

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 the 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 https://eysweeney.com.au/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 (https://eysweeney.com.au/privacy-policy) and MBA/Ahpra Privacy Policy, click here (https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx). 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 MTS@ahpra.gov.au.

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.

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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, Australian Data and Insights Association (ADIA) 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 anticipates 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 prefer, you may 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 medicaltrainingsurvey@au.ey.com or contact 1800 983 160. This email address can be found at the bottom of each page of the survey.

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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.

O4 What is your masternal pate year?		
Q1. What is your postgraduate year? Please select one response only.	PGY1	0 01
	PGY2	0 02
	PGY3	0 03
	PGY4	0 04
	PGY5	O 05
	PGY6	0 06
	PGY7	0 07
	PGY8	0 08
	PGY9	O 09
	PGY≥10	O 10
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 O 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 who 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 medicaltrainingsurvey@au.ey.com

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.

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Q3.	In which state or territory is your current term/rotation/placement based?	ACT	0 01
		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.	SA	0 05
	Please select one response only.	Tas.	0 06
		Vic.	0 07
		WA	0 08
		Outside Australia TERMINATE 2	0 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 medicaltrainingsurvey@au.ey.com

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

Q4a.	Is your current position in a hospital? If you have only been practising or training in your current term/rotation/position or placement for less than two weeks, please consider your previous setting.	Yes No	O 1 O 2
ASK IF	⁼ 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 and select the hospital your hospital from the drop-down list that appears.	Do not wish to specify	O 98

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Q5. Is your current setting in a? 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. Regional area (e.g. within or less than 15km from a town with population of at least 15,000 that is not a capital city) Rural area (e.g. more than 15km from the closest town with population of at least 15,000) Do not wish to specify O O O O O Do not wish to specify O Intern				
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. Q6. What is your role in the setting? Do not wish to specify Do not	ASK IF			1
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. Do not wish to specify Do not wish to specify O Intern C Desident Medical Officer (Heavital Medical Officer)	Q5.	Is your current setting in a?	Regional area (e.g. within or less than 15km from a town with population of at least 15,000 that is not a capital city)	
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. Do not wish to specify O Intern Do not wish to specify O Do not wish to specify	r lease select one response only.		Rural area (e.g. more than 15km from the closest town with a population of at least 15,000)	-
Q6. What is your role in the setting? Intern Completed as part of your training.		Setting is the current or most recent	Do not wish to specify O 9	9
President Medical Officer / Heavital Medical Officer		least 2 weeks have been completed as part		
Pasident Medical Officer / Heavital Medical Officer				
Please select one response only. Resident Medical Officer / Hospital Medical Officer C	Q6.	What is your role in the setting?	<u>Intern</u> O	1
		Please select one response only.	Resident Medical Officer / Hospital Medical Officer O	2
Principal House Officer C		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.	Principal House Officer O	4
Career Medical Officer			Career Medical Officer O	6
workplace, placement or rotation where at Registrar			Registrar O	7
least 2 weeks have been completed as part of your training. Specialist			Specialist O	8
		or your training.	Unaccredited Registrar O	9
Other O			Other 0 9	<u> 7</u>
AOVIEGO	4014:	-00.0		
ASK IF Q6=6 Yes	ASK IF	- Qb=b	Yes O	1
Q7. Do you intend to undertake further	07	Do you intend to undertake further	<u>No</u> O	2
postgraduate training in medicine?	Q1.			

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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

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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

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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	O 39
Geriatric medicine	0 40
Haematology	0 41
Immunology and allergy	
Infectious diseases	0 43
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	O 98
Prefer not to say	O 99

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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	O 50
Orthopaedic surgery	O 51
Cardio-thoracic surgery	0 52
Neurosurgery	0 53
Otolaryngology – head and neck surgery	0 54
Oral and maxillofacial surgery	0 55
Paediatric surgery	O 56
Plastic surgery	0 57
Urology	0 58
Vascular surgery	O 59
Not applicable	O 00
Prefer not to say	O 99



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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	0 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	O 09
		10 or more	0 10
040-	Which called a second in O		
Q10a.	Which pathway are you in?	Specialist and competent authority pathway Go to Q10b	O 01
	Please select one response only.	Specialist pathway Go to Q10b	0 02
		Standard pathway (AMC exam)	0 03
		Standard pathway (Workplace based assessment)	0 04
		Competent authority pathway	0 05
		Short term training pathway	0 06
		Other	0 97
		Unsure	O 99

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The Australasian College of Dermatologists (ACD)	ASK II	F Q10a=1 OR 2	Australasian College for Emergency Medicine (ACEM) □ 01
Please select all that apply, up to a maximum of two. Australian and New Zealand College of Anaesthetists (ANZCA)	O10h	Which college(s) did your specialist	The Australasian College of Dermatologists (ACD) 02
maximum of two. 04 Australian College of Rural and Remote Medicine (ACRRM) 05 College of Intensive Care Medicine of Australia and New Zealand (CICM) 06 Royal Australasian College of Dental Surgeons (RACDS) 07 The Royal Australasian College of Medical Administrators (RACMA) 08 The Royal Australasian College of Physicians (RACP) 09 Royal Australasian College of Surgeons (RACS) 10 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 11 The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) 12 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 13 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 14 The Royal Australian College of General Practitioners (RACGP) 15 The Royal Australian College of General Practitioners (RACGP) 15 The Royal College of Pathologists of Australasia (RCPA) 16 Prefer not to say	Q 10D.		1
College of Intensive Care Medicine of Australia and New Zealand (CICM)			
Zealand (CICM)			· · · · · · · · · · · · · · · · · · ·
The Royal Australasian College of Medical Administrators (RACMA)			
CRACMA			Royal Australasian College of Dental Surgeons (RACDS) 07
Royal Australiasian College of Surgeons (RACS)			
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 11 The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) 12 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 13 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 14 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 97 Unsure 0 99 Q11. Do you have a training/professional development plan? Yes Go to Q12 0 1 No Go to Q13 0 2 HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			The Royal Australasian College of Physicians (RACP) 09
and Gynaecologists (RANZCOG)			Royal Australasian College of Surgeons (RACS)
Ophthalmologists (RANZCO) 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 97 Unsure 99 Q11. Do you have a training/professional development plan? HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			
CRANZCP			
The Royal Australian College of General Practitioners (RACGP) The Royal College of Pathologists of Australasia (RCPA) 16 Prefer not to say			
The Royal College of Pathologists of Australasia (RCPA) 16 Prefer not to say 99 Unsure 99 Q11. Do you have a training/professional development plan? HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			
Prefer not to say Unsure Q11. Do you have a training/professional development plan? HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			
Q11. Do you have a training/professional development plan? HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			The Royal College of Pathologists of Australasia (RCPA) □ 16
Q11. Do you have a training/professional development plan? Yes No Go to Q12 1 No Go to Q13 2 HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			Prefer not to say 97
HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer			Unsure O 99
HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer	Q11	Do you have a training/professional	V
HOVERTEXT FOR 'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer	Q		
'TRAINING/PROFESSIONAL DEVELOPMENT PLAN' Developed by you and your supervisor/peer		HOVERTEXT FOR	GO TO Q13 O Z
		'TRAINING/PROFESSIONAL	

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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	0 5	0 4	0 3	O 2	0 1
3.	I understand what I need to do to meet my plan requirements	0 5	0 4	O 3	O 2	0 1
4.	My plan is preparing me to be a doctor/specialist in the Australian healthcare system	0 5	O 4	0 3	0 2	0 1
5.	My plan is preparing me for future medical practice	0 5	0 4	0 3	0 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 Go to Q14	O 1 O 2 O 3
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
	Please select one response only.	Poor	0 2
	riease select one response only.	Terrible	0 1

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CLINICAL SUPERVISION

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

Specialist (including specialist GP)	0 1
Registrar	0 2
Other doctor	0 3
Nurse	0 4
Other	0 5
I don't have a clinical supervisor/peer reviewer Go to Q18	0 6
	Registrar Other doctor Nurse Other I don't have a clinical supervisor/peer reviewer

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 IN HOURS 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 AFTER HOURS if I am concerned about a patient	0 5	0 4	0 3	0 2	0 1

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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	Not applicable
1.	Helpfulness	0 5	0 4	0 3	0 2	0 1	O 99
2.	Accessibility	0 5	0 4	0 3	0 2	0 1	O 99
3.	Regular, INFORMAL feedback	0 5	0 4	0 3	0 2	0 1	O 99
4.	Regular, FORMAL feedback	0 5	0 4	0 3	0 2	0 1	O 99
5.	Usefulness of feedback	0 5	0 4	0 3	0 2	0 1	O 99
6.	Discussions about my goals and learning objectives	O 5	0 4	0 3	O 2	0 1	O 99
7.	Supporting you to meet your training plan/pathway requirements	O 5	0 4	0 3	O 2	0 1	O 99
8.	Including opportunities to develop your skills	O 5	0 4	0 3	O 2	0 1	O 99
9.	Allowing for an appropriate level of responsibility	O 5	0 4	0 3	0 2	0 1	O 99
10.	Ensuring that you only perform work that you are ready for or have the experience to address	0 5	0 4	0 3	O 2	0 1	O 99

ASK IF Q14=1 TO 5

Q17. For your setting, how would you rate the quality of your clinical supervision/peer review?

