

# This is a copy of all International Medical Graduate questions.

# **Medical Training Survey**

We are conducting a survey for the Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (Ahpra).

#### **Survey description**

The purpose of the Medical Training Survey (MTS) is to collect data from doctors in training to:

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

The results will be used as a quality improvement tool, to strengthen medical training in Australia. The results of the MTS will be published in the interests of transparency. Specialty and jurisdiction specific reports from MTS data will be generated as far as possible, while assuring participant confidentiality. Stakeholders will apply survey results to improve medical training.

This survey is being administered by EY Sweeney on behalf of the MBA and Ahpra.

For access to the EY Sweeney Privacy Policy, visit http://eysweeney.com.au/contact-us/privacy-policy.





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### **Your part in the Medical Training Survey**

- Participation in the Medical Training Survey (MTS) is entirely voluntary.
- The online survey takes around 15 minutes to complete and the questions you will be asked are around your experience of medical training in Australia.
- You may withdraw from participating in the survey at any time without providing a reason.

We acknowledge that participation in the survey and reflection on your medical training might cause discomfort or even distress. For this reason, if you do not wish to answer a question, you may skip it and go to the next question.

#### **Privacy information**

In completing the MTS, we ask that participants don't provide responses with personal information or information that may reasonably identify an individual. Only members of the EY Sweeney team will have access to individual survey responses and will take steps to de-identify any data that might contain personal information or information that could reasonably reidentify an individual. EY Sweeney will only provide AHPRA with de-identified reports with aggregated survey data.

Any personal data collected will be treated confidentially, and anonymity preserved in reports of survey results.

All data collected will only be used for the purpose of this project.

Information you provide in the survey will be stored and handled securely. EY Sweeney use a third party provider to store data in the cloud hosted in Australia. The third party provider is subject to binding obligations to handle any stored data in accordance with the *Privacy Act 1988* (Cth) and the National Law.

Participants who go to "close" or "save and close" a partially completed survey (or go to "close" before starting), will have the option to request EY Sweeney email them a link to their survey. By providing your email address, you are giving consent for it to be used by EY Sweeney, for the purposes of sending an email with your unique survey link. Your email address will only be used for this purpose.

For access to the EY Sweeney Privacy Policy, click here (<a href="http://eysweeney.com.au/contact-us/privacy-policy">http://eysweeney.com.au/contact-us/privacy-policy</a>) and MBA/Ahpra Privacy Policy, click here (<a href="https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx">https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx</a>). For any technical problems with this survey, please send an email by selecting the link that appears at the bottom of each page. Non-technical queries about the survey itself can be directed to Ahpra via email at <a href="https://www.ahpra.gov.au">MTS@ahpra.gov.au</a>.

#### **Data management**

To maintain confidentiality and anonymity of survey responses, the survey is being administered by EY Sweeney an independent and accredited (ISO20252 Market and Social Research Standard) market research agency who is independent of the MBA and Ahpra.

Data will be reported to the MBA and Ahpra in a de-identified and aggregated format, removing any information which might identify you.

Medical Training Survey Page 2 of 28



All survey data is securely stored in Australia in accordance with The Research Society Code of Professional Behaviour, ISO 20252 – Market and Social Research Standard, AMSRO Privacy (Market and Social Research) Code 2014, Australian Privacy Principles of the Privacy Act 1988 – Privacy Amendment (Private Sector) Act 2000 and ISO 27001-2013 (Certificate for Information Security Management accreditation)

#### Use and sharing of survey data

Ahpra anticipate using information from the survey to:

- provide organisations with survey result reports, including benchmarking, so they can identify focus areas, develop action plans and improve medical training;
- inform sector-wide strategies and campaigns in response to medical training issues, such as workplace environment and culture, patient safety and poor supervision;
- publicly report on medical training issues; and
- provide stakeholders and the public with data about the quality of medical training.

All reporting will be conducted in a way that protects the identity of individual participants. For example:

- Reports for organisations, or groups within organisations, are only provided when there are 10 or more survey responses and in a de-identified manner.
- Data is provided to stakeholders and the public in accordance with the Acts mentioned above. EY Sweeney will only
  conduct an analysis or release data to the MBA, Ahpra and key stakeholders when the identity of individuals is
  protected.
- EY Sweeney does not provide individual survey responses to managers or employers.

#### **Complaints**

Should you have any concerns about your rights as a survey participant, or you have a complaint about the manner in which the survey is being conducted, you can contact EY Sweeney as the external provider via phone (1800 983 160) or email medicaltrainingsurvey@au.ey.com.

