## **Medical Training Survey 2022**

Medical Board of Australia and Ahpra





#### Welcome

#### **2022 MEDICAL TRAINING SURVEY**

The Medical Training Survey (MTS) is proving to be an invaluable diagnostic tool, shining a light on the state of medical training in Australia.

With 56% of trainees sharing their insights in the 2022 MTS, there is a robust evidence base to inform ongoing improvements in training.

Each year, MTS results signal both what's going well in training and issues to watch. Trends are visible early, enabling close monitoring or swift action by agencies best placed to respond and effect positive change.

There is still a lot going well in medical training, some important issues that require attention and some early trends to monitor closely.

The culture of medical training needs attention. It is totally unacceptable that 55% of Aboriginal and Torres Strait Islander trainees experienced and/or witnessed bullying, harassment, discrimination and racism. It is inexcusable that 34% of all trainees did. The 1% variation from last year in the overall rate reported is not statistically significant and sets a baseline for a problem that demands action.

The source of bullying, harassment, discrimination and racism changed in 2022, with an increase in patients and/or family/carers identified as the source of the incident (up from 38% in 2021 to 45% in 2022). This is an important issue to watch and may point to frustrations with a health system under pressure.

A new question about reasons for not reporting concerns about bullying, harassment, discrimination and racism proved its value. We no longer have to speculate that trainees are concerned about the consequences of reporting, we know this is true. Of those who had experienced bullying, harassment, discrimination and/or racism, 70% did not report it. Of these trainees, 55% were concerned about the repercussions, and 51% said nothing would be done if they did make a report.

Fault lines in the culture of medicine revealed by the MTS warrant ongoing, collaborative solutions from agencies across the health sector. The Board will continue the policy and professional standards work that will underpin sector wide action, in collaboration with the frontline organisations who hold the keys to lasting cultural change.

There has been a 7% increase (to 53%) in the number of trainees who rated their workload as heavy/very heavy since the pandemic started in 2020. On the upside, this year's results reveal an increase in the number of trainees getting paid for their overtime.

The COVID-19 pandemic continued to impact on training in most areas, but slightly differently from the previous year. In 2022, workload was adversely affected, while exam preparation and training opportunities were largely impacted in 2021.

We are delighted that the participation rate for Aboriginal and Torres Strait Islander trainees increased from 158 in 2021 to 191 in 2022. The MTS has given us all an important opportunity to listen to and act on the feedback from these trainees, as we move towards providing culturally safe and appropriate medical training and more broadly, culturally safe medical care.

Other small changes indicate there was a dip in the quality of teaching in 2022, and a drop in the number of trainees who would recommend their current training position or organisation (from 80% in 2021 to 78% in 2022) to others.

More trainees are considering a future outside of medicine (up from 18% in 2021 to 20% in 2022). Disturbingly, at 29% this rate is higher for Aboriginal and Torres Strait Islander trainees.

Australia continues to deliver high quality medical training, producing doctors who provide high quality medical care to patients in this country.

However, MTS results suggest that in 2022, things were not quite as good in medical training as they have been in previous years. Qualitative research and analysis would be needed to definitively understand the reasons for this, but it is possible that broader, pandemic-related health system pressures are adversely affecting medical training. Through the MTS, the health sector has been given early warning about issues to address. We all owe it to trainees to act.



Dr Anne Tonkin Chair, Medical Board of Australia



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#### Acronyms

Acronym	Definition
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine of Australia and New Zealand
COVID-19	Coronavirus disease
GP	General Practitioner
IMG	International medical graduate
MBA/the Board	Medical Board of Australia
MTS	Medical Training Survey
RACDS	Royal Australasian College of Dental Surgeons
RACGP	The Royal Australian College of General Practitioners
RACMA	The Royal Australasian College of Medical Administrators
RACP	The Royal Australasian College of Physicians
RACS	The Royal Australasian College of Surgeons
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
RANZCR	The Royal Australian and New Zealand College of Radiologists
RCPA	The Royal College of Pathologists of Australasia
RTO	Regional Training Organisation



## Key definitions

Term	Definition
Setting	The last place or area where the doctor in training has practised or trained for at least two weeks. This would normally be their current setting, workplace, placement or rotation, or might be their previous setting if they have only been practising or training in their current setting for less than two weeks.
Metropolitan area	Defined in the survey as a capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra.
Regional area	Defined in the survey as within or less than 15km from a town with a population of at least 15,000 that is not a capital city.
Rural area	Defined in the survey as more than 15km from the closest town with a population of at least 15,000.
Training plan	Defined in the survey as a plan developed by the doctor in training and their supervisor for their employer or college. For IMGs, the plan referred to in the survey is the training or professional development plan, developed by the doctor in training and their supervisor or peer reviewer for their employer, college or MBA.
Intern education program	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.
Clinical supervisor	The person who provides the doctor in training with day-to-day clinical supervision. For IMGs, this person was referred to in the survey as their clinical supervisor or peer reviewer.
Bullying, harassment, discrimination and/or	These three terms were defined in the survey as:
racism	1. Bullying The <i>Fair Work Amendment Act 2013</i> defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.
	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.
	3. Discrimination
	Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender or sexual orientation.
	4. Racism
	Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.
Hours per week	Defined in the survey as including rostered, unrostered, claimed and unclaimed overtime and recall but not including undisturbed on-call.
Complete	Defined as answered a question on or after the 75% completion mark for their respective survey version:



Term	Definition
	Interns - Q46. On average in the past month, how many hours per week have you worked?
	Prevocational and unaccredited trainees - Q45. How would you rate your workload in your setting?
	Specialist non-GP trainees - Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?
	Specialist GP trainees - Q41. Thinking about the workplace environment and culture in your setting, to what extent do you 'agree' or 'disagree' with the following statements?
	IMGs - Q44. How often do the following adversely affect your wellbeing in your setting?
Partial	Completed at least one question of their survey but did not progress past the 75% completion mark.
National response/ average	The result of all respondents to the survey for a given question in a given year (e.g. 2022). This is shortened to 'Total' in the data tables.
NET	The result of two or more response options combined for a given question.
Total agree	The sum of the proportion of doctors in training providing a 'strongly agree' or 'agree' response.
Total disagree	The sum of the proportion of doctors in training providing a 'strongly disagree' or 'disagree' response.



## 1. Report summary

The Medical Training Survey (MTS) is a national, profession-wide survey of all doctors in training in Australia. The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) developed the survey, in partnership with stakeholders. The MTS aims to help improve the quality of medical training, by better understanding trainees' experiences.

More than half the doctors in training in Australia took part in the 2022 MTS. This is 23,083 individuals. Of the submitted surveys, 95.9% were eligible for analysis (22,135 surveys). There were five versions of the survey, one each for interns, prevocational and unaccredited trainees, specialist trainees (non-GP and GP), and international medical graduates (IMGs). The results provide a snapshot of the quality of medical training in Australia including the training curriculum, orientation, clinical supervision, access to and quality of teaching sessions, workplace environment and culture as well as future career intentions for doctors in training and the impact of COVID-19 on their training.

#### **Overall satisfaction**

Overall, doctors in training reported relatively positive experiences of their medical training:

- ▶ 78% would recommend their current training position to other doctors (versus 7% who wouldn't), and
- 77% would recommend their current workplace as a place to train (versus 8% who wouldn't).

Only a small number of specialist trainees (1%) indicated they did not intend to continue in their specialty training program and 3% of IMGs reported they did not intend to continue on a pathway to general or specialist registration. A similar proportion of interns (3%) and prevocational and unaccredited trainees (3%) reported that they do not intend to become a specialist.

#### **Training curriculum**

The experience of training varied between different groups of doctors in training:

- 97% of interns reported having an intern education program. Of these, 77% reported there were opportunities to meet the requirements of the intern education program in their current setting
- 39% of prevocational and unaccredited trainees reported having a training/professional development plan. Of these, 86% reported there were opportunities to meet the requirements of the plan in their current setting, and
- 88% of IMGs reported having a training/professional development plan. Of these, 91% reported there were opportunities to meet the requirements of the plan in their current setting.

Specialist trainees, including non-GP and GP trainees, were asked to rate the training program provided by their college(s) and, where applicable, their Regional Training Organisation (RTO). There were positive ratings attributed a number of aspects, including trainees understanding what they need to do to meet their training requirements (specialist non-GP trainees: 89%; specialist GP trainees: 86%) and the training programs being relevant to the trainee's development (specialist non-GP trainees: 88%; specialist GP trainees: 86%).



Comparatively, mental health and wellbeing processes received lower ratings. Half of the specialist trainees agreed that their college had provided access to psychological or mental health support (specialist non-GP trainees: 44%; specialist GP trainees: 53%). A similar proportion agreed that there are safe mechanisms for raising training/wellbeing concerns with the college (specialist non-GP trainees: 46%; specialist GP trainees: 56%).

#### Orientation

Nine in 10 doctors in training (93%) received an orientation in their training setting, with twice as many receiving a formal orientation (62%) compared to an informal one (31%). Three in four (73%) trainees rated their orientation as 'excellent' or 'good', with only 4% rating them as 'poor' or 'terrible'.

#### Assessment in the current setting

At the time of completing the survey, two-thirds of doctors in training (excluding interns) had had their performance assessed in their setting (69%) with a further one in six (16%) trainees scheduled to be assessed. There were differences between the cohorts as to whether they had received an assessment. Results showed prevocational and unaccredited trainees were less likely to have received an assessment compared to IMGs (52% of prevocational and unaccredited trainees received an assessment compared to 84% of IMGs).

#### Exams

At the time the survey was conducted (August-early October 2022), two in five (41%) specialist trainees indicated they had sat exams for their college.

Among those who had sat an exam, seven in 10 agreed the information the College provided about the exam(s) was accurate and appropriate (70%), three in four agreed that the exam(s) were conducted fairly (73%) and that the exam(s) ran smoothly on the day (76%). However, there was quite a high level of dissatisfaction with the utility and speed of the exam feedback, where two in five disagreed or strongly disagreed that the feedback was useful (39%) or timely (36%).

#### **Clinical supervision**

All doctors in training (100%) indicated they had a clinical supervisor. Specialists (including specialist GPs) largely shouldered the responsibility for the day-to-day supervision of doctors in training (77%), with registrars (20%) the second highest group of supervisors of doctors in training. 86% of doctors in training rated their clinical supervision as 'excellent' or 'good', with just 2% rating it as 'poor' or 'terrible'.

Clinical supervision was highly rated for accessibility, helpfulness and providing an appropriate level of responsibility including that the doctor in training only deals with clinical problems that are appropriate to their level of training. However, the level of feedback (both informal and formal), and discussions about goals and objectives were not rated as highly.

#### Access to teaching and opportunities for development

Teaching sessions were rated as 'excellent' or 'very good' by 82% of doctors in training, with only 3% rating them as 'poor' or 'terrible'. Three in four doctors in training agreed that their employer supports them attending formal and informal teaching sessions (75%). There was a lower level of agreement that trainees had access to protected study time/leave (64%) or were able to participate in research activities (57%).

More prevocational and unaccredited trainees (57%) reported having to compete with other doctors to access teaching and opportunities for development, compared to other doctors in training such as specialist GP trainees (35%) and interns (35%) who reported feeling the least competition.



Nine in 10 or more doctors in training typically acknowledged the opportunities they were provided to help progress their skills in communication (96%), clinical skills (95%), theoretical knowledge (91%), ethics (90%), and cultural safety (89%). Procedural skills (87%), leadership and management (85%) and teaching and supervision skills (82%) were acknowledged opportunities by above four in five as well. However, only two-thirds felt as though they had the opportunity to develop skills and knowledge in research (66%).

Nine in 10 agreed teaching in the course of patient care was a useful educational activity in their development as a doctor (89%). Online modules experienced a lower level of agreement, with just over six in 10 agreeing it had been useful (64%).

For six in ten (59%) doctors in training, their day-to-day job responsibilities 'rarely' or 'never' prevented them from meeting their training requirements. However, the remaining four in ten (41%) trainees reported that their job inhibits their training requirements sometimes/often.

#### Facilities

When rating the quality of facilities available for training in their settings, doctors in training reported 'excellent' or 'good' ratings for internet reliability (76%), educational resources (74%), teaching spaces (63%) and working spaces (62%).

#### Workplace environment and culture

Two thirds (67%) of doctors in training reported working more than 40 hours on average per week, including one in 10 (10%) who worked more than 60 hours per week on average.

Three in five doctors in training (61%) agreed that they had a good work/life balance. Half (53%) of all doctors in training rated their workload as 'heavy' or 'very heavy'. In addition, one in four (24%) indicated that working unrostered overtime 'always' or 'most of the time' had a negative impact on training. Payment for unrostered overtime occurred at least 'most of the time' for 61% of doctors in training.

Aspects of the workplace that caused adverse impacts to wellbeing included the amount of work expected of them (28% of doctors in training report negative impact on their wellbeing 'always' or 'most of the time'), having to relocate for work (23%), having to work unpaid overtime (22%), dealing with patient expectations (21%) and a lack of appreciation (20%).

Four in five doctors in training (80%) reported they knew how to access support for their health (including for stress and or other psychological distress). Three in four respondents (77%) indicated that their workplace supports staff wellbeing.

In the 12 months before completing the survey, one in three doctors in training (34%) reported they had either experienced and/or witnessed bullying, harassment, discrimination and/or racism in their workplace. This equates to 22% experiencing and 30% witnessing this behaviour. The most common type of behaviour experienced or witnessed was bullying (experienced: 12%, witnessed: 19%). Of those who experienced or witnessed bullying, harassment, discrimination and/or racism, the most common source was the senior medical staff (e.g. consultants, specialists) (experienced: 48%, witnessed: 49%). Nurses and midwives were the second most common staff member or colleague cohort that was responsible for the bullying (experienced: 33%, witnessed 40%), followed by a medical colleague (e.g. registrar or other doctors in training) (experienced: 30%, witnessed 34%). Patients and/or family members/carers of the patients were also responsible for the bullying, harassment, discrimination and/or racism experienced or witnessed by two in five doctors in training (experienced: 40%, witnessed: 44%).

Of those who had experienced bullying, harassment, discrimination and/or racism where the person responsible was a staff member or colleague, half (51%) of doctors in training reported that person was in their team and a further three in ten (28%) reported the person was in their department but not their



team. Where the person was a staff member in their team or department, 43% indicated that this person(s) was their supervisor.

Only three in 10 (30%) doctors in training who had personally experienced bullying, harassment, discrimination and/or racism had reported it. Half of these (47%) were aware the report had been followed up and three in five (59%) were satisfied with how the report was followed up. This compares to one in four (25%) doctors in training who witnessed bullying, harassment, discrimination and/or racism reporting the incident and two in five (39%) were aware that the report had been followed up. Two in three (66%) were satisfied with how the report was followed up.

Of those who had experienced bullying, harassment, discrimination and/or racism and did not report the incident, there was often a concern about repercussions (55%) and feeling that nothing would be done if it was reported (51%).

Seven in 10 (71%) doctors in training who had experienced bullying, harassment, discrimination and/or racism indicated that the incident had adversely impact their medical training. One in three (37%) rated this impact as moderate/major.

The vast majority of doctors in training (83%) reported knowing how to raise concerns about such behaviour, three in four (76%) reported they had the confidence to do so and four in five (79%) said that bullying, harassment, discrimination and/or racism was not tolerated in their setting.

#### Patient safety

Nine in 10 doctors in training (90%) knew how to report concerns about patient care and safety and a similar proportion felt confident to do so (88%). Eight in 10 reported that the culture in their current setting involved proactively dealing with such concerns (82%) and they had received training in their setting on how to provide culturally safe care (77%). A similar proportion (79%) of doctors in training rated training on how to raise concerns about patient safety as 'excellent' or 'very good'.

#### Future career intentions

Doctors in training gave mixed ratings about their feelings towards being able to meet their pathway or training program requirements or secure a College place with 45% disagreeing they were concerned about successful completion or attaining a place versus 35% who agreed they were concerned. Similarly, doctors gave mixed ratings about their feelings about securing employment post completion of their training or pathway with one third (36%) disagreeing they are concerned compared with four in ten (44%) who agreed they are.

Once training was completed, three in four (77%) doctors in training indicated an interest in getting involved in medical teaching. One in two (51%) doctors in training indicated an interest in medical research and a similar proportion indicated an interest in Aboriginal and Torres Strait Islander health/healthcare (49%) and rural practice (46%). One in five (20%) doctors in training agreed they are considering a future outside medicine.

#### Impact of COVID-19

The most commonly reported negative impacts of COVID-19 were the impact on workload (57%) and routine teaching (53%). Access to learning resources was the most commonly reported positive impact of COVID-19 with one in eight (12%) indicating this and a further three in 10 (31%) indicating the impact was a mixture of positive and negative impacts.



#### Variation in MTS results by cohort, jurisdiction and college, as well as over the last four years

Consistent with previous years, the 2022 MTS results represent feedback from a wide cross-section of the different groups of doctors in training. The overall results have been analysed by cohort, jurisdiction and college with separate reports available for each of these. By providing a national snapshot of the 2022 training experience, areas of relative strength and weakness can be identified as opportunities for both improvement and knowledge sharing.

An example of the extent of variation in results between groups of trainees is for a question such as whether trainees would recommend their current workplace as a place to train. The national response was 78% would recommend their current workplace, and this varied from:

- ▶ 73% to 86% by doctor in training cohort
- ▶ 60% to 80% by jurisdiction
- ► 57% to 89% by college.

Results for 2022 are broadly consistent with the 2021, 2020, 2019 results, however, there are some differences of note.

Comparisons of 2019, 2020, 2021 and 2022 data are available at <u>https://medicaltrainingsurvey.gov.au/Results/Create-your-own-report</u>

#### Looking forward to the 2023 MTS

There was a very positive response rate for the survey in its fourth year. The Board and Ahpra look forward to continuing to work with doctors in training and other stakeholders involved in developing and delivering medical training, to ensure the 2023 MTS continues to capture useful data and build on the insights of the previous years' results.



## 2. Medical Training Survey: objectives and guiding principles

This section presents an overview of the Medical Training Survey (MTS), as well as the objectives and underlying principles that guided its development and implementation.

#### 2.1 Overview of the need for a national survey

The MTS is a national survey of doctors in training, implemented by the Board and Ahpra. It was developed in partnership with stakeholders. The MTS was designed to support quality improvement in medical training.

The MTS has clear objectives and guiding principles. It is conducted annually from August to early October, in line with the registration renewal cycle for most doctors. All doctors in training (interns, prevocational and unaccredited trainees, specialist non-GP and GP trainees and IMGs) are invited to participate in the MTS. Survey results provide a single, national snapshot of the quality of medical training in Australia.

To ensure confidentiality, data from the MTS are published in a de-identified and aggregated format. The results can be accessed in a series of reports and via an interactive data dashboard (hosted on the <u>MedicalTrainingSurvey.gov.au</u> website). The interactive data dashboard enables users to compare sites, specialties and states/territories with national results and to create tailored reports.

### 2.2 Objectives and guiding principles of the MTS

The MTS's objectives and guiding principles shaped the development of the survey tool and data collection processes.

The overall objectives of the MTS are to:

Objective 1	Better understand the quality of medical training in Australia
Objective 2	<ul> <li>Identify how best to improve medical training in Australia, and</li> </ul>
Objective 3	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 seven guiding principles for the MTS are:

1. Quality improvement:	The MTS is a quality improvement tool, to strengthen medical training in Australia.
2. Safe and confidential:	Medical trainees and supervisors can safely and confidentially participate in the MTS. Participants' data will be de-identified in any reporting of results, and only de-identified data will be provided to the Board and Ahpra.
3. Focused on training:	The core focus of the MTS is on post-graduate medical training.



4. Reflection and feedback:	The MTS encourages participants to reflect on their medical training and teaching and provide feedback safely to support continuous improvement. Reflective practice is a cornerstone of good medical practice and of the Professional Performance Framework.
5. Access:	The MTS will be relevant to medical training and not onerous to complete. It will be accessible online and easy to use, to encourage participation.
6. Reporting and using results:	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.
7. Participation:	The annual MTS will evolve, initially seeking feedback from doctors in training and in time their supervisors. It aims to reduce the need for other surveys about the same issues.



## 3. Interpreting this report

#### 3.1 Sample size and representation

More than half the doctors in training (n=23,083 or 56.6%) invited to participate in the MTS responded to the survey. 95.9% (n=22,135) of surveys were eligible for analysis (i.e. survey participants currently training in Australia). As has been the case in previous years, there have been no other data sources nationally of doctors in training with which to compare the profile of survey participants. As a result, it was not possible to compare the survey population with a known, target population. However, demographics of MTS respondents reflect the broader Australian population for location and gender, suggesting survey responses have captured a representative view of doctors in training across Australia (see Appendix A1 for the detailed participant profile).

In total, n=18,699 completed the MTS (at least 75% of the survey), giving a maximum margin of error  $\pm 0.7$  at a 95% confidence level for questions asked of all doctors in training. This means that if a survey result is 50%, we can be sure that if we repeat the survey multiple times, 95% of these times the survey result will be between 50.7% and 49.3%, thus the survey has a statistically reliable sample.

All doctors in training registered in Australia were invited to participate in the survey. For those renewing their registration online in August and September, a unique survey link was generated and provided to the participant at the end of the registration process. For interns and IMGs (provisional or limited registration), an email invitation from the Board and Ahpra was sent containing a unique survey link. The survey was promoted through multiple channels, including on social media, in newsletters emailed to registered medical practitioners, and reminders to complete the survey sent to doctors in training via email and SMS.

Post-stratification weighting is a common method used to reduce potential non-response bias. As the accurate characteristics of each stratum are not known, post-stratification weighting has not been used in this report.

**Symbols:** Care should be taken in interpreting the data across subgroups where sample sizes are small:

- indicates a sample size less than 30 caution should be used when interpreting the result
- ^ indicates a sample size less than 10 responses have been supressed to protect confidentiality



#### 3.2 Statistics

- Base size: Throughout this report, the base size is reported as the number enclosed in brackets, following an n and equals sign: (n=). The base size refers to the number of survey responses in the denominator of the survey question or result displayed. Respondents who did not answer a particular question or who indicated 'does not apply' or 'not applicable', are excluded from the calculation of statistics and tabulation of results for that question. The base is also noted for each question, that is, the sample group in which the question was asked.
- Average: An average, or mean, is calculated by dividing the sum of the response values by the base size. 'Don't know' and 'prefer not to say' values are excluded from average calculations. This number is reported to one decimal place.
- National response: The national response is the number of responses for a question divided by the number of participants in that sample.
- Standard deviation: A standard deviation is the amount of variation in the values and has been provided in this report where a question was asked on a 1 to 5 scale. A low value for standard deviation, such as 1 or less, indicates that responses tend to be close to the average value. Whereas a high value, such as more than 1, indicates the response values are spread across the full scale.
- Percentage: A percentage is the ratio or fraction of the response, divided by the base size. In this report, where percentages are used, a % sign is used and the value is rounded to the nearest whole number.
- Rounding: Data percentages displayed throughout the report are rounded to the nearest whole number. As such, not all percentages stated will add to 100%.

#### 3.3 Tests for statistical significance

Tests for statistical significance have been conducted within sub-groups. These tests have been undertaken at the 95% confidence level. This means that if there is a statistically significant difference between the results for answers within a subgroup, we can be 95% confident that the difference has not occurred by chance and that it reflects a genuine difference in the population.

Symbols: to help with the interpretation of charts and tables, the following have been included:

- indicates that a result is significantly higher (at the 95% confidence level) compared with the total of all other subgroups combined.
- ↓ indicates that a result is significantly lower (at the 95% confidence level) compared with the total of all other subgroups combined.



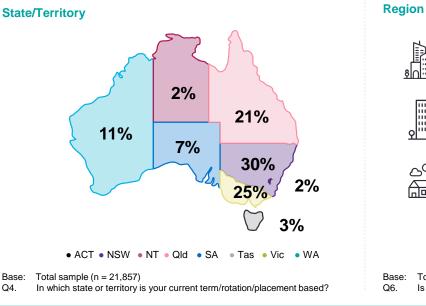
# Detailed findings



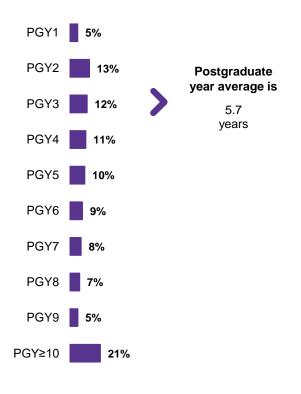
## 4. Detailed findings

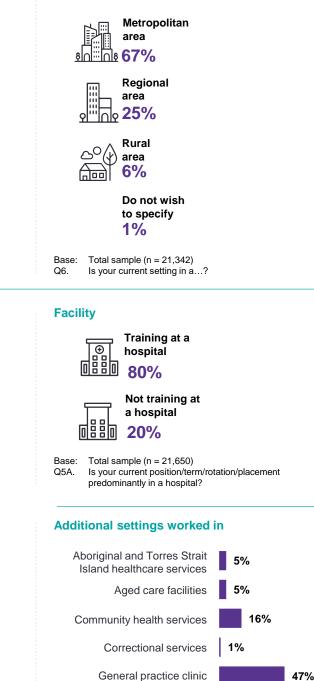
### 4.1 Profile of doctors in training

#### **TRAINING SETTING**



#### **POSTGRADUATE YEAR**





Base: Total sample (n=21,789) Q1. What is your postgraduate year? 
 Base:
 Doctors working additional settings (n = 7,065)

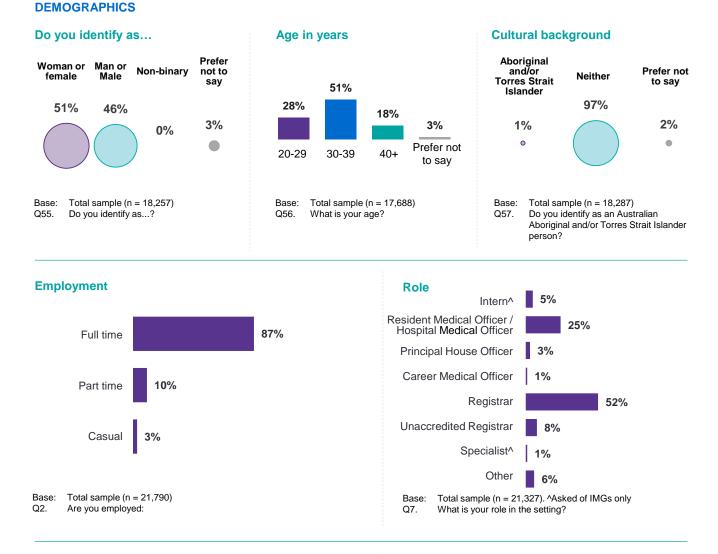
 Q5c.
 Select any additional settings you work in /

 Which settings do you work in?

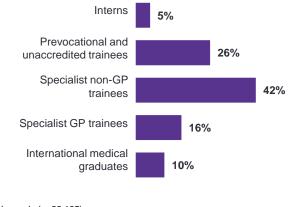
Other

37%

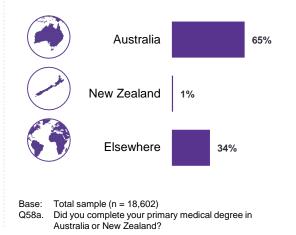




#### Cohort



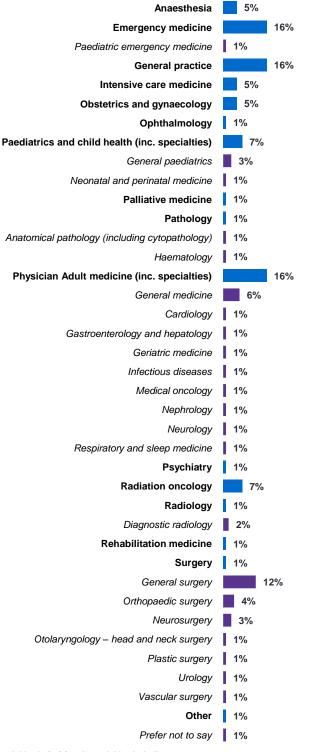
#### **Primary degree**



Base: Total sample (n=22,135)



#### **CURRENT ROTATION / TERM / POSITION**



Base: Total sample (n=21,196). Specialties in **bold**, subspecialties in *italics*.

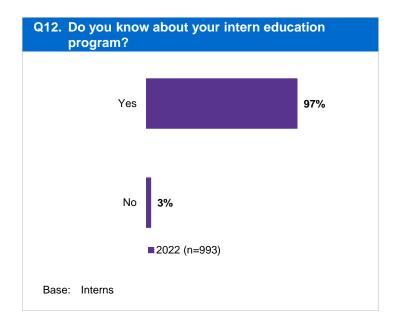
*Note:* Codes receiving <1% of responses not shown, including **specialties**: Addiction medicine, Dermatology, Medical administration, Occupational and environmental medicine, Public health medicine, Sexual health medicine; *subspecialties*: Cardio-thoracic surgery, Chemical pathology, Clinical genetics, Clinical pharmacology, Community child health, Diagnostic ultrasound, Endocrinology, Forensic pathology, General pathology, Gynaecological oncology, Haematology, Immunology, Immunology and allergy, Maternal–fetal medicine, Microbiology, Nuclear medicine, Obstetrics and gynaecological ultrasound, Oral and maxillofacial surgery, Paediatric cardiology, Paediatric clinical genetics, Paediatric clinical gharmacology, Paediatric endocrinology, Paediatric gastroenterology and hepatology, Paediatric methology, Paediatric methology, Paediatric neghrology, Paediatric neurology, Paediatric nuclear medicine, Paediatric cardiology, Paediatric rehabilitation medicine, Paediatric respiratory and sleep medicine, Paediatric rheumatology, Paediatric surgery, Pain medicine, Reproductive endocrinology and infertility, Rheumatology, Sport and exercise medicine, Urogynaecology.

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



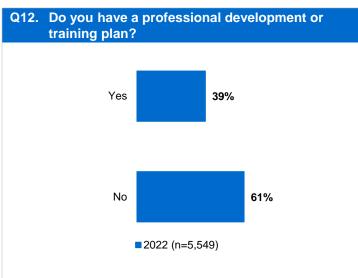
#### 4.2 Training curriculum

#### 4.2.1 Interns



#### Q13. Thinking about your intern education program, to what extent do you agree or disagree with the following statements? Total Total agree disagree My plan is advancing my knowledge (n=934) 19% 61% 80% 5% I understand what I need to do to meet my plan requirements (n=934) 23% 56% 79% 8% My plan is helping me to continue to develop as a doctor (n=935) 19% 60% 79% 5% My plan is preparing me for future medical practice (n=934) 17% 60% 77% 6% There are opportunities for me to meet the requirements of my plan in 22% 55% 77% 10% my current setting (n=934) Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree Base: Interns with an intern education program. Base size varies according to question | Note: Labels 3% and below removed from chart

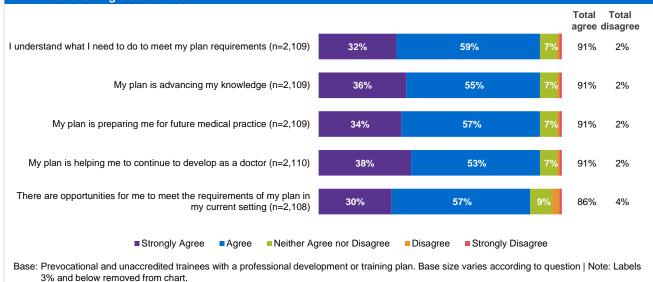




#### 4.2.2 Prevocational and unaccredited trainees



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

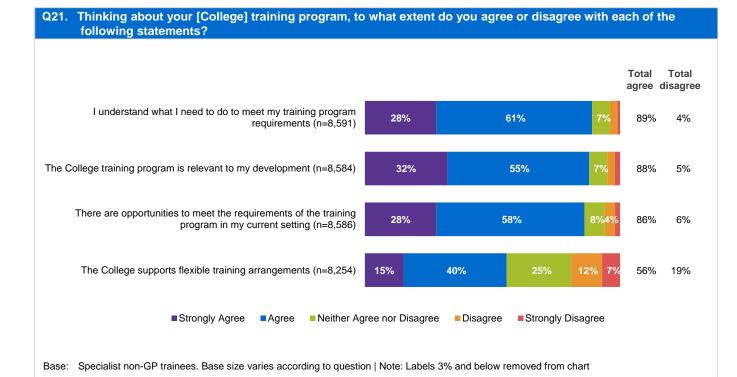


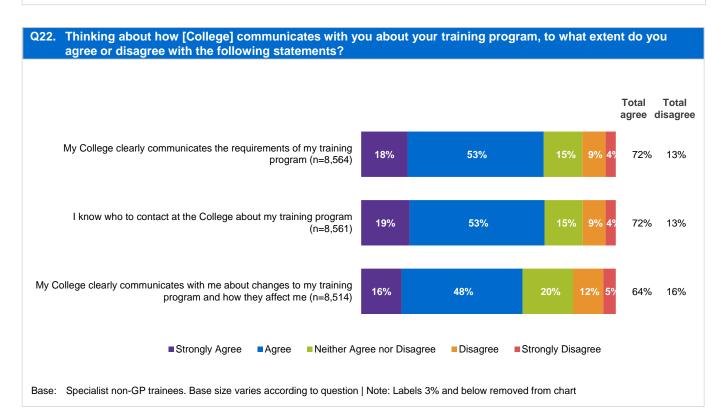


#### 4.2.3 Specialist non-GP trainees

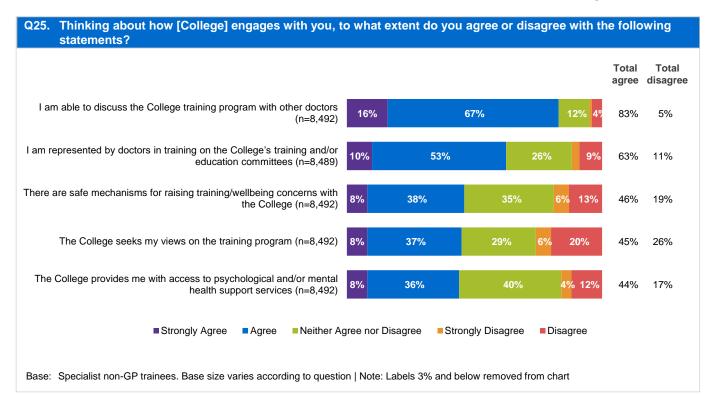




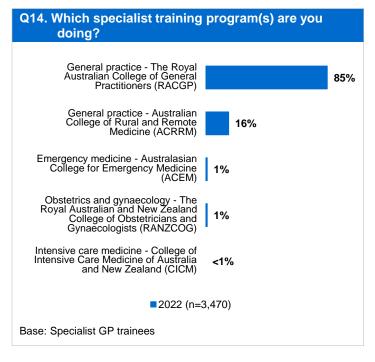






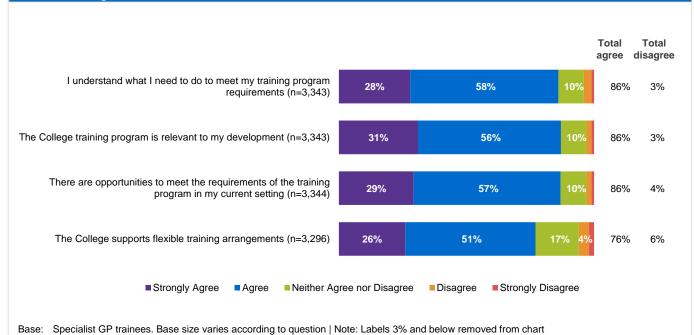


#### 4.2.4 Specialist GP trainees

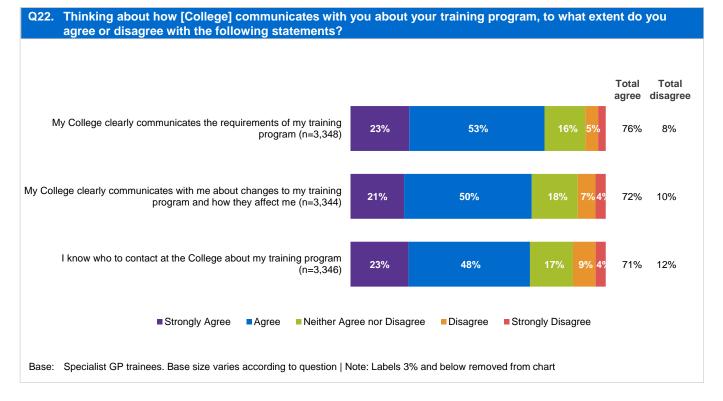




## Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?

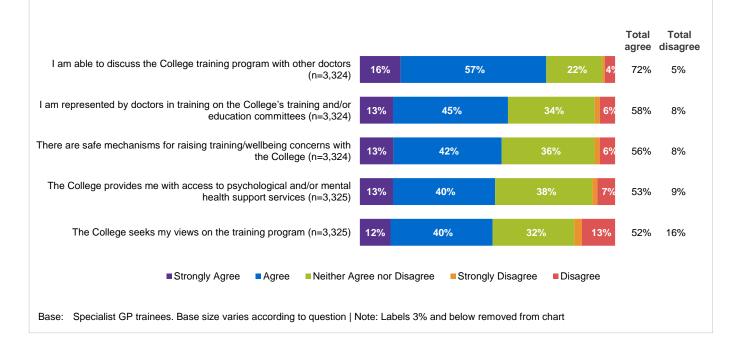




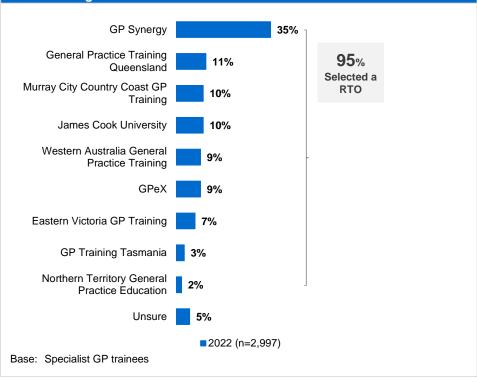




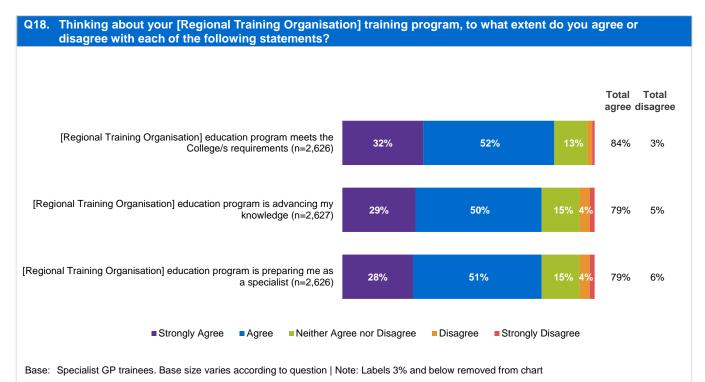
## Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?



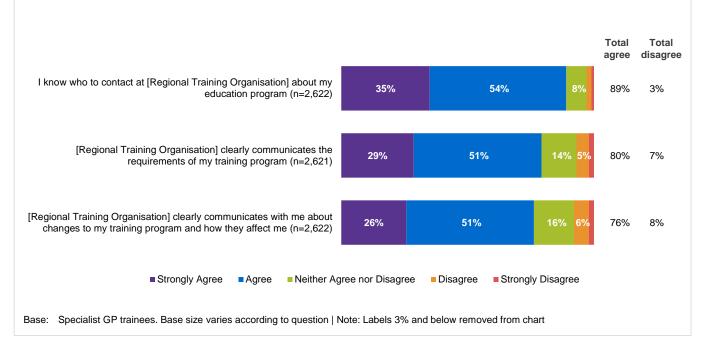
## Q17. If applicable, which Regional Training Organisation provides your GP training?



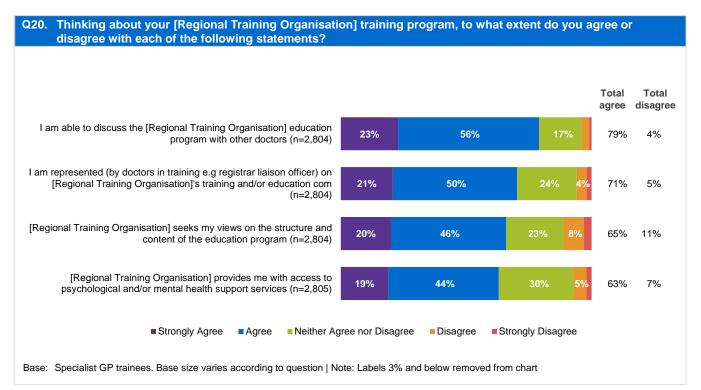




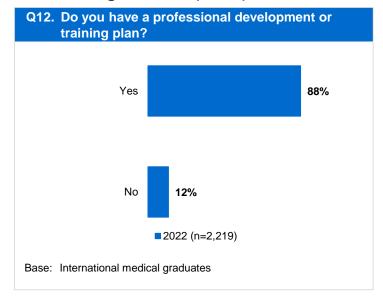






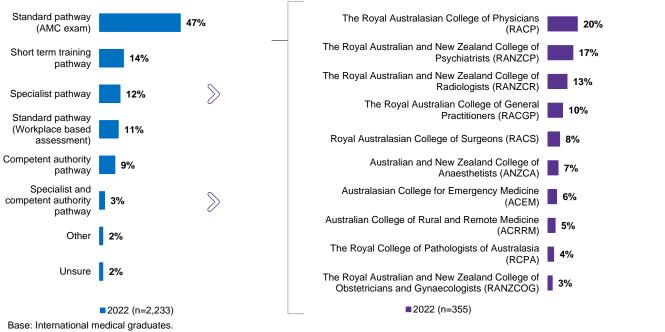


4.2.5 International medical graduates (IMGs)





#### Q11a. Which pathway are you in? Q11b. Which college(s) did your specialist pathway assessment?

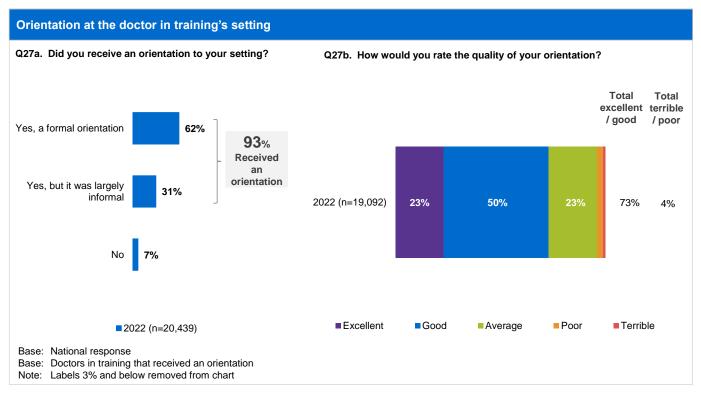


Base: International medical graduates who selected 'Specialist pathway' or 'Specialist and competent authority pathway' in Q11a. Prefer not to say, unsure and responses <3% not shown.

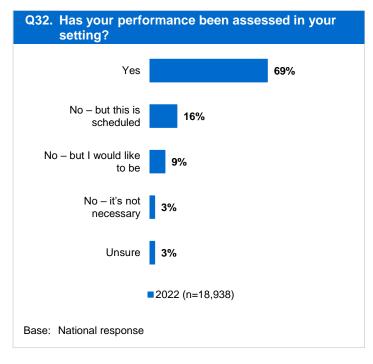
#### Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements? Total Total disagree agree I understand what I need to do to meet my plan requirements (n=1,927) 45% 50% 95% 2% My plan is helping me to continue to develop as a doctor (n=1,927) 50% 43% 93% 2% My plan is preparing me for future medical practice (n=1,927) 47% 45% 93% 2% My plan is advancing my knowledge (n=1,927) 50% 42% 92% 2% There are opportunities for me to meet the requirements of my plan in 42% 48% 91% 3% my current setting (n=1,927) My plan is preparing me to be a doctor/specialist in the Australian 45% 43% 89% 3% healthcare system (n=1,927) Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree Base: International medical graduates with a professional development or training plan. Base size varies according to question | Note: Labels 3% and below removed from chart



#### 4.3 Orientation

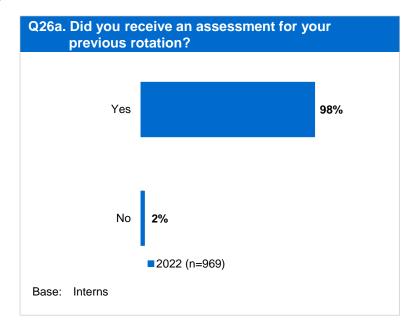


#### 4.4 Assessment

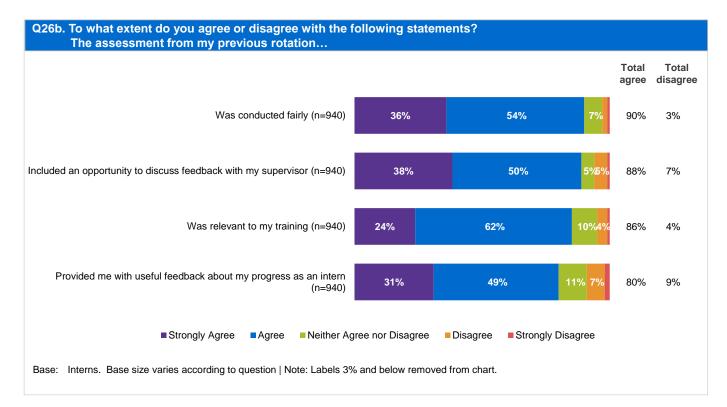




#### 4.4.1 Interns



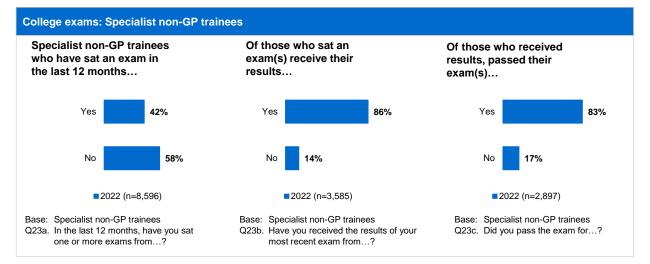
Nearly all interns reported receiving an end of term assessment (98%).





#### 4.4.2 Specialist trainees – exams

#### 4.4.2.1 Specialist non-GP trainees



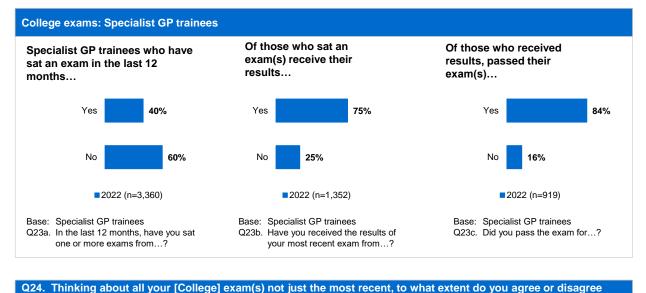
# Q24. Thinking about all your [College] exam(s) not just the most recent, to what extent do you agree or disagree with the following statements? Total agree Total disagree Total Total Total disagree The exam(s) ran smoothly on the day (n=3,533) 20% 53% 9% 9% 74% 18%

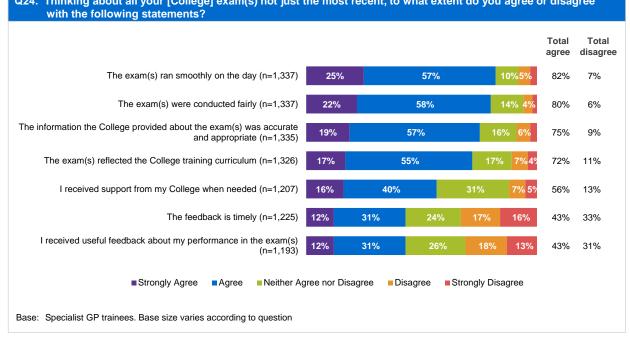
The exam(s) were conducted fairly (n=3,536)	17%		53%	179	% <mark>8%</mark> 5%	70%	13%
The information the College provided about the exam(s) was accurate and appropriate (n=3,539)	14%		54%	16%	10% 6%	69%	16%
The exam(s) reflected the College training curriculum (n=3,539)	13%		51%	17%	13% 6%	64%	20%
The feedback is timely (n=3,144)	8%	34%	22%	20%	17%	42%	37%
I received support from my College when needed (n=3,024)	8%	32%	34%	14	4% 12%	40%	26%
I received useful feedback about my performance in the exam(s) (n=3,177)	7%	27%	23%	22%	20%	34%	42%
Strongly Agree Agree Neither A	aree nor D	)isagree	Disagree	Strongly D	isaaree		

Base: Specialist non-GP trainees. Base size varies according to question



#### 4.4.2.2 Specialist GP trainees

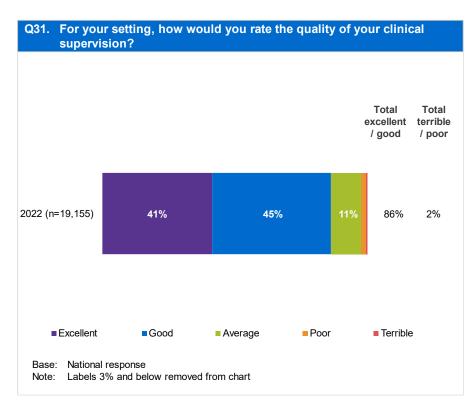




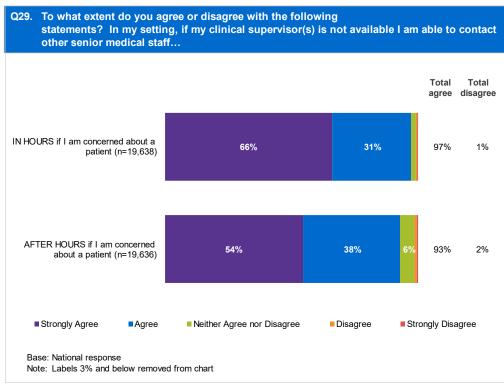


#### 4.5 Clinical supervision

Q28. In your setting, who mainly provides your day- to-day clinical supervision?					
Specialist (including specialist GP) Registrar	19%	75%	<b>97%</b> % Had a clinical		
Other doctor	2%		supervisor/ peer reviewer		
Nurse Other					
I don't have a clinical supervisor/peer reviewer	<b>3%</b>				
■2 Base: National response	022 (n=20,195)				







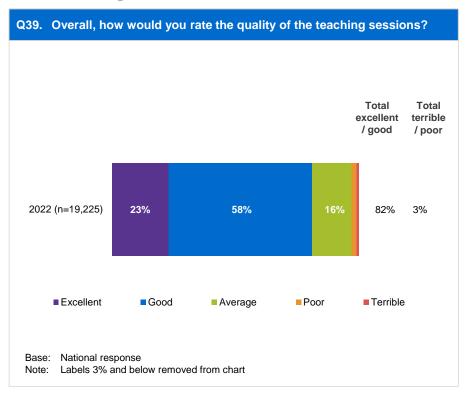
#### Q30. In your setting, how would you rate the quality of your overall clinical supervision for...

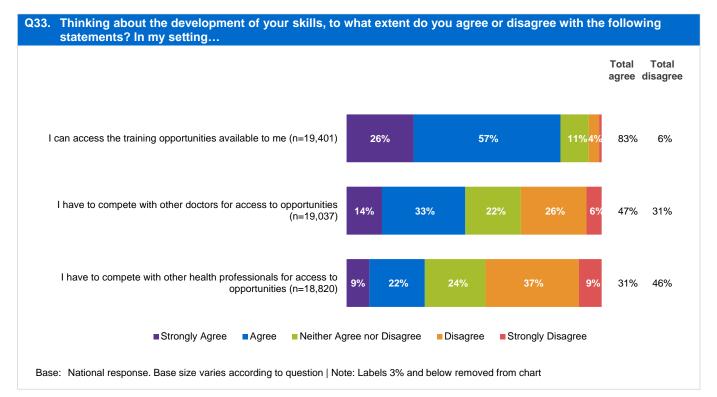
	Average out of 5 (1=very poor- 5=very good)	Total four Total one + five stars + two stars
Accessibility (n=18980)	4.3	87% 3%
Helpfulness (n=18976)	4.3	87% 3%
Ensuring your work is appropriate to your level of training (n=18930)	4.1	79% 6%
Including opportunities to develop your skills (n=18936)	4.0	76% 8%
Supporting you to meet your training plan/pathway requirements^ (n=18725)	4.0	72% 10%
Usefulness of feedback (n=18646)	3.9	72% 9%
Completing workplace based assessments (n=17581)	3.9	71% 10%
Regular, INFORMAL feedback (n=18850)	3.9	69% 10%
Discussions about my goals and learning objectives (n=18788)	3.8	67% 13%
Regular, FORMAL feedback (n=18640)	3.7	61% 15%
	* Average	

Base: National response | Note: The question marked with a ^ was shown to interns as "Supporting you to meet your intern educat ion program requirements".



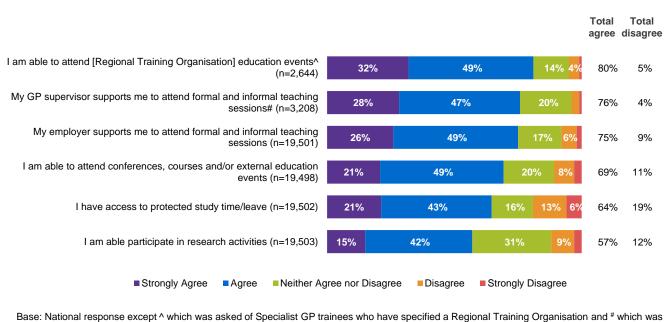
#### 4.6 Access to teaching





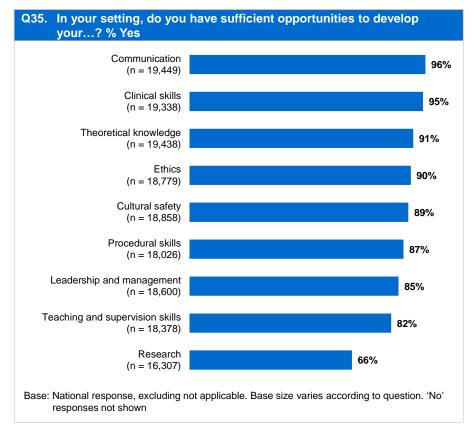


## Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

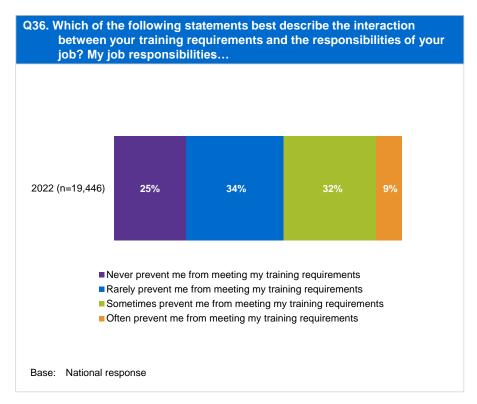


asked of Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

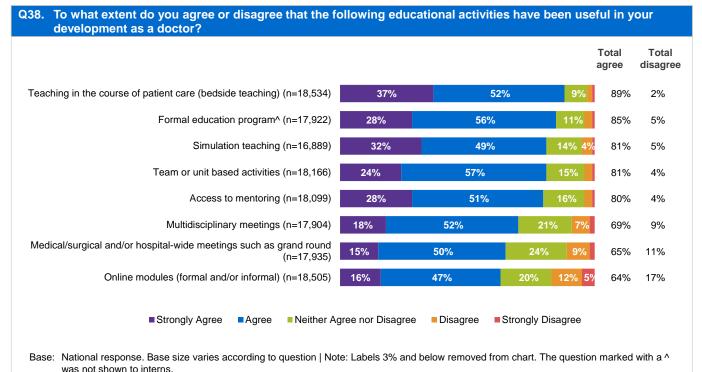
## 4.6.1 Opportunities for development







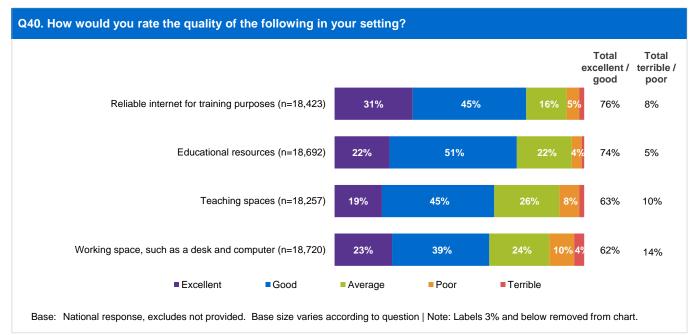
## 4.6.2 Educational opportunities usefulness



Medical Board of Australia's 2022 Medical Training Survey national report | 38



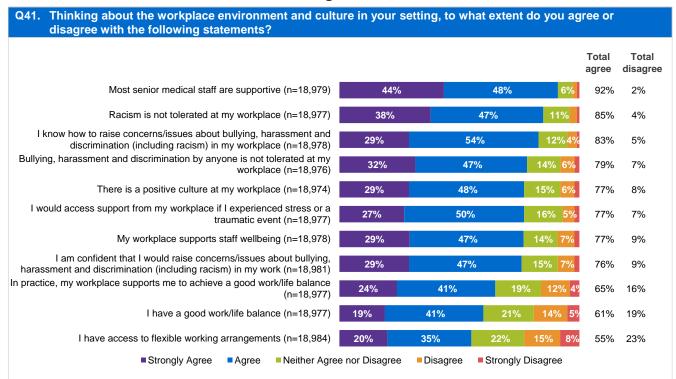
## 4.7 Facilities





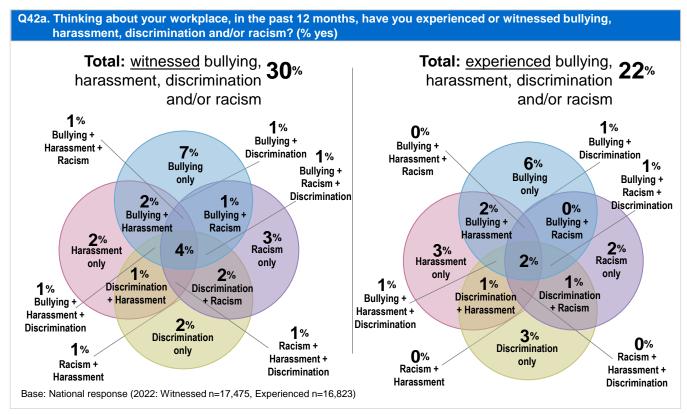
## 4.8 Workplace environment and culture

## 4.8.1 Culture within the trainee's setting



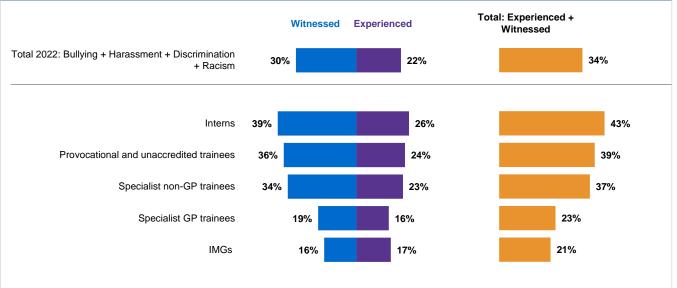
Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart

# 4.8.2 Experienced/witnessed bullying, harassment, discrimination and/or racism



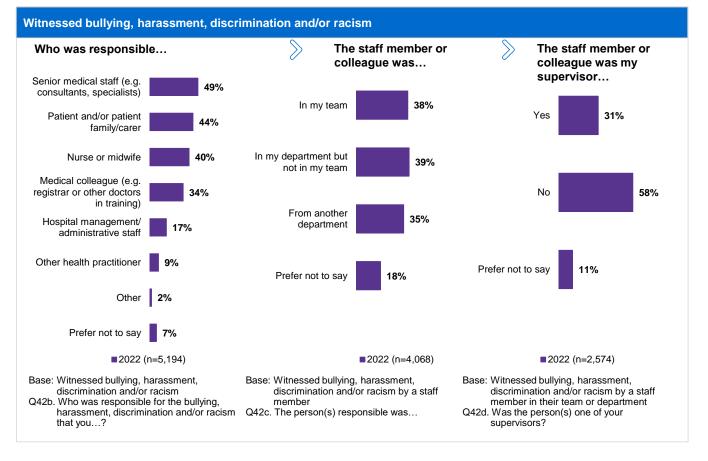


## Q42. Thinking about your workplace, in the past 12 months, have you experienced or witnessed bullying, harassment, discrimination and/or racism? (% yes)

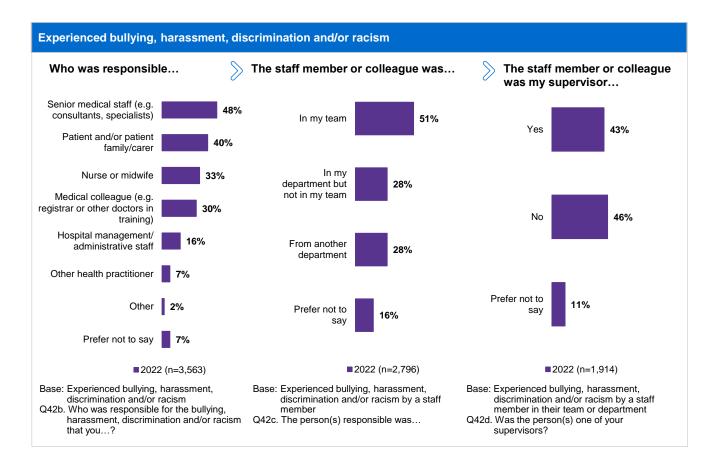


Base: National response (2022: Witnessed n=17,475, Experienced n=16,823; Interns (2022: Witnessed n=791, Experienced n=745); Prevocational and unaccredited trainees (2022: Witnessed n=4,569, Experienced n=4,374); Specialist non-GP trainees (2022: Witnessed n=7,358, Experienced n=6,990); Specialist GP trainees (2022: Witnessed n=2,896, Experienced n=2,841); IMGs (2022: Witnessed n=1,861, Experienced n=1,873)

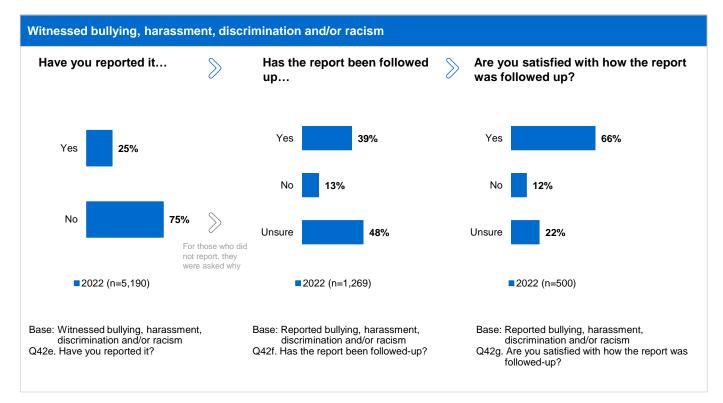
## 4.8.3 Source of bullying, harassment, discrimination and/or racism



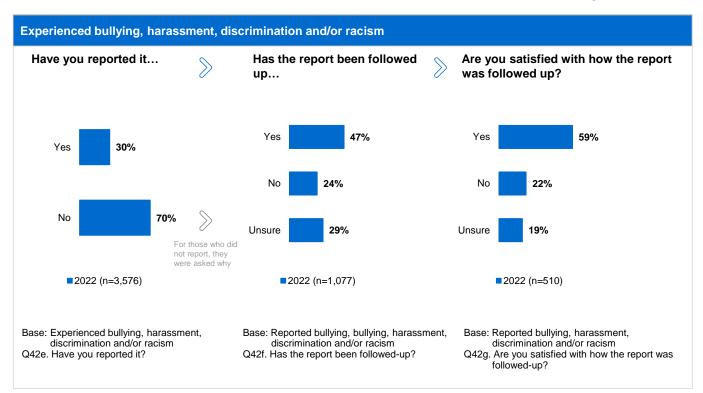




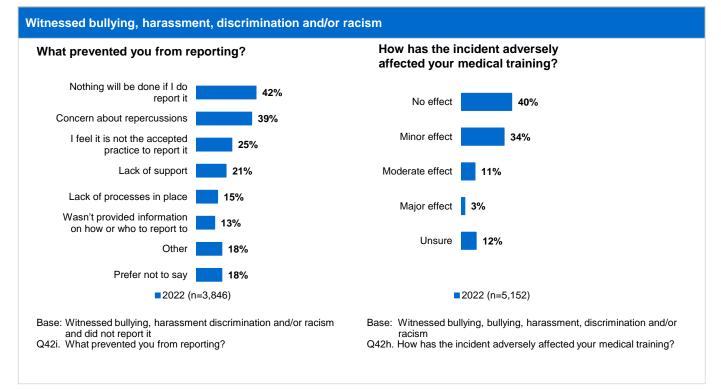
## 4.8.4 Reporting bullying, harassment, discrimination and/or racism



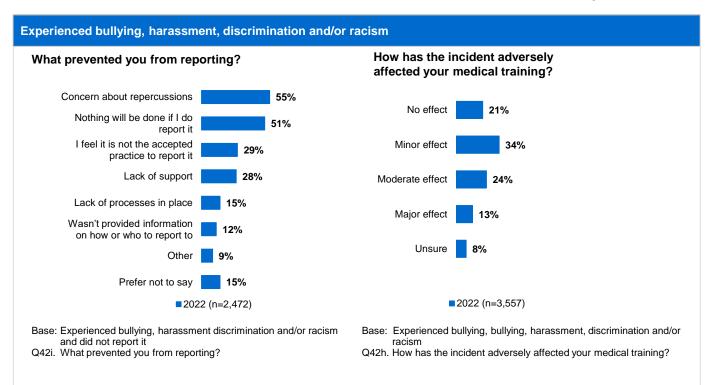




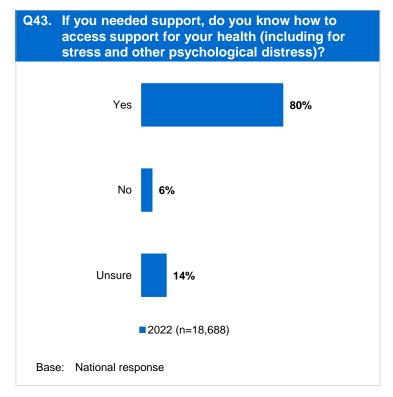
## 4.8.5 Impact of bullying, harassment, discrimination and/or racism







# 4.8.6 Doctors in training who know how to access support for their mental and physical health





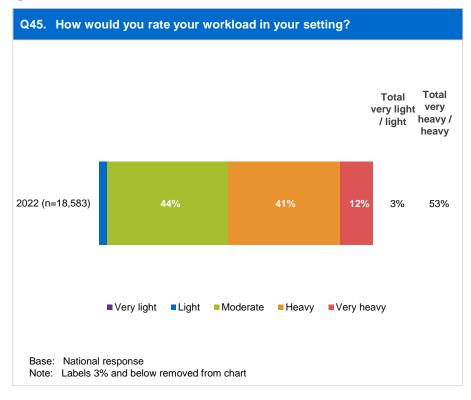
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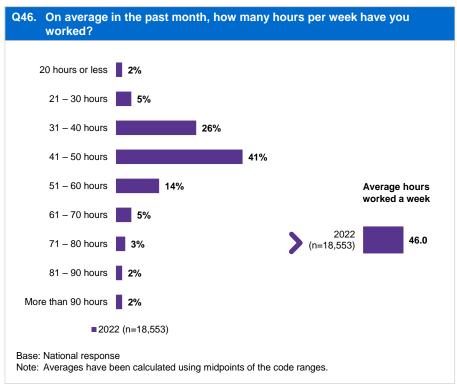
4.8.7 Frequency of impacts on v	vellbeing				
Q44. How often do the following adversely a	affect your we	ellbeing in your setti	ng?		
				Total always / most of the time	Total never / sometimes
The amount of work I am expected to do (n=18,618)	9% 18%	54%	19%	28%	72%
Having to relocate for work (n=18,575)	11% 12%	35%	42%	23%	77%
Having to work unpaid overtime (n=18,613)	10% 12%	35%	43%	22%	78%
Dealing with patient expectations (n=18,613)	6% <mark>15%</mark>	57%	22%	21%	79%
Lack of appreciation (n=18,576)	7% 13%	42%	38%	20%	80%
Dealing with patients' families (n=18,613)	5% 13%	59%	23%	18%	82%
Having to work paid overtime (n=18,616)	<mark>5% 11%</mark>	46%	38%	16%	84%
Expectations of supervisors (n=18,617)	5% 11%	47%	37%	15%	85%
Being expected to do work that I don't feel confident doing (n=18,572)	4% <mark>7%</mark>	45%	45%	11%	89%
Supervisor feedback (n=18,619)	<mark>7%</mark>	39%	51%	10%	90%
Workplace conflict (n=18,579)	<mark>6%</mark>	42%	49%	9%	91%
Limited access to senior clinicians (n=18,572)	<mark>6%</mark>	38%	54%	9%	91%
■ Always	Most of the time	e Sometimes	s Never		

Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart



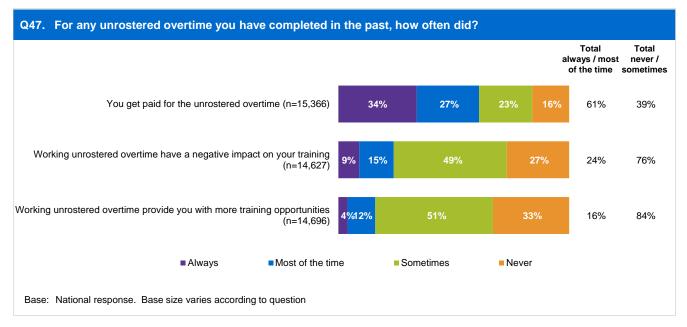
## 4.8.8 Ratings of workload



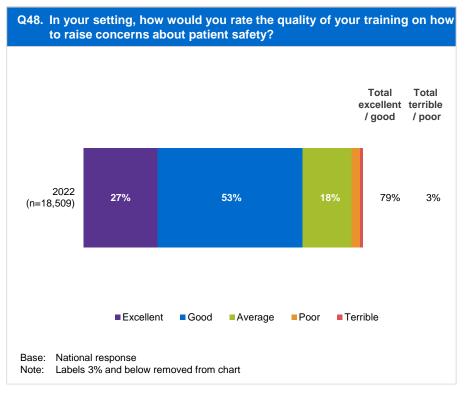




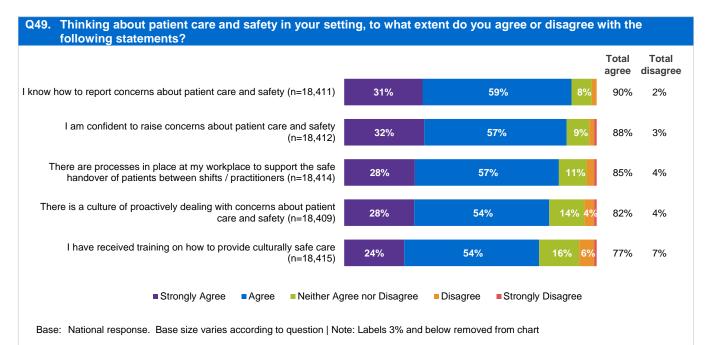
## 4.8.9 Unrostered overtime



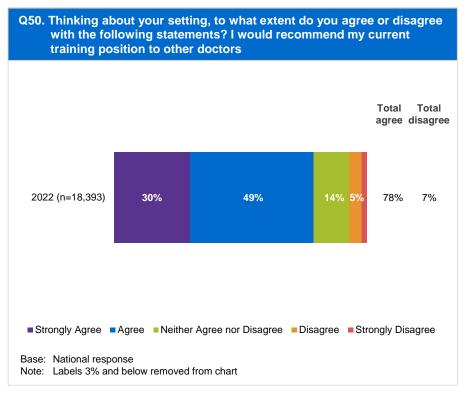
## 4.9 Patient safety



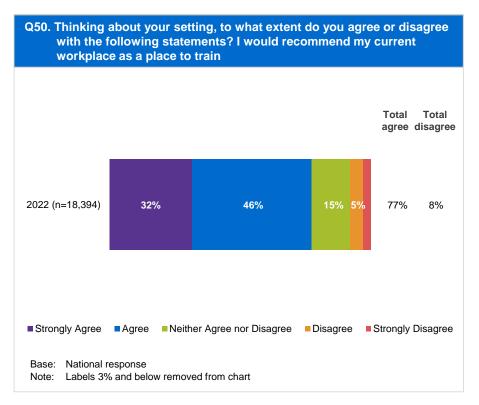




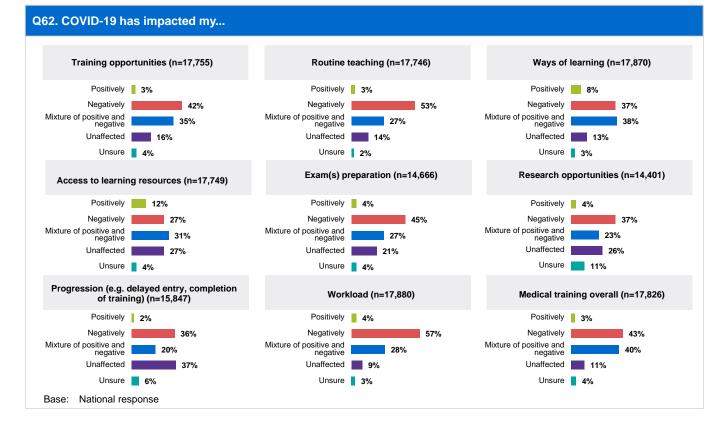
## 4.10 Overall satisfaction





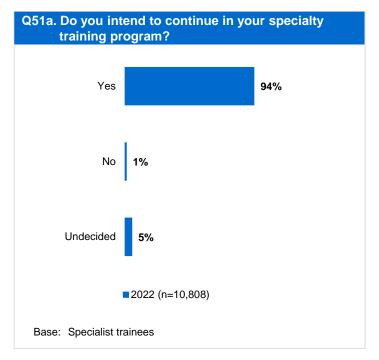


## 4.11 Impacts of COVID-19





## 4.12 Future career intentions

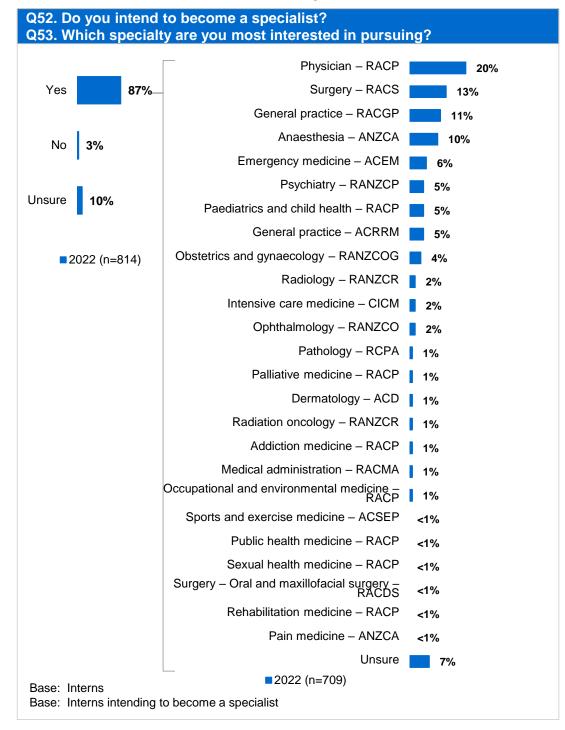


#### Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

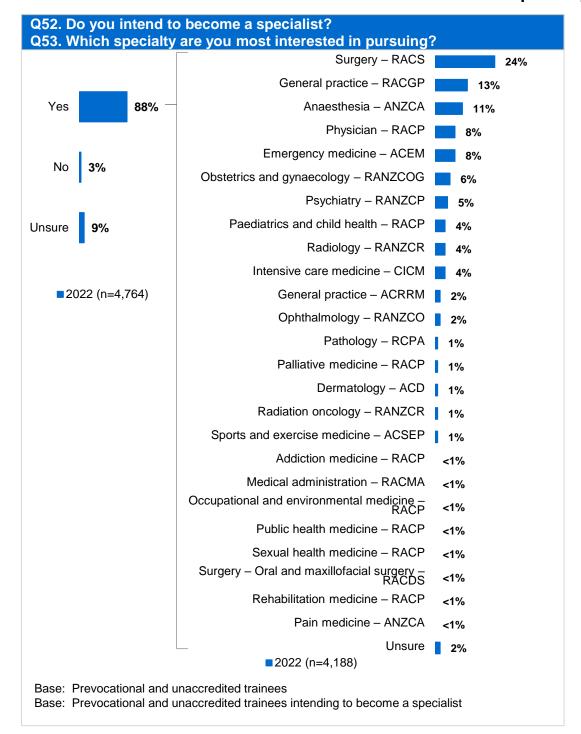
					Total agree	Total disagree	
I am interested in getting involved in medical teaching (n=18,270)	28%		49%	17% <mark>5%</mark>	77%	6%	
I am interested in getting involved in medical research (n=18,274)	15%	37%	27%	17% 5%	51%	22%	
I have an interest in Aboriginal and Torres Strait Islander health/healthcare (n=18,273)	12%	38%	36%	11%	49%	14%	
I am interested in rural practice (n=18,271)	13%	33%	30%	18% 5%	46%	24%	
I am concerned about whether I will be able to secure employment on completion of training / the pathway (n=18,272)	16%	28%	20% 25	% 11%	44%	36%	
I am concerned I will not successfully complete my training program to attain Fellowship / meet my pathway requirements / secure a place in my preferred College training program (n=17,605)	15%	20%	20% 30%	15%	35%	45%	
I am considering a future outside of medicine (n=18,275)	<mark>5%</mark> 15%	22%	34%	23%	20%	57%	
Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree							
Base: National response. Base size varies according to question   Note: La	abels 3% ar	nd below ren	noved from chart				



## 4.12.1 Interns - interest in a specialty

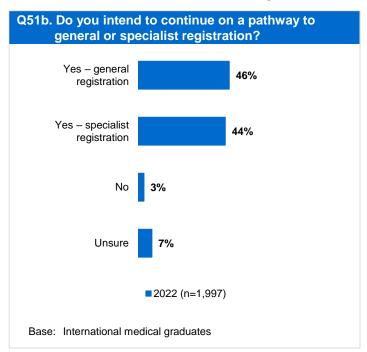






#### 4.12.2 Prevocational and unaccredited trainees - interested in a speciality





## 4.12.3 IMGs – intention to continue on a pathway



# Appendix A. Detailed methodology



## A1 Detailed participant profile

2022 - survey responses included for analysis								
	TOTAL*	Interns	Prevocat- ional and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs		
2022 - TOTAL	22135	1053	5799	9251	3470	2302		
State /Territor	у							
ACT	446	26	129	209	47	35		
NSW	6494	244	1665	2859	1147	579		
NT	396	27	100	148	74	47		
QLD	4560	254	1216	1901	826	363		
SA	1583	90	380	698	236	179		
Tas.	549	35	123	186	106	99		
Vic.	5502	241	1474	2428	665	694		
WA	2327	131	712	822	369	293		
Location	Location							
Metropolitan	14336	675	4155	7092	1204	1210		
Regional	5435	321	1331	1691	1268	824		
Rural	1384	25	113	111	937	198		
Do not wish to specify	187	0	42	71	57	17		

\*Note: n=260 unknown trainee type partial responses not shown.

## A2 Survey length

The Medical Training Survey (MTS) was designed to take 15 minutes or less to complete. The survey could be completed across multiple sessions and be re-accessed through a unique survey link at a later stage.

On average, the time taken to complete the survey varied according to the number of questions answered and the number of sessions in which the survey was attempted. The table below shows the median time taken for the different survey versions and various levels of completion.

Completion by cohort							
	Total	Interns	Prevocational and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs	
Completed* surveys							
Total completes	18,699	826	4823	7,869	3,148	2,033	
Average number of sessions per complete <sup>#</sup>	1.3	1.6	1.2	1.2	1.3	1.9	
Average time taken per complete <sup>#</sup>	13.4	14.1	11.5	12.7	14.9	18.5	
Partial* surveys	'						
Total partials	3,436	227	976	1,382	322	269	
Average number of sessions per partial <sup>#</sup>	1.3	1.8	1.2	1.2	1.4	1.9	
Average time taken per partial <sup>#</sup>	3.4	4.5	3.3	3.5	4.9	4.9	

\* See definitions for complete and partial from the previous table. Note: n=260 unknown trainee type partial responses not shown.

# To control the impact of outliers, the average computed after deleting the lowest 5% and highest 5% values.

## A3 Cognitive testing

The new survey questions were tested with the intended audience to check understanding of the content areas and the ease with which the new questions could be completed. In total, n=8 cognitive tests were conducted between 24 June and 27 June 2022.

The cognitive tests aimed to:

- confirm survey content areas with respondents, specifically around new questions on training opportunities, bullying and harassment and COVID-19
- flag any content areas not understood by respondents
- check what participants understood by any terms which could be interpreted ambiguously
- understand the ease with which the new questions could be completed
- check if there would be any new barriers that would prevent the survey from being completed.

Doctors in training completed new questions added to the survey via a screen-shared video of the questionnaire under the observation of a moderator and were asked to note any areas of the survey requiring additional clarity. After the survey was completed, the moderator explored and identified potential issues including when the survey needed to be clearer, when trainees paused for thought, potential ambiguity and preferences for methods to complete the survey (including any barriers to complete).

Overall, respondents were positive towards the suggested changes and additions. After the cognitive testing, minor amendments to the survey were adopted by the Steering Committee and Consultative Forum. These were tested internally and by Ahpra before a pilot launch of the survey was conducted.

## A4 Completion rate

There were a total of n=22,135 responses to the 2022 MTS that were eligible for analysis. This figure represents 56.6% of the total number of doctors in training invited to complete the survey (n=40,802), minus any terminated from those invited (n=948) due to the respondent being out of scope.

The number of responses eligible for analysis is made up of doctors in training who completed the survey (passed the 75% point of their respective survey version) or partially completed the survey (answered at least one question but did not complete it). Overall, 84% of responses (n=18,703) eligible for analysis are completed surveys, with the remaining proportion considered as partials.

## A4.1 Partials

The proportion of partially completed surveys comprises 16% of the responses eligible for analysis. The point in which the doctor in training stopped the survey is defined as the 'last question with a response', although as not all questions were compulsory, they may have skipped some questions and answered others later in the survey.

## A4.2 Missing data

In addition to partially completed surveys, a small proportion of data are missing from the dataset due to respondents skipping non-compulsory questions or selecting 'not applicable'.

There were five compulsory questions in the MTS if they applied to the respondent. These questions determined whether the doctor in training was in scope for the purpose of the survey and if so, identified

their cohort when this could not be determined by their answer to the previous question. The five compulsory questions were:

- ► Q2. Are you employed:
- ▶ Q3. Are you in a college training program?
- ▶ Q4. In which state or territory is your current term/rotation/placement based?
- Q8. Do you intend to undertake further postgraduate training in medicine? (only for those who selected 'Career medical officer' to Q7 What is your role in the setting?)
- ▶ Q14. Which specialist training program(s) are you doing?

For all other questions, doctors in training were able to skip the question if they wished. To prevent questions from being skipped by accident, a reminder appeared if the respondent tried to navigate to the next page without answering the question. Overall, very few questions were deliberately skipped by respondents when compared across all data collected across all respondents and questions.

A small number of questions also had 'not applicable' or 'does not apply' response options. These options were made available as the specific question(s) may not apply to all doctor in training participants, but could not be automatically skipped due to the use of a filter. Questions that have a 'not applicable' or 'does not apply' option are:

- Q5c. (If current term/placement/rotation is primarily in a hospital) Select any additional settings you work in. / (If current term/placement/rotation is not primarily in a hospital) Which settings do you work in?
- ▶ Q9b. If applicable, which subspecialty area are you practising in?
- ▶ Q16b. Which training program are you in?
- Q17. If applicable, which Regional Training Organisation provides your GP training?
- ► Q22. Thinking about how <College> communicates with you about your training program, to what extent do you 'agree' or 'disagree' with the following statements?
- Q24. Thinking about all your <College> exam(s) not just the most recent, to what extent do you 'agree' or 'disagree' with the following statements?
- ▶ Q30. In your setting, how would you rate the quality of your overall clinical supervision for...
- Q33. 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...
- Q35. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your...?
- ▶ Q40. How would you rate the quality of the following in your setting?

- ▶ Q47. For any unrostered overtime, you have completed in the past, how often did...?
- Q62. We would like to know if and how, COVID-19 has impacted your medical training in 2021. COVID-19 has impacted my...

## A5 **Development of the survey tool**

The Medical Training Survey (MTS) was developed in two phases: first the content and later fine-tuning through cognitive testing.

## A5.1 Survey content development

To develop the MTS, the Board and Ahpra established two working groups: a Steering Committee, to manage the hands on work to develop and deliver the survey, and an Consultative Forum, to strengthen the survey with input from doctors in training and other experts. Both groups contributed to the design and development of the MTS. This included revising and updating the questions asked from 2020 onwards to capture further data on the culture of medicine and if and how COVID-19 has impacted medical training. The Steering Committee and Consultative Forum include a representatives of medical organisations, such as doctors in training, specialist colleges, employers and jurisdictions, the Australian Medical Council (AMC), the Australian Medical Association (AMA), postgraduate medical councils, Medical Council of NSW, Doctors' Health Services and the Australian Indigenous Doctors' Association (AIDA). More information about the composition of the working groups is available at medicaltrainingsurvey.gov.au, in Appendix C and Appendix D.

A series of guiding principles, developed by the Steering Committee and Consultative Forum, shaped the design of the survey, including that it would be:

- a quality improvement tool
- safe and confidential for trainees to complete
- focused on medical training and encourage reflection
- accessible across platforms and easy to use

Five versions of the survey were developed, with a core set of questions common to each version. The five versions of the survey are relevant to different groups of doctors in training: interns, prevocational and unaccredited trainees, specialist non-GP trainees, specialist GP trainees and IMGs.

EY Sweeney programmed the survey, finalised by the Board and Ahpra, so it could be delivered online. Key design features included:

- filtering questions and response options based on answers to earlier questions, so only applicable questions were shown
- use of alternate wording to survey questions or options to use familiar language for different groups of trainees
- provision of response options such as 'do not wish to specify' or 'prefer not to say' in case participants felt uncomfortable providing responses
- non-compulsory questions, allowing doctors in training to skip questions
- use of tool-tips, either through hover or click, for terms requiring additional clarification
- maintaining the order of response lists, which were designed to be presented logically, and

when trainees were enrolled in two colleges, the order of the college questions was randomised so each college had an equal chance of being presented first.

## A5.2 Survey content revision

Between the 2021 and 2022 fieldwork periods, a review of survey questions took place to accommodate the current training environment. As a result of this review, the following questions were amended or added:

#### Amendments

International Medical Graduates and Prevocational and Unaccredited Trainees

- Q12. Do you have a professional <u>development or training plan</u>?
- Q13. Thinking about your training/professional development or training plan, to what extent do you agree or disagree with the following statements?

#### All doctors in training

- Q5a. Is your current term/rotation/placement predominantly in a hospital?
- Q30\_9. In your setting, how would you rate the quality of your overall clinical supervision/peer review for... Ensuring your work is appropriate to your level of training
- Q41\_5. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?...<u>Bullying, harassment and discrimination</u> by anyone is not tolerated at my workplace
- Q62a. We would like to know if and how, COVID-19 has impacted your medical training in 2022. COVID-19 has impacted my...
- Q42b. Who was responsible for the bullying, harassment and/or, discrimination (and/or racism) that you experienced/witnessed...

#### Additions

Specialist trainees (GP and non-GP)

Q21\_4. Thinking about your [INSERT COLLEGE FROM Q14] training program, to what extent do you agree or disagree with each of the following statements?... The College supports flexible training arrangements

#### All doctors in training

- Q5c. [IF Q5a=1-Hospital] Select any additional settings you work in. / [IF Q5a=2-Not Hospital] Which settings do you work in?
- Q30\_11. In your setting, how would you rate the quality of your overall clinical supervision/peer review for... Completing workplace based assessments
- Q35\_9. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your... Teaching and supervision skills

- Q41\_11. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?
  - o Q41\_10. <u>Racism</u> is not tolerated at my workplace
  - o Q41\_11. I have access to flexible working arrangements
- Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?
  - 4. **Racism.** Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.
- Q42i. What prevented you from reporting?
  - Q42i\_1. Lack of processes in place
  - o Q42i\_2. Wasn't provided information on how or who to report to
  - Q42i\_3. Concern about repercussions
  - Q42i\_4. Lack of support
  - Q42i\_5. Nothing will be done if I do report it
  - o Q42i\_6. I feel it is not the accepted practice to report
  - Q42i\_7. Other
  - o Q42i\_99. Prefer not to say
- Q49\_5. Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements?... I have received training on how to provide culturally safe care

#### Deletions

#### All doctors in training

Q30\_11. In your setting, how would you rate the quality of your overall clinical supervision/peer review for... Ensuring that you only perform work that you are ready for or have the experience to address

## A6 Data collection processes

The Medical Training Survey (MTS) collected data through responses to an online survey. We received responses from n=23,083 doctors in training, with n=22,135 responses eligible for analysis (i.e. currently training in Australia) between 28 July and 8 October 2022.

In total, 40,802 doctors in training were invited to participate in the survey. The response rate for the survey was 56.6%, which is the number of online survey responses divided by the number of survey invitations.

### A6.1 Survey fieldwork

There were two methods used to invite doctors in training to participate in the MTS. The Board sent Interns and IMGs an email invitation with a unique survey link to the relevant version of the survey.

Other groups of doctors in training – prevocational, unaccredited and specialist trainees - were provided with a unique survey link at the end of the medical registration renewal process. Trainee answers to key survey questions determined which version of the survey they received.

## A6.2 Survey pilot

Data collection for the 2022 MTS began with a survey pilot. On 28 July 2022, a subset of interns and IMGs were sent an email invitation to participate. Pilot data were reviewed to identify any technical issues, including unexpected dropouts. The helpdesk was closely monitored in case respondents had unforeseen issues.

## A6.3 Full launch

The full launch of the 2022 MTS aligned with the opening of the medical registration process on 1 August 2022. Doctors answering 'Yes' to the question 'Are you a doctor in training?' were invited to participate in the survey. The remaining interns and IMGs (i.e. those not in the pilot subset), received an email invitation from the Board to complete the survey.

## A6.4 Reminders

To ensure doctors in training had every chance of participating and to maximise the response rate, promotional activities and reminders to complete the survey were issued throughout the survey period. These included:

- personalised email and SMS reminders, sent by Ahpra on behalf of the Board, to doctors in training who had not completed the survey, and
- survey promotion activities such as newsletter articles, social media videos, emails directly from key stakeholders and word of mouth.

## A6.5 Survey eligibility

To be eligible to participate in the survey, respondents had to be:

- a doctor in training including an intern, hospital medical officer, resident medical officer, nonaccredited trainee, postgraduate trainee, principal house officer, registrar, specialist trainee, IMG (with provisional or limited registration) or career medical officer with an intention to undertake further postgraduate training in medicine, and
- employed full time, part-time or casually for most of their current rotation, and
- undertaking their current term/rotation/placement in Australia.

In total, n=948 participants were terminated from the survey because they did not meet each of the criteria above, or if they contacted the survey administrators to indicate they were not a doctor in training. Of those who had started the survey, n=40 participants later indicated they were not doctors in training.

Out of scope surveys								
	20	)22	2021		2020		20	)19
	n=	%	n=	%	n=	%	n=	%
Total terminated after commencing survey	948	100%	933	100%	936	100%	539	100%
Terminated reason								
On extended leave for current rotation	565	60%	588	63%	565	60%	335	62%
Outside Australia for current rotation	290	31%	285	31%	309	33%	174	32%
Career medical officers with no intention of undertaking further postgraduate training in medicine	53	6%	49	5%	55	6%	25	5%
Not a doctor in training (including IMGs who have general registration)	40	4%	11	1%	7	1%	5	2%

## A6.6 Final sample

The final sample available for analysis for 2022 is shown below, with a comparison to 2019, 2020 and 2021.

	Sample structure								
		20	22		2021	2020	2019		
	No of completes <sup>#</sup>	No of partials <sup>^</sup>	Total included in analysis	Maximum margins of error <sup>*</sup> +/-	Total included in analysis	Total included in analysis	Total included in analysis		
TOTAL	18699	3436	22135	0.7	20,671	20,915	9,378		
Interns	826	227	1053	3.0	1,191	1,360	786		
Prevocatio nal and unaccredit ed trainees	4823	976	5799	1.3	5,448	5,158	1,953		
Specialist non-GP trainees	7869	1382	9251	1.0	8,846	9,020	3,510		
Specialist GP trainees	3148	322	3470	1.7	3,128	3,132	1,390		
IMGs	2033	269	2302	2.0	1,926	2,126	1,700		
Unknown trainee type <sup>~</sup>	0	260	260	6.1	132	119	39		

\*Maximum margins of error shown are based on research findings of 50% at the 95% Confidence Interval. This has been calculated using the number of completes as the base, rather than the total included in analysis.

The margin of error indicates the error margin that surrounds results from the sample. For example, if the margin of error is 3.0%, and 50% of doctors in training 'strongly agree' or 'agree' to the statement 'I would recommend my current training position to other doctors', if this survey was repeated, on 19 out of 20 occasions the result would fall between 47.0% and 53.0%.

#A completed survey is defined as answering a question on or after the 75% completion mark for the doctor in training's respective survey version:

<sup>^</sup> Completed at least one question of the survey but did not progress past the 75% mark to be considered complete.

<sup>~</sup> These trainees have not answered the question 'Are you in a college program' to determine the type of trainee they are for the purposes of the survey.



## B1 Survey questions

There are five versions of the Medical Training Survey (MTS), each tailored to a different group of doctors in training. Most questions are common across the survey versions. A consolidated copy of the survey questions are below. To view copies of the survey questions filtered to each group of doctors, please visit https://medicaltrainingsurvey.gov.au/Resources/Survey-questions.



## This is a copy of all Doctor in Training questions.

## Medical Training Survey

Thank you for taking time to complete the Medical Training Survey (MTS), which is being conducted for the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (Ahpra).

#### Survey description

The purpose of the 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 derived from MTS data may be generated, while assuring participant confidentiality. Stakeholders may apply MTS data to improve medical training in Australia.

The MTS is being administered by EY Sweeney and will take approximately 15 minutes to complete.

Click here for more information about participation.

#### How to complete the survey

Use your mouse to "Click" the relevant circles or boxes to mark your selection with a black dot or a tick. Some questions require you to type in your answers.

You may close the survey down and re-enter at the point you left off. To do so, use the link in the email invitation (interns and international medical graduates) or in your confirmation of registration email (all other doctors in training).

Once you have completed all questions on a page you will need to click the "Next" Button to proceed to the next screen. In order for your answers to be sent you must click the "Submit" button at the end of the survey.

#### Please press NEXT to continue.

For access to the EY Sweeney Privacy Policy, click here (https://eysweeney.com.au/privacy-policy). For any technical problems with this survey please send an e-mail by selecting on the link that appears at the bottom of each page.



## Medical Training Survey

#### Your part in the MTS

- Participation in the MTS is voluntary. Participants may withdraw from participating in the MTS at any time without
  providing a reason.
- The MTS asks participants questions about their experience of medical training in Australia.
- You may withdraw from participating in the survey at any time without providing a reason.

The MBA and Ahpra acknowledge that participation in the MTS and reflections on medical training might cause discomfort or even distress. For this reason participants may skip questions and proceed to the next question.

#### **Privacy information**

Any information collected in the MTS will be treated confidentially and anonymously, and in accordance with the *Privacy Act* 1988 (Cth) and the Health Practitioner Regulation National Law (the **National Law**). MTS data collected will only be used for the purposes described above.

In completing the MTS, we ask that participants do not provide responses that may identify them or other individuals. Only EY Sweeney team members will have access to individual MTS responses and will take steps to de-identify and MTS data that may identify a participant or another individual. EY Sweeney will only provide the MBA and Ahpra with deidentified reports with aggregated MTS data.

Information participants provide in the MTS 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 obligations to store and handle data in accordance with the *Privacy Act 1988* (Cth) and the National Law.

Ahpra's Privacy Policy explains how participants may access and seek correction of personal information held by Ahpra and the MBA; complain to Ahpra about a breach of their privacy; and how a complaint will be dealt with. For access to Ahpra's Privacy Policy, click here (https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx). For access to the EY Sweeney Privacy Policy, click here (http://eysweeney.com.au/contact-us/privacy-policy.

#### Data management

To maintain confidentiality and anonymity of survey responses, the survey is being administered by EY Sweeney an independent and accredited (ISO20252:2019 Market and Social Research Standard) market research agency who is independent of the MBA and Ahpra.

All MTS data is securely stored in Australia in accordance with The Research Society Code of Professional Behaviour, ISO 20252:2019 – 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 (Cth) and ISO 27001-2013 (Certificate for Information Security Management accreditation).

#### Use and sharing of survey data

The MBA and Ahpra anticipate using the MTS data to:

- provide organisations with MTA 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 endeavour to protect the identity of individual participants. For example:



- EY Sweeney will take steps to de-identify any MTS data that may identify a participant or another individual; reports will only be provided where 10 or more responses have been received;
- MTS data is provided to stakeholders and the public in accordance with the Privacy Act 1988 (Cth) and the National Law; and
- EY Sweeney will not provide individual MTS responses to third parties outside of MBA and Ahpra.

#### Contact

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

For any technical problems with this survey, please contact EY Sweeney via phone on 1800 983 160 or via e-mail at <u>medicaltrainingsurvey@au.ey.com</u> (this email appears at the bottom of each page).

Non-technical queries, such as questions regarding the content of the MTS, queries about participant rights or complaints about the manner in which the MTS is being conducted, should be directed to Ahpra via email at MTS@ahpra.gov.au.

If a participant prefers to direct a compliant to another body, they may contact the membership body for market and social research, The Research Society, on (02) 9566 3100 or you can visit <u>https://researchsociety.com.au/</u>.

READER NOTE: Respondents do not see codes (numbers) in the questions nor the headings in black boxes. Text in square brackets, or prefaced by PROMGRAMMER NOTE are instructions to program.

#### GENERIC SURVEY ENTRY FOR [INS] AND [IMG]. STATUS SWITCHED FROM [SNT] WITHIN SURVEY. CREATE HIDDEN VARIABLE FOR COHORT

S0. PROGRAMMER NOTE:	[INS] Interns	O 01
AUDIENCES FOR THIS SURVEY ARE SPLIT INTO 5 COHORTS:	[IMG] International Medical Graduates	0 02
INTO 5 COHORTS.	[PVT] Prevocational Trainees and unaccredited trainee [SNT] Specialist Non-GP Trainees (Default entry for	esO 03
	specialists)	O 04
	[SGPT] Specialist GP trainees (assigned based on Q14)	) O 05



#### 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.

[IMG,	PVT, INS, SNT/SGPT]	PGY1	<u>O 01</u>
Q1.	What is your postgraduate year?	PGY2	O 02
Gen.	Please select one response only.	PGY3	O 03
		PGY4	O 04
		PGY5	O 05
		PGY6	O 06
		PGY7	O 07
		PGY8	O 08
		PGY9	O 09
		PGY≥10	0 10
[IMG,	PVT, INS, SNT/SGPT]	Full time	01
Q2.	Are you employed:	Part time	0 2
Q2.	Please select one response only.	Casually	03
		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.

[PVT, SNT/SGPT]	Yes [ASSIGN SNT] O	1
Q3. Are you in a college training program?	No [ASSIGN PVT] O 2	2

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.



[IMG,	PVT, INS, SNT/SGPT]	ACT	O 01
Q4.	In which state or territory is your current	NSW	0 02
~	term/rotation/placement based?	NT	O 03
		QLD	O 04
	If you have only been practising or training in your current state or territory for less	SA	O 05
	than two weeks, please select the state or	Tas.	0 06
	territory for your previous setting. Please select one response only.	Vic.	O 07
	WA	O 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 medicaltrainingsurvey@au.ey.com

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

[IMG, I	PVT, INS, SNT/SGPT]	Yes	01
Q5a.	<ul> <li>SHOW IF PVT, INS, SNT/SGPT</li> <li>Is your current term/rotation/placement predominantly in a hospital?</li> <li>SHOW IF IMG</li> <li>Is your current position in a hospital?</li> <li>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.</li> </ul>	No	02
IMG.	PVT. INS. SNT/SGPT1		0.01
-	PVT, INS, SNT/SGPT] = Q5a=1	PIPE RESPONSES BY FROM STATE LIST Q4	0 01
ASK IF	Q5a=1	PIPE RESPONSES BY FROM STATE LIST Q4	O 02
-	<b>Q5a=1</b> Which hospital do you work at?	PIPE RESPONSES BY FROM STATE LIST Q4	
ASK IF	<b>Q5a=1</b> Which hospital do you work at? If you work at more than one hospital,	PIPE RESPONSES BY FROM STATE LIST Q4	O 02
ASK IF	<b>Q5a=1</b> Which hospital do you work at?	PIPE RESPONSES BY FROM STATE LIST Q4	O 02 O 03
ASK IF	<b>Q5a=1</b> Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training	PIPE RESPONSES BY FROM STATE LIST Q4	0 02 0 03 0 04
ASK IF	<b>Q5a=1</b> Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training in your current hospital for less than two	PIPE RESPONSES BY FROM STATE LIST Q4	<ul> <li>0 02</li> <li>0 03</li> <li>0 04</li> <li>0 05</li> </ul>
ASK IF	<b>Q5a=1</b> Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training		<ul> <li>0 02</li> <li>0 03</li> <li>0 04</li> <li>0 05</li> <li>0 06</li> </ul>



[IMG, I	VT, INS, SNT/SGPT]	Aboriginal and Torres Strait Islander health service	01
ASK IF	Q5a=1 (08a)	Aged care facility	□ 02
Q5c.	Select any additional settings you work in.	Community health service	□ 03
		Correctional services	04
	lestion refers to your additional <u>clinical</u> s/workplace, not your role/rotation/position.	General practice clinic	□ 05
oorange	, not your followed and a position.	Other	97
	Q5a=2 (Q8a)	Not applicable	O 98
Q5c.	Which settings do you work in?		
{Q5c}	Please select all that apply 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.		
The second second second	PVT, INS, SNT/SGPT]	Metropolitan area (e.g. capital city – Sydney, Melbourn	ie,
ASK IF	Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE	Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	0 1
		Regional area (e.g. within or less than 15km from a tow population of at least 15,000 that is not a capital city)	vn with a O 2
Q6.	Is your current setting in a?	Rural area (e.g. more than 15km from the closest town	
	Please select one response only.	population of at least 15,000)	0 3
	HOVERTEXT FOR 'SETTING'	Do not wish to specify	O 99
	Setting is the current or most recent workplace, placement or rotation where at		
	least 2 weeks have been completed as part		
	of your training.		
[IMG, I	PVT, SNT/SGPT]	SHOW IF IMG Intern	01
Q7.	What is your role in the setting?	Resident Medical Officer / Hospital Medical Officer	02
		Principal House Officer	04
	Please select one response only.	Career Medical Officer	06
	HOVERTEXT FOR 'SETTING'	Registrar	07
	Setting is the current or most recent workplace, placement or rotation where at	SHOW IF IMG Specialist	08
	least 2 weeks have been completed as part	Unaccredited Registrar	09
	of your training.	Other	0 97
[IMG, F	2\/T		
ASK IF		Yes	01
		No	0 2
Q8.	Do you intend to undertake further		



#### **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.

[IMG, PVT, INS, SNT/SGPT]		Addiction medicine	0 01
Q9a.	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.	Anaesthesia	0 02
		Dermatology	O 03
		Emergency medicine	0 04
		General practice	O 05
		Intensive care medicine	0 06
		Medical administration	0 07
		Obstetrics and gynaecology	O 08
		Occupational and environmental medicine	O 09
		Ophthalmology	0 10
		Paediatrics and child health (inc. specialties)	0 11
		Pain medicine	O 12
		Palliative medicine	O 13
		Pathology	0 14
		Physician Adult medicine (inc. specialties)	O 15
		Psychiatry	O 16
		Public health medicine	0 17
		Radiation oncology	O 18
		Radiology	O 19
		Rehabilitation medicine	0 20
		Sexual health medicine	O 21
		Sport and exercise medicine	O 22
		Surgery	O 23
		Other	O 97



### [IMG, PVT, INS, SNT/SGPT] ASK IF Q9a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23 Q9b. If applicable, which subspecialty area are

Q9b. If applicable, which subspecialty area are you practising in?

Please select one response only.

Paediatric emergency medicine012Not applicable98Prefer not to say99Intensive care medicine(06)Paediatric intensive care01Not applicable98Prefer not to say99Obstetrics and gynaecology(08)Gynaecological oncology060Maternal-fetal medicine061Obstetrics and gynaecological ultrasound62Reproductive endocrinology and infertility63Urogynaecology064Not applicable98Prefer not to say99Paediatrics and child health[11]General paediatrics06Paediatric clinical genetics077Community child health08Neonatal and perinatal medicine09Paediatric cardiology11Paediatric cardiology11Paediatric inical genetics077Community child health112Paediatric cardiology111Paediatric cardiology111Paediatric cardiology13Paediatric infectious diseases17Paediatric infectious diseases17Paediatric intensive care medicine18Paediatric neurology20Paediatric neurology21Paediatric intensive care medicine22Paediatric intensive care medicine23Paediatric respiratory and sleep medicine23Paediatric rehabilitation medicine24Paediatric rehabilitation medicine24Pae	Emergency Medicine	[04]
Prefer not to sayO99Intensive care medicine[06]Paediatric intensive careONot applicable98Prefer not to sayOObstetrics and gynaecology[08]Gynaecological oncology60Maternal-fetal medicineOObstetrics and gynaecological ultrasound62Reproductive endocrinology and infertilityONot applicable98Prefer not to say099Paediatrics and child health[11]General paediatrics0O06Paediatric clinical genetics077Community child health01Paediatric clinical perinatal medicine099Paediatric clinical pharmacology11Paediatric clinical pharmacology11Paediatric intensive care medicine12Paediatric intensive care medicine12Paediatric intensive care medicine13Paediatric clinical pharmacology14Paediatric intensive care medicine12Paediatric intensive care medicine18Paediatric intensive care medicine18Paediatric intensive care medicine22Paediatric neurology21Paediatric neurology220Paediatric neurology221Paediatric neurology221Paediatric neurology221Paediatric medicine222Paediatric respiratory and sleep medicine225Paediatric rheumatology26Not applicable98 </td <td>Paediatric emergency medicine</td> <td>O 12</td>	Paediatric emergency medicine	O 12
Intensive care medicine[06]Paediatric intensive care0 01Not applicable98Prefer not to say0 99Obstetrics and gynaecology[08]Gynaecological oncology0 60Maternal-fetal medicine0 61Obstetrics and gynaecological ultrasound0 62Reproductive endocrinology and infertility0 63Urogynaecology0 64Not applicable98Prefer not to say0 99Paediatrics and child health[11]General paediatrics0 06Paediatric clinical genetics0 07Community child health010Paediatric clinical genetics0 07Community child health011Paediatric clinical pharmacology0 10Paediatric clinical pharmacology0 11Paediatric endocrinology and hepatology11Paediatric intensive care medicine0 12Paediatric face mergency medicine12Paediatric intensive care medicine12Paediatric intensive care medicine14Paediatric intensive care medicine18Paediatric intensive care medicine18Paediatric nedical oncology21Paediatric nephrology21Paediatric nephrology21Paediatric nephrology22Paediatric nephrology23Paediatric respiratory and sleep medicine23Paediatric respiratory and sleep medicine24Paediatric rheumatology26Not applicable98 </td <td>Not applicable</td> <td>O 98</td>	Not applicable	O 98
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Paediatrics and child health[11]General paediatrics0 06Paediatric clinical genetics0 07Community child health0 08Neonatal and perinatal medicine0 09Paediatric cardiology0 10Paediatric clinical pharmacology0 11Paediatric clinical pharmacology0 11Paediatric emergency medicine0 12Paediatric endocrinology0 13Paediatric gastroenterology and hepatology0 14Paediatric infectious diseases0 17Paediatric infectious diseases0 17Paediatric nephrology0 19Paediatric nephrology0 20Paediatric nephrology0 21Paediatric neurology0 20Paediatric neurology0 21Paediatric palliative medicine0 23Paediatric respiratory and sleep medicine0 24Paediatric rheumatology0 26Not applicable0 98	Not applicable	O 98
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Paediatric immunology and allergyO16Paediatric infectious diseasesO17Paediatric infectious diseasesO17Paediatric intensive care medicineO18Paediatric medical oncologyO19Paediatric nephrologyO20Paediatric neurologyO21Paediatric nuclear medicineO22Paediatric palliative medicineO23Paediatric respiratory and sleep medicineO25Paediatric rheumatologyO26Not applicableO98	Paediatric gastroenterology and hepatology	O 14
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Paediatric medical oncologyO19Paediatric nephrologyO20Paediatric neurologyO21Paediatric nuclear medicineO22Paediatric palliative medicineO23Paediatric rehabilitation medicineO24Paediatric respiratory and sleep medicineO25Paediatric rheumatologyO26Not applicableO98	Paediatric infectious diseases	0 17
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Paediatric respiratory and sleep medicineO25Paediatric rheumatologyO26Not applicableO98	Paediatric palliative medicine	O 23
Paediatric rheumatologyO26Not applicableO98	Paediatric rehabilitation medicine	0 24
Not applicable O 98	Paediatