families



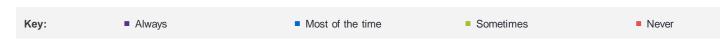




Expectations of supervisors





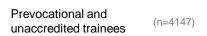


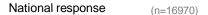
Base: Total sample

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

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

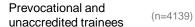


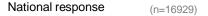






Having to relocate for work



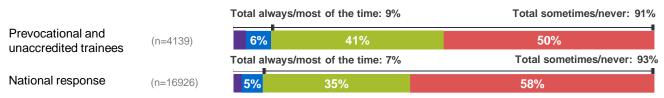




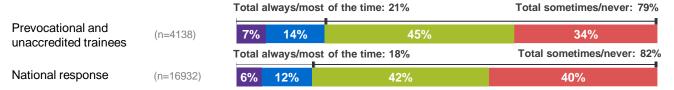
Being expected to do work that I don't feel confident doing



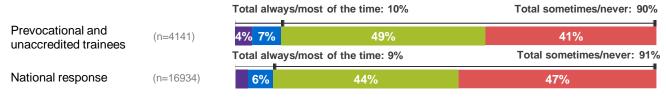
Limited access to senior clinicians



Lack of appreciation



Workplace conflict

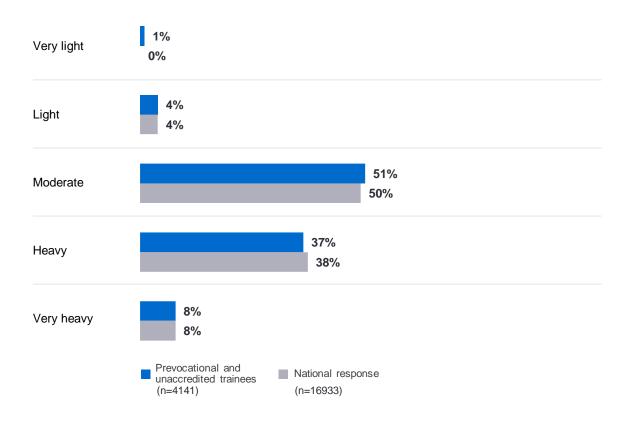




Base: Total sample

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

HOW WOULD YOU RATE YOUR WORKLOAD IN YOUR SETTING?



Base: Total sample

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

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

On average, prevocational and unaccredited trainees work 47.7 hours a week, compared to 45.6 hours a week for the national average.

For prevocational and unaccredited trainees, 71% are working 40 hours a week or more, compared to the national response of 66%.

On average, prevocational and unaccredited trainees worked...

On average, doctors in training nationally worked...

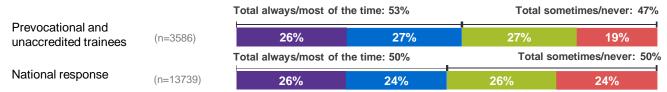


Base: Total sample (National: 2020 n=16889; Prevocational and unaccredited trainees: 2020 n=4136)

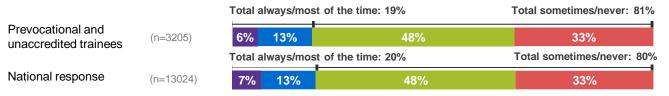
Q46. On average in the past month, how many hours per week have you worked?

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

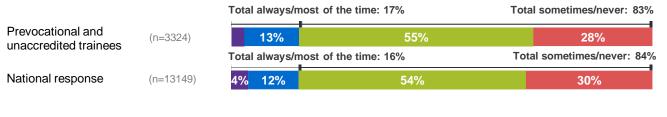
You get paid for the unrostered overtime

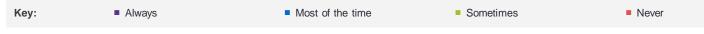


Working unrostered overtime have a negative impact on your training



Working unrostered overtime provide you with more training opportunities





Base: Total sample

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

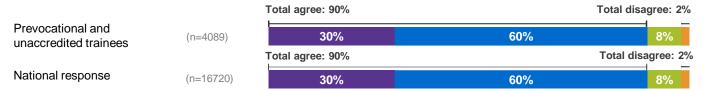
Patient safety

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

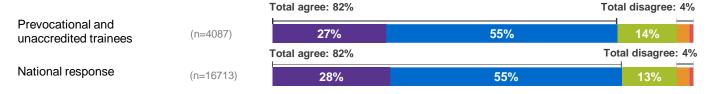


PATIENT CARE AND SAFETY IN THE WORKPLACE

I know how to report concerns about patient care and safety



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



I am confident to raise concerns about patient care and safety



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



Base: Total sample

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

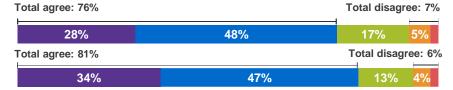
Overall satisfaction

RECOMMEND TRAINING

I would recommend my current training position to other doctors

Prevocational and unaccredited $_{\left(n=4087\right)}$ trainees

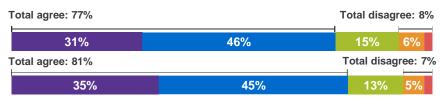
National response (n=16710)

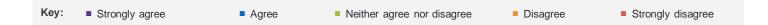


I would recommend my current workplace as a place to train

Prevocational and unaccredited (n=4086)

National response (n=16708)





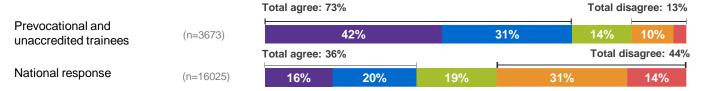
Base: Total sample

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

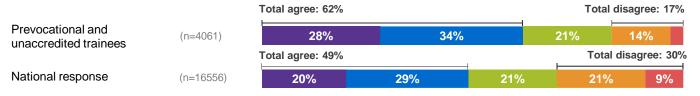
Future career intentions

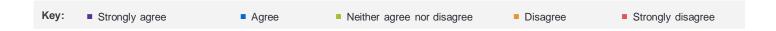
TRAINING PROGRAM COMPLETION

I am concerned about being able to secure a place in my preferred College training program



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





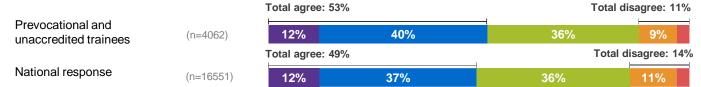
Base: Total sample

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

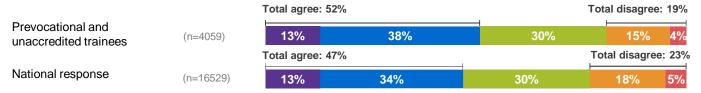
Future career intentions

CAREER INTERESTS

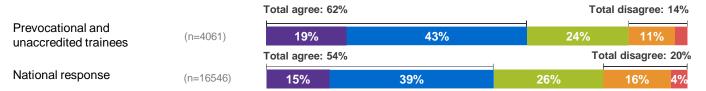
I have an interest in Aboriginal and Torres Strait Islander health/healthcare



I am interested in rural practice



I am interested in getting involved in medical research



I am interested in getting involved in medical teaching





Base: Total sample

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

Future career intentions

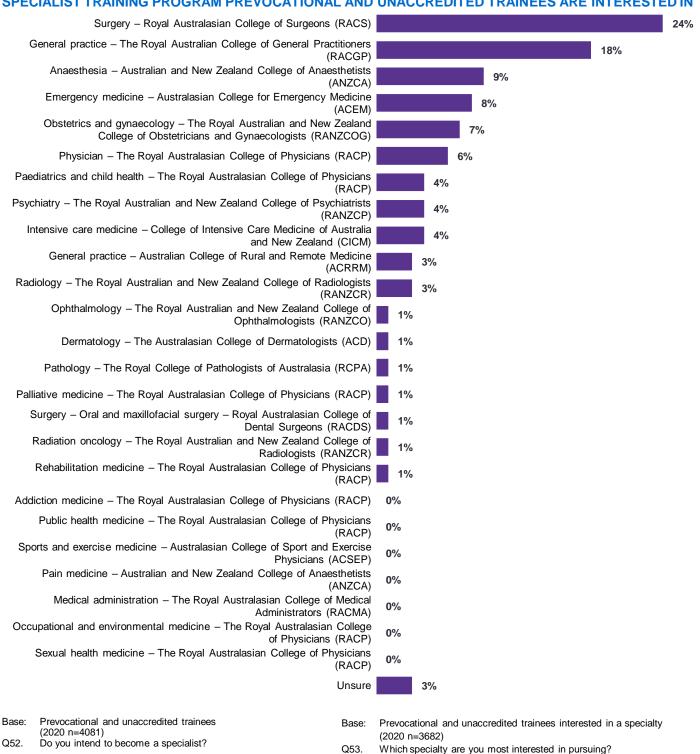
PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY





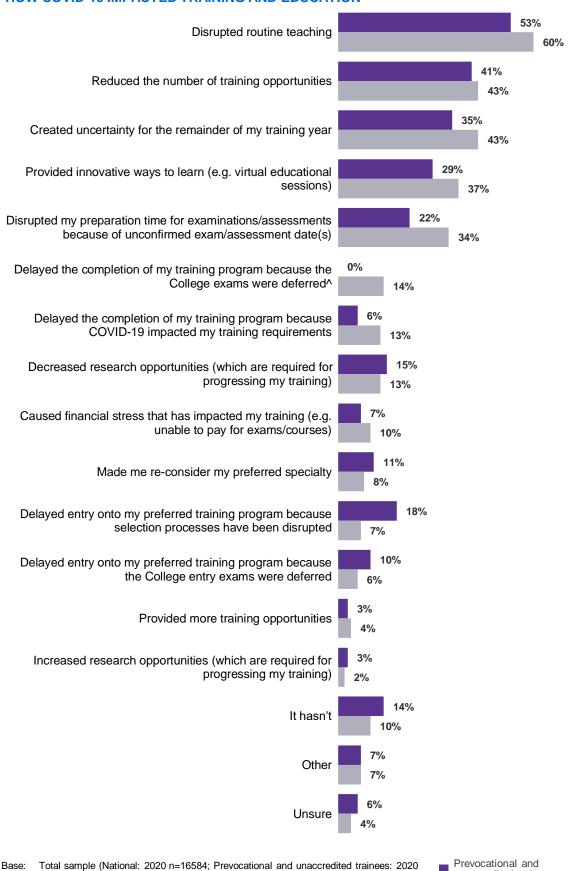
90% of prevocational and unaccredited trainees are intending to become a specialist. Of these, 24% are most interested in pursuing a surgery specialty with RACS.

SPECIALIST TRAINING PROGRAM PREVOCATIONAL AND UNACCREDITED TRAINEES ARE INTERESTED IN



Impacts of COVID-19

HOW COVID-19 IMPACTED TRAINING AND EDUCATION



Base: Total sample (National: 2020 n=16584; Prevocational and unaccredited trainees: 202 n=4055) ^Note: Only specialist trainees were shown this option.

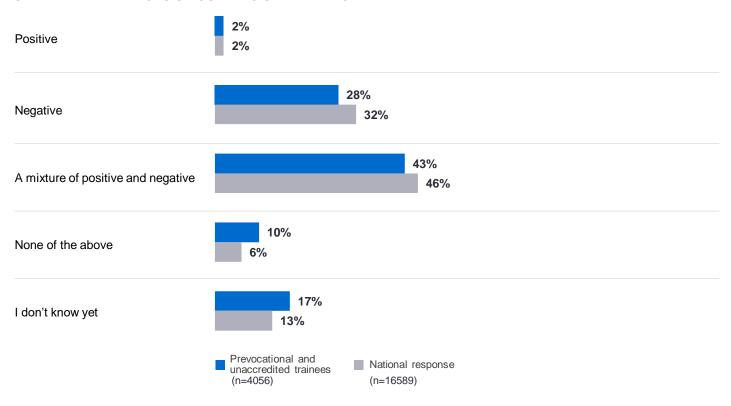
Q60. How has COVID-19 impacted your training and education?

Prevocational and unaccredited trainees

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...