#### Point of contact

The Ahpra point of contact for this project is MTS@ahpra.gov.au.

Should you have any complaints or concerns about the manner in which this project is conducted, please do not hesitate to contact the researchers listed above. If you may prefer to contact the membership body for market and social research, The Research Society, on 02 9566 3100 or you can visit https://researchsociety.com.au/.

If you have any questions regarding the content of the survey, or experience any technical problems with the survey, please send an e-mail to <a href="medicaltrainingsurvey@au.ey.com">medicaltrainingsurvey@au.ey.com</a> or contact 1800 983 160. This email address can be found at the bottom of each page of the survey.

Medical Training Survey
Page 3 of 28



#### **DEMOGRAPHICS**

The questions in this survey focus on your recent experiences as a doctor in training. As this survey is being completed by all doctors in training, please answer the questions in respect to your current situation and stage in your training journey.

Q1.	What is your postgraduate year?	PGY1	O 01
	Please select one response only.	PGY2	0 02
		PGY3	<u> </u>
		PGY4	0 04
		PGY5	O 05
		PGY6	0 06
		PGY7	0 07
		PGY8	0 08
		PGY9	O 09
		PGY≥10	<u> </u>
Q2.	Are you employed:	Full time	0 1
	Please select one response only.	Part time	0 2
		Casually	0 3
		On leave for most of your current rotation	TERMINATE 1 ○ 99

#### **TERMINATE 1:**

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors in training that are not on leave for extended periods – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email <a href="mailto:medicaltrainingsurvey@au.ey.com">medicaltrainingsurvey@au.ey.com</a>

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

Throughout the survey, we have used the term "setting" to describe the last place or area where you have practised or trained for at least two weeks. This would normally be your current setting, workplace, placement or rotation, or might be your previous setting, if you have only been practising or training in your current setting for less than two weeks.

Medical Training Survey Page 4 of 28



Q3.	In which state or territory is your current term/rotation/placement based?	ACT	0 01
	territotation/placement bacca.	NSW	0 02
	If you have only been practising or training	NT	0 03
	in your current state or territory for less than two weeks, please select the state or	QLD	0 04
	territory for your previous setting.		0 05
	Please select one response only.	Tas.	0 06
		Vic.	0 07
		WA	0 08
		Outside Australia TERMINATE 2	O 09

#### **TERMINATE 2:**

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors who are in Australia for their current placement – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email <a href="mailto:medicaltrainingsurvey@au.ey.com">medicaltrainingsurvey@au.ey.com</a>

Should you need to contact the MBA and AHPRA please email <a href="MTS@ahpra.gov.au">MTS@ahpra.gov.au</a>.

Q4a.	Is your current position in a hospital?  If you have only been practising or training in your current term/rotation/position or	Yes No	O 1 O 2
	placement for less than two weeks, please consider your previous setting.		
ASK II	F Q5a=1	PIPE RESPONSES BY FROM STATE LIST Q3	0 01
Q4b.	Which hospital do you work at?		0 02
	If you work at more than one hospital,		0 03
	select where you spend most time.		0 04
	If you have only been practising or training		0 05
	in your current hospital for less than two		0 06
	weeks, please consider your previous hospital.	Other	0 97
	Please type in and select.	Do not wish to specify	O 98

Medical Training Survey
Page 5 of 28



ASK I	F Q4a=2 OR Q4b=97 OR Q4b=98 ELSE PIPE FROM DATABASE	Metropolitan area (e.g. capital city – Sydney, Melbourne Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	e, O 1
Q5. Is your current setting in a?		Regional area (e.g. within or less than 15km from a tow population of at least 15,000 that is not a capital city)	<u>on with a</u>
	Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Rural area (e.g. more than 15km from the closest town population of at least 15,000)  Do not wish to specify	with a
	workplace, placement or rotation where at least 2 weeks have been completed as part of your training.		
Q6.	What is your role in the setting?	Intern	0 1
	Please select one response only.	Resident Medical Officer / Hospital Medical Officer	0 2
		Principal House Officer	0 4
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Career Medical Officer	<u>0 6</u>
	workplace, placement or rotation where at	Registrar	0 7
	least 2 weeks have been completed as part of your training.	Specialist	0 8
		Unaccredited Registrar	09
		Other	<u> </u>
ASK II	F Q6=6	Yes	0 1
		No	0 2
Q7.	Do you intend to undertake further postgraduate training in medicine?	INO	<u> </u>

# **TERMINATE 3:**

Thank you for your interest in completing the Medical Training Survey. This survey has been designed for doctors in training, as a Career Medical Officer with no intention to undertake further postgraduate training in medicine the remaining questions in this survey are unlikely to be appropriate for you. We thank you for your time in completing the survey up to this point.