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.

Excellent	0 5
Good	0 4
Average	0 3
Poor	0 2
Terrible	O 1

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SKIP IF Q6=1

Q18. Has your performance been assessed 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.

Yes	0 1
No – but this is scheduled	0 2
No – but I would like to be	0 3
No – it's not necessary	0 4
Unsure	0 5

ACCESS TO TEACHING

Q19. Thinking about the development of your knowledge and skills, 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.

No	Not applicable O 3
0.2	
0 2	0 3
0 2	0 3
0 2	0 3
0 2	0 3
0 2	0 3
0 2	0 3
0 2	0 3
	O 2 O 2 O 2 O 2 O 2

Q20. Thinking about your access to opportunities to **develop 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.	I can access the training opportunities available to me	0 5	0 4	0 3	0 2	0 1	O 99
2.	I have to compete with other doctors for access to opportunities	0 5	0 4	0 3	0 2	0 1	O 99
3.	I have to compete with other health professionals for access to opportunities	0 5	0 4	0 3	0 2	0 1	O 99

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Q21. 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	O 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	0 3	O 2	0 1
4.	I am able participate in research activities	O 5	0 4	0 3	0 2	0 1

Q22.	Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?	N R S
	responsibilities of your job?	

My job responsibilities...

Please select one response only.

Never prevent me from meeting my training requirements O 1

Rarely prevent me from meeting my training requirements O 2

Sometimes prevent me from meeting my training requirements
O 3

Often prevent me from meeting my training requirements O 4



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Q23. 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.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	Formal education program	0 5	0 4	0 3	0 2	0 1	O 99
2.	Online modules (formal and/or informal)	O 5	0 4	0 3	0 2	0 1	O 99
3.	Teaching in the course of patient care (bedside teaching)	O 5	0 4	0 3	O 2	0 1	O 99
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	O 5	O 4	O 3	O 2	0 1	○ 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	O 5	0 4	0 3	0 2	0 1	O 99
6.	Multidisciplinary meetings	0 5	0 4	0 3	0 2	0 1	O 99
7.	Simulation teaching	0 5	0 4	0 3	0 2	0 1	O 99
8.	Access to mentoring	0 5	0 4	0 3	0 2	0 1	O 99

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Q24.	Overall, how would you rate the quality of the teaching sessions?	Excellent	0 5
	the teaching economic.	Good	0 4
	Please select one response only.	Average	0 3
		Poor	0 2
		Terrible	0 1

WORKPLACE ENVIRONMENT AND CULTURE

Q25. 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





Q26. 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	O 5	0 4	0 3	0 2	0 1
4.	There is a positive culture at my workplace	0 5	0 4	0 3	0 2	0 1
5.	I have a good work/life balance	0 5	0 4	0 3	0 2	0 1
6.	Bullying, harassment and discrimination (including racism) by anyone is not tolerated at my workplace	O 5	0 4	0 3	0 2	0 1
7.	I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	O 5	0 4	0 3	0 2	0 1
8.	I am confident that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	0 5	0 4	0 3	0 2	0 1
9.	I could access support from my workplace if I experienced stress or a traumatic event	O 5	0 4	0 3	0 2	0 1

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	Please select all that apply.					
		1) Experience	d 2) Witnessed			
1.	Bullying The Fair Work Amendment Act 2013 defines workplant bullying as repeated unreasonable behaviour by an intowards a worker which creates a risk to health and s	ndividual	□ 1			
2.	Harassment Harassment is behaviour which victimises, humiliates insults, intimidates or threatens an individual or group the person's characteristics, like their race, religion, gor sexual orientation.	due to 2	□ 2			
3.	Discrimination Discrimination includes adverse actions or being treat favourably because of a person's characteristics, like race, religion, gender or sexual orientation.		□ 3			
98.	None of these	O 98	O 98			
SHOW	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 SHOW IF Q27a.1=1 2 3 OR Q27a.2=1 2 3 Q27b. 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			
1.	Senior medical staff (e.g. consultants, specialists)	□ 1	□ 1			
2.	Medical colleague (e.g. registrar or other doctors in training)	□ 2	□ 2			
3.	Nurse or midwife	□ 3	□ 3			
4.	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			

Q27a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12

months?

99. Prefer not to say

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O 99

O 99



0 3

SHOW IF Q27b.1=1|2|3|4|5|7 OR Q27b.2=1|2|3|4|5|7 Q27c. 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 Q27c.1=1|2 or Q27c.2=1|2 Q27d. 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 Q27a.1=1|2|3 OR Q27a.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 Q27e.1=1 OR Q27e.2=1 Q27f. 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

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3. Unsure

0 3



SHOW IF Q27f.1=1 OR Q27f.2=1

Q27g. Are you satisfied with how the report was followed-up?

Please select one response

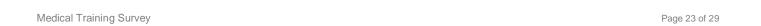
	1) Experienced 2) Witness	
1. Yes	0 1	0 1
2. No	0 2	0 2
3. Unsure	0 3	0 3

SHOW IF Q27a.1=1|2|3 OR Q27a.2=1|2|3

Q27h. How has the incident adversely affected your medical training?

Please select one response

	1) Experienced	2) Witnessed
1. No effect	0 1	0 1
2. Minor effect	0 2	0 2
3. Moderate effect	0 3	0 3
4. Major effect	0 4	0 4
5. Unsure	0 5	O 5





WORKPLACE ENVIRONMENT AND CULTURE

Q28. 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.

Q29. 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 paid overtime	0 4	0 3	0 2	0 1
03.	Having to work unpaid 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	O 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

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Q30.	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
Q31.	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

Q32. For any unrostered overtime you have completed in the past, how often did...? Please select one response per row.

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

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PATIENT SAFETY

In your setting, how would you rate the 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
HOVEDTEXT FOR 'SETTING'	Poor	0 2
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Terrible	0 1
	quality of your training on how to raise concerns about patient safety? 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	quality of your training on how to raise concerns about patient safety? 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

Q34. 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.

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 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

Q35. 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	0 5	0 4	0 3	0 2	0 1
2.	I would recommend my current workplace as a place to train	0 5	0 4	0 3	O 2	0 1

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FUTURE CAREER INTENTIONS

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

Q36.	Do you intend to continue on a pathway to general or specialist registration? Please select one response only.	Yes – general registration Yes – specialist registration	Go to Q37 Go to Q37	O 1 O 2
		No Unsure	Go to Q38 Go to Q37	O 3
		<u> </u>	001040.	

SKIP IF Q36=3

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	O 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	O 5	0 4	0 3	0 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	0 2	0 1
6.	I am concerned about whether I will be able to secure employment on completing of the pathway	O 5	0 4	0 3	O 2	0 1
7.	I am considering a future outside of medicine	0 5	0 4	0 3	0 2	0 1

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COVID-19

Q38. We would like to know if and how, COVID-19 has impacted your medical training in 2021.

COVID-19 has impacted my...

		Positively	Negatively	Mixture of positive and negative	Unaffected	Unsure	Not applicable
1.	Training opportunities	O 5	0 4	0 3	O 2	0 1	O 99
2.	Routine teaching	0 5	0 4	0 3	O 2	0 1	O 99
3.	Ways of learning	0 5	0 4	0 3	0 2	0 1	O 99
4.	Access to learning resources	0 5	0 4	0 3	O 2	0 1	O 99
5.	Exam(s) preparation	O 5	0 4	0 3	O 2	0 1	O 99
6.	Research opportunities	0 5	0 4	0 3	O 2	0 1	O 99
7.	Progression (e.g. delayed entry, completion of training)	0 5	0 4	0 3	0 2	0 1	O 99
8.	Workload	0 5	0 4	0 3	0 2	0 1	O 99
9.	Medical training overall	0 5	0 4	0 3	0 2	0 1	O 99

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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.

Q39.	Do you identify as? Please select one response only. Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.	Man or male Woman or female Non-binary Prefer not to say	O 1 O 2 O 3 O 99
Q40.	What is your age? Please select one response only.	20 to 24 25 to 29 30 to 34 35 to 39 40 to 45 45+ Prefer not to say	O 1 O 2 O 3 O 4 O 5 O 6 O 99
Q41.	Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? Please select one response only. In which country did you complete your primary medical degree? Please type in and select.	Yes – Aboriginal Yes – Torres Strait Islander Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say PROGRAMMER NOTE: ADD AUTOCOMPLETE D	0 1 0 2 0 3 0 4 0 99

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.

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