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com.

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

Medical Training Survey
Page 6 of 28



Q8a. Which area are you currently practising in?

If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.

Please select one response only.

Addiction medicine	0 01
Anaesthesia	0 02
Dermatology	0 03
Emergency medicine	0 04
General practice	0 05
Intensive care medicine	0 06
Medical administration	0 07
Obstetrics and gynaecology	0 08
Occupational and environmental medicine	0 09
Ophthalmology	0 10
Paediatrics and child health (inc. specialties)	0 11
Pain medicine	0 12
Palliative medicine	0 13
Pathology	0 14
Physician Adult medicine (inc. specialties)	0 15
Psychiatry	0 16
Public health medicine	0 17
Radiation oncology	0 18
Radiology	0 19
Rehabilitation medicine	0 20
Sexual health medicine	0 21
Sport and exercise medicine	0 22
Surgery	0 23
Other	0 97

Medical Training Survey Page 7 of 28



O 99

#### **Emergency Medicine** [04] ASK IF Q8a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23 Paediatric emergency medicine 0 12 Not applicable O 98 Q8b. If applicable, which subspecialty area are Prefer not to say O 99 you practising in? Intensive care medicine [06] Please select one response only. Paediatric intensive care 0 01 Not applicable 0 98 Prefer not to say O 99 Obstetrics and gynaecology [80] O 60 Gynaecological oncology Maternal-fetal medicine O 61 Obstetrics and gynaecological ultrasound 0 62 Reproductive endocrinology and infertility O 63 0 64 Urogynaecology Not applicable 0 98 Prefer not to say 0 99 Paediatrics and child health [11] General paediatrics 0 06 Paediatric clinical genetics 0 07 0 08 Community child health Neonatal and perinatal medicine 0 09 0 10 Paediatric cardiology Paediatric clinical pharmacology 0 11 0 12 Paediatric emergency medicine Paediatric endocrinology O 13 Paediatric gastroenterology and hepatology 0 14 Paediatric haematology O 15 0 16 Paediatric immunology and allergy Paediatric infectious diseases 0 17 Paediatric intensive care medicine O 18 Paediatric medical oncology 0 19 O 20 Paediatric nephrology Paediatric neurology O 21 Paediatric nuclear medicine O 22 Paediatric palliative medicine O 23 Paediatric rehabilitation medicine 0 24 0 25 Paediatric respiratory and sleep medicine O 26 Paediatric rheumatology Not applicable O 98

Medical Training Survey Page 8 of 28

Prefer not to say



Pathology	[14]
General pathology	0 27
Anatomical pathology (including cytopathology)	0 28
Chemical pathology	0 29
Haematology	0 30
Immunology	0 31
Microbiology	
Forensic pathology	
Not applicable	0 98
Prefer not to say	O 99
Physician Adult medicine	[15]
General medicine	0 34
Cardiology	0 35
Clinical genetics	0 36
Clinical pharmacology	0 37
Endocrinology	0 38
Gastroenterology and hepatology	0 39
Geriatric medicine	0 40
Haematology	
Immunology and allergy	
Infectious diseases	
Medical oncology	0 44
Nephrology	0 45
Neurology	0 46
Nuclear medicine	0 47
Respiratory and sleep medicine	0 48
Rheumatology	0 49
Not applicable	0 98
Prefer not to say	O 99

Medical Training Survey Page 9 of 28



Radiology	[19]
Diagnostic radiology	0 02
Diagnostic ultrasound	0 03
Nuclear medicine	0 04
Not applicable	0 98
Prefer not to say	O 99
Surgery	[23]
General surgery	0 50
Orthopaedic surgery	0 51
Cardio-thoracic surgery	0 52
Neurosurgery	0 53
Otolaryngology – head and neck surgery	0 54
Oral and maxillofacial surgery	0 55
Paediatric surgery	0 56
Plastic surgery	0 57
Urology	0 58
Vascular surgery	O 59
Not applicable	0 98
Prefer not to say	O 99



Medical Training Survey Page 10 of 28



# TRAINING CURRICULUM

In this next section, we would like to know about the training program/s you have undertaken.

Q9. How many years have you held registration		1 or less	O 01
	in Australia?		
		2	0 02
	Please select one response only.	3	0 03
		4	0 04
		5	0 05
		6	0 06
		7	0 07
		8	0 08
		9	0 09
		10 or more	O 10
Q10a.	Which pathway are you in?	Specialist and competent authority pathway	
Q10a.		Specialist and competent authority pathway  Go to Q10b	0 01
Q10a.	Which pathway are you in?  Please select one response only.		O 01 O 02
Q10a.		Go to Q10b	
Q10a.		Specialist pathway Go to Q10b	0 02
Q10a.		Specialist pathway  Standard pathway (AMC exam)  Go to Q10b	O 02 O 03
Q10a.		Specialist pathway  Standard pathway (AMC exam)  Standard pathway (Workplace based assessment)	O 02 O 03 O 04
Q10a.		Specialist pathway  Standard pathway (AMC exam)  Standard pathway (Workplace based assessment)  Competent authority pathway	<ul><li>0 02</li><li>0 03</li><li>0 04</li><li>0 05</li></ul>

Medical Training Survey Page 11 of 28



ASK IF Q10a=1 OR 2		Australian and New Zealand College of Anaesthetists (ANZCA)  □ 01
Q10b.	Which college(s) did your specialist pathway assessment?	The Australasian College of Dermatologists (ACD) □ 02
		Australasian College for Emergency Medicine (ACEM)   03
	Please select all that apply, up to a maximum of two.	Australian College of Rural and Remote Medicine (ACRRM)
		Australasian College of Sport and Exercise Physicians (ACSEP)
		College of Intensive Care Medicine of Australia and New Zealand (CICM)
		The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) □ 07
		Royal Australasian College of Dental Surgeons (RACDS) 08
		The Royal Australasian College of Medical Administrators (RACMA) 09
		The Royal Australasian College of Physicians (RACP)   10
		Royal Australasian College of Surgeons (RACS)
		The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) ☐ 12
		The Royal Australian and New Zealand College of Psychiatrists (RANZCP)      13
		The Royal Australian and New Zealand College of Radiologists (RANZCR)           14
		The Royal Australian College of General Practitioners (RACGP)  15
		The Royal College of Pathologists of Australasia (RCPA)□ 16
		Prefer not to say
		Unsure O 99
044	Do you have a training/arcfessional	
Q11.	Do you have a training/professional development plan?	Yes Go to Q12 O 1
		No Go to Q13 O 2
	HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN'	
	Developed by you and your supervisor/peer reviewer for your employer/college/MBA	

Medical Training Survey Page 12 of 28



#### **ASK IF Q11=1**

Q12. Thinking about your **training/professional development plan**, to what extent do you agree or disagree with the following statements?

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	My plan is helping me to continue to develop as a doctor	O 5	0 4	0 3	O 2	0 1
2.	There are opportunities for me to meet the requirements of my plan in my current setting	O 5	0 4	0 3	O 2	0 1
3.	I understand what I need to do to meet my plan requirements	O 5	0 4	0 3	O 2	0 1
4.	My plan is preparing me to be a doctor/specialist in the Australian healthcare system	0 5	0 4	0 3	0 2	0 1
5.	My plan is preparing me for future medical practice	0 5	0 4	0 3	O 2	0 1
6.	My plan is advancing my knowledge	0 5	0 4	0 3	0 2	0 1

#### **ORIENTATION**

In this next section, we would like to know more about your experiences in your workplace.

This would normally be your current setting, workplace, placement or rotation, or might be your previous setting, if you have only been practising or training in your current setting for less than two weeks.

If you have more than one current setting, please consider the setting where you spend the most time.

Q13a.	Did you receive an orientation to your setting?  HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Yes, a formal orientation Yes, but it was largely informal No G	<ul><li>0 1</li><li>0 2</li><li>0 3</li></ul>
ASK IF	F Q13a=1 OR 2	Excellent	O <u>5</u>
Q13b.	How would you rate the quality of your	Good	0 4
	orientation?	Average	0 3
Places calcut and recognics only	Please select one response only.	Poor	0 2
	riease selectione response only.	Terrible	0 1

Medical Training Survey

Page 13 of 28



# **CLINICAL SUPERVISION**

# In this next section, we would like to know more about the supervision you receive in your setting.

Q14.	In your setting, who mainly provides your day-to-day clinical supervision/peer review?	Specialist (including specialist GP)	0 1
	day-to-day clinical supervision/peer review:	Registrar	0 2
	Please select one response only.	Other doctor	0 3
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Nurse	0 4
	workplace, placement or rotation where at	Other	0 5
	least 2 weeks have been completed as part of your training.	I don't have a clinical supervisor/peer reviewer  Go to Q18	0 6

#### **ASK IF Q14=1 TO 5**

Q15. To what extent do you agree or disagree with the following statements?

In my setting, if my clinical supervisor(s)/peer reviewer(s) is not available...

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I am able to contact other senior medical staff <b>IN HOURS</b> if I am concerned about a patient	0 5	0 4	0 3	O 2	0 1
2.	I am able to contact other senior medical staff <b>AFTER HOURS</b> if I am concerned about a patient	0 5	0 4	0 3	0 2	0 1

Medical Training Survey

Page 14 of 28



#### **ASK IF Q14=1 TO 5**

Q16. We'd now like you to give a rating for the following statements, with 5 stars indicating 'very good' and 1 star indicating 'very poor'.

In your setting, how would you rate the quality of your overall clinical supervision/peer review for...

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

#### **PROGRAMMER NOTE: STAR RATINGS**

		1	2	3	4	5
1.	Helpfulness	0 5	0 4	0 3	0 2	0 1
2.	Accessibility	0 5	0 4	0 3	0 2	0 1
3.	Regular, INFORMAL feedback	0 5	0 4	0 3	O 2	0 1
4.	Regular, FORMAL feedback	0 5	0 4	0 3	O 2	0 1
5.	Usefulness of feedback	0 5	0 4	0 3	0 2	0 1
6.	Discussions about my goals and learning objectives	O 5	0 4	0 3	O 2	0 1
7.	Meeting your training plan/pathway requirements	O 5	0 4	0 3	O 2	0 1
8.	Including opportunities to develop your skills	O 5	0 4	0 3	O 2	0 1
9.	Allowing for an appropriate level of responsibility	O 5	0 4	0 3	O 2	0 1
10.	Ensuring that you only perform work that you are ready for or have the experience to address	0 5	0 4	0 3	0 2	0 1

		Excellent	0 5
Q17.	For your setting, how would you rate the quality of your clinical supervision/peer	Good	0 4
	review?	Average	0 3
	Please select one response only.	Poor	0 2
	HOVERTEXT FOR 'SETTING'	Terrible	0 1
	Setting is the current or most recent		
	workplace, placement or rotation where at least 2 weeks have been completed as part		
	of your training.		

Medical Training Survey Page 15 of 28



Q18. Has your performance been assessed in Yes 0 1 your setting? No - but this is scheduled 0 2 **HOVERTEXT FOR 'SETTING'** No – but I would like to be 0 3 Setting is the current or most recent No - it's not necessary 0 4 workplace, placement or rotation where at least 2 weeks have been completed as part Unsure 0 5 of your training.

# **ACCESS TO TEACHING**

Q19. Thinking about the **development of your skills**, to what extent do you agree or disagree with the following statements?

In my setting...

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	There is a range of opportunities to develop my <b>clinical</b> skills	0 5	0 4	0 3	0 2	0 1	O 99
2.	There is a range of opportunities to develop my <b>procedural</b> skills	0 5	0 4	0 3	0 2	0 1	O 99
3.	There is a range of opportunities to develop my <b>non-clinical</b> skills	0 5	0 4	0 3	0 2	0 1	O 99
4.	I can access the opportunities available to me	0 5	0 4	0 3	0 2	0 1	O 99
5.	I have to compete with <b>other doctors</b> for access to opportunities	0 5	0 4	0 3	O 2	0 1	O 99
6.	I have to compete with <b>other health professionals</b> for access to opportunities	0 5	0 4	0 3	0 2	0 1	O 99

Medical Training Survey

Page 16 of 28



Q20. Thinking about **access to teaching and research** in your setting, to what extent do you agree or disagree with the following statements?

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have access to protected study time/leave	0 5	0 4	0 3	0 2	0 1
2.	I am able to attend conferences, courses and/or external education events	O 5	0 4	0 3	O 2	0 1
3.	My employer supports me to attend formal and informal teaching sessions	O 5	0 4	O 3	O 2	0 1
4.	I am able participate in research activities	0 5	0 4	0 3	0 2	0 1

Q21. In your setting, do you have sufficient opportunities to develop your...

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Yes	No	Not applicable
1.	Theoretical knowledge	0 1	0 2	0 3
2.	Clinical skills	0 1	0 2	0 3
3.	Procedural skills	0 1	0 2	0 3
4.	Ethics	0 1	0 2	0 3
5.	Leadership and management	0 1	0 2	0 3
6.	Communication	0 1	0 2	0 3
7.	Cultural safety	0 1	0 2	0 3
8.	Research	0 1	0 2	0 3

Q22.	Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?  Please select one response only.	My job responsibilities never prevent me from meeting my training requirements  O 1  My job responsibilities rarely prevent me from meeting my training requirements  O 2
		My job responsibilities sometimes prevent me from meeting my training requirements  O 3  My job responsibilities often prevent me from meeting my training requirements  O 4

Medical Training Survey

Page 17 of 28



# Q23. Which of the following educational opportunities are available to you in your current setting?

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row.

		Yes	No	Unsure
1.	Formal education program	0 1	0 2	0 3
2.	Online modules (formal and/or informal)	0 1	0 2	0 3
3.	Teaching in the course of patient care (bedside teaching)	0 1	0 2	O 3
4.	Team or unit based activities  HOVERTEXT  Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	0 1	O 2	O 3
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	0 1	O 2	O 3
6.	Multidisciplinary meetings	0 1	0 2	0 3
7.	Simulation teaching	0 1	0 2	0 3

Q24. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?

Please select one response per row.

# PROGRAMMER NOTE: SHOW Q23 RESPONSES Q23CX=1, SKIP IF NO Q23CX=1

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Formal education program	0 5	0 4	0 3	O 2	0 1
2.	Online modules (formal and/or informal)	0 5	0 4	0 3	0 2	0 1
3.	Teaching in the course of patient care	0 5	0 4	0 3	0 2	0 1
4.	Team or unit based activities  HOVERTEXT  Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	0 5	O 4	0 3	O 2	0 1
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	0 5	0 4	0 3	O 2	0 1
6.	Multidisciplinary meetings	0 5	0 4	0 3	0 2	0 1
7.	Simulation teaching	0 5	0 4	0 3	0 2	0 1

Medical Training Survey Page 18 of 28



Q25.	Overall, how would you rate the quality of the teaching sessions?	Excellent	0 5
	and todarining decement.	Good	0 4
	Please select one response only.	Average	0 3
		Poor	0 2
		Terrible	0 1

# WORKPLACE ENVIRONMENT AND CULTURE

Q26. How would you rate the quality of the following in your setting?

# **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row.

		Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1.	Reliable internet for training purposes	0 5	0 4	0 3	0 2	0 1	O 98	O 99
2.	Educational resources	0 5	0 4	0 3	0 2	0 1	O 98	O 99
3.	Working space, such as a desk and computer	0 5	0 4	0 3	O 2	0 1	O 98	O 99
4.	Teaching spaces	0 5	0 4	0 3	0 2	0 1	O 98	O 99

Medical Training Survey Page 19 of 28



Q27. Thinking about the **workplace environment and culture in your setting**, to what extent do you agree or disagree with the following statements?

# **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

#### Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Most senior medical staff are supportive	0 5	0 4	0 3	0 2	0 1
2.	My workplace supports staff wellbeing	0 5	0 4	0 3	0 2	0 1
3.	In practice, my workplace supports me to achieve a good work/life balance	0 5	0 4	0 3	0 2	0 1
4.	I have a good work/life balance	0 5	0 4	0 3	0 2	0 1
5.	Bullying, harassment and discrimination (including racism) by anyone is not tolerated at my workplace	0 5	0 4	0 3	0 2	O 1
6.	I <b>know how</b> to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	0 5	0 4	0 3	O 2	O 1
7.	I am confident that I could raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	0 5	0 4	0 3	0 2	0 1
8.	I could access support from my workplace if I experienced stress or a traumatic event	0 5	0 4	0 3	O 2	0 1

Medical Training Survey Page 20 of 28



Q28a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Please select all that apply per column.

#### PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

Australian Human Rights Commission (AHRC) (2014) *Workplace discrimination, harassment and bullying,* www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying

		1) Experienced	2) Witnessed
1.	Bullying The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.*	□ 1	□ 1
2.	Harassment Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.	□ 2	□ 2
3.	Discrimination Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their race, religion, gender or sexual orientation.	□ 3	□ 3
98.	None of the above	O 98	O 98

# SHOW IF Q28xa.1=1|2|3 OR Q28xa.2=1|2|3

Q28b. Who was responsible for the bullying, harassment and/or discrimination (including racism) that you experienced/witnessed...

Please select all that apply.

	1) Experienced	2) Witnessed
Senior medical staff (e.g. consultants, specialists)	□ 1	□ 1
Medical colleague (e.g. registrar or other doctors in training)	□ 2	□ 2
3. Nurse or midwife	□ 3	□ 3
Other health practitioner	□ 4	□ 4
5. Hospital management/administrative staff	□ 5	□ 5
6. Patient and/or patient family/carer	□ 6	□ 6
7. Other	□ 7	□ 7
99. Prefer not to say	O 99	O 99

Medical Training Survey Page 21 of 28



0 3

#### SHOW IF Q28xb.1=1|2|3|4|5|7 OR Q28xb.2=1|2|3|4|5|7 Q28c. The person(s) responsible was... Please select all that apply. 1) Experienced 2) Witnessed □ 1 □ 1 1. In my team □ 2 □ 2 2. In my department but not in my team □ 3 □ 3 3. From another department 0 99 99. Prefer not to say 0 99 SHOW IF Q28xc.1=1|2|3 or Q28xc.2=1|2|3 Q28d. Was the person(s) one of your supervisors? Please select one response 1) Experienced 2) Witnessed 0 1 0 1 1. Yes 0 2 0 2 2. No O 99 O 99 3. Prefer not to say SHOW IF Q28xa.1=1|2|3 OR Q28xa.2=1|2|3 Q28e. Have you reported it? Please select one response 1) Experienced 2) Witnessed 0 1 0 1 1. Yes 0 2 0 2 2. No SHOW IF Q28xe.1=1 OR Q28xe.2=1 Q28f. Has the report been followed-up? Please select one response 1) Experienced 2) Witnessed 0 1 0 1 1. Yes 0 2 0 2 2. No

Medical Training Survey

Page 22 of 28

3. Unsure

0 3



# **WORKPLACE ENVIRONMENT AND CULTURE**

Q29. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

Yes	0 1
No	0 2
Unsure	0 3

# PROGRAMMER NOTE: SHOW AT BOTTOM OF QUESTION

If you need to access support for your health, contact your GP or visit www.drs4drs.com.au for information on services in your area.

Q30. How often do the following adversely affect your wellbeing in your setting?

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

#### Please select one response per row. PROGRAMMER NOTE: SPLIT ACROSS TWO SCREENS

		Always	Most of the time	Sometimes	Never
01.	The amount of work I am expected to do	0 4	0 3	0 2	0 1
02.	Having to work <b>paid</b> overtime	0 4	0 3	0 2	0 1
03.	Having to work <b>unpaid</b> overtime	0 4	0 3	0 2	0 1
04.	Dealing with patient expectations	0 4	0 3	0 2	0 1
05.	Dealing with patients' families	0 4	0 3	0 2	0 1
06.	Expectations of supervisors/peer reviewer	0 4	0 3	0 2	0 1
07.	Supervisors/peer reviewer feedback	0 4	0 3	0 2	0 1
08.	Having to relocate for work	0 4	0 3	0 2	0 1
09.	Being expected to do work that I don't feel confident doing	0 4	0 3	O 2	0 1
10.	Limited access to senior clinicians	0 4	0 3	0 2	0 1
11.	Lack of appreciation	0 4	0 3	0 2	0 1
12.	Workplace conflict	0 4	0 3	0 2	0 1

Medical Training Survey Page 23 of 28



Q31.	How would you rate your workload in your setting?  Please select one response only.  HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Very light  Light  Moderate  Heavy  Very heavy	O 1 O 2 O 3 O 4 O 5
Q32.	On average in the past month, how many hours per week have you worked?  HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call Please select one response only.	20 hours or less 21 – 30 hours 31 – 40 hours 41 – 50 hours 51 – 60 hours 61 – 70 hours 71 – 80 hours 81 – 90 hours More than 90 hours	O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9

Q33. For any unrostered overtime you have completed in the past, how often did...? Please select one response per row.

		Always	Most of the	Sometimes	Never	Not
		,	time			Applicable
1.	You get paid for the unrostered overtime	0 4	0 3	0 2	0 1	O 99
2.	Working unrostered overtime have a negative impact on your training	0 4	0 3	0 2	0 1	O 99
3.	Working unrostered overtime provide you with more training opportunities	0 4	0 3	0 2	0 1	O 99

Medical Training Survey Page 24 of 28



# PATIENT SAFETY

Q34.	In your setting, how would you rate the		
QU-1.	quality of your training on how to raise	Excellent	0 5
	concerns about patient safety?	Good	0 4
	Please select one response only.	Average	0 3
	HOVERTEXT FOR 'SETTING'	Poor	0 2
	Setting is the current or most recent workplace, placement or rotation where at	Terrible	0 1

Q35. Thinking about **patient care and safety** in your setting, to what extent do you agree or disagree with the following statements?

Please select one response per row.

least 2 weeks have been completed as part

#### **HOVERTEXT FOR 'SETTING'**

of your training.

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I know how to report concerns about patient care and safety	O 5	0 4	0 3	0 2	0 1
2.	There is a culture of proactively dealing with concerns about patient care and safety	O 5	0 4	0 3	O 2	0 1
3.	I am confident to raise concerns about patient care and safety	O 5	0 4	0 3	0 2	0 1
4.	There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners	O 5	0 4	0 3	0 2	0 1

# **OVERALL SATISFACTION**

Q36. Thinking about your setting, to what extent do you agree or disagree with the following statements?

Please select one response per row.

#### **HOVERTEXT FOR 'SETTING'**

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I would recommend my current training position to other doctors	O 5	0 4	O 3	O 2	0 1
2.	I would recommend my current workplace as a place to train	O 5	0 4	0 3	O 2	0 1

Medical Training Survey Page 25 of 28



# **FUTURE CAREER INTENTIONS**

In this next section, we would like to know about your future training and career intentions.

Q37. Thinking about your future career, to what extent do you agree or disagree with the following statements?

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have an interest in Aboriginal and Torres Strait Islander health/healthcare	0 5	0 4	0 3	0 2	0 1
2.	I am interested in rural practice	0 5	0 4	0 3	0 2	0 1
3.	I am interested in getting involved in medical research	0 5	0 4	0 3	O 2	0 1
4.	I am interested in getting involved in medical teaching	O 5	0 4	O 3	O 2	0 1
5.	I am concerned I will not successfully meet my pathway requirements	O 5	0 4	0 3	O 2	0 1
6.	I am concerned about whether I will be able to secure employment on completing of the pathway	0 5	0 4	0 3	0 2	0 1





# COVID-19

2020 has been an unprecedented year due to COVID-19. We would like to know if and how, COVID-19 may have impacted your medical education and training....

Q38.	How has COVID-19 impacted your training and education?	Delayed entry onto my preferred training program because the College entry exams were deferred □ 01			
	Please select all that apply	Delayed entry onto my preferred training program because selection processes have been disrupted □ 02			
		Disrupted my preparation time for examinations/assessments because of unconfirmed exam/assessment date(s) 03			
		Delayed the completion of my training program because COVID-19 impacted my training requirements 04			
		<u>Disrupted routine teaching</u> □ 05			
		Provided more training opportunities			
		Reduced the number of training opportunities			
		Increased research opportunities (which are required for progressing my training)			
		Decreased research opportunities (which are required for progressing my training)			
		Provided innovative ways to learn (e.g. virtual educational sessions)			
		Created uncertainty for the remainder of my training year□ 11			
		Caused financial stress that has impacted my training (e.g. unable to pay for exams/courses)   12			
		Made me re-consider my preferred specialty □ 13			
		<u>Other</u> □ 97			
		It hasn't O 98			
		Unsure O 99			
Q39.	Upon reflection, overall the impacts of				
Q39.	COVID-19 on my training have been	Positive O 1			
	Please select one response only.	Negative O 2			
		A mixture of positive and negative O 3			
		I don't know yet O 99			
		None of the above O 98			

Medical Training Survey Page 27 of 28



# **ABOUT YOU**

Finally, we would like to ask some questions about you. These questions are used in analysis to group responses given by doctors in training with a similar profile.

Q40.	Do you identify as?	Male	0 1
	Please select one response only.	Female	0 2
		Intersex/Indeterminate	0 3
		Prefer not to say	0 99
Q41.	What is your age?	20 to 24	0 1
	Please select one response only.	25 to 29	0 2
		30 to 34	0 3
		35 to 39	0 4
		40 to 45	0 5
		45+	0 6
		Prefer not to say	O 99
Q42.	Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?	Yes – Aboriginal	0 1
	Please select one response only.	Yes - Torres Strait Islander	0 2
	• •	Yes – Both Aboriginal and Torres Strait Islander	0 3
		No	0 4
		Prefer not to say	O 99
Q43.	In which country did you complete your primary medical degree?		
	Please type in and select.	PROGRAMMER NOTE: ADD AUTOCOMPLETE D	ROP DOWN

# THAT IS THE END OF THE SURVEY - THANK YOU

The survey has been conducted on behalf of the Medical Board of Australia and Ahpra

As a market and social research company, we comply with the requirements of the Privacy Act.

Should you need to contact Ahpra please call them on 1300 419 495.

Medical Training Survey

Page 28 of 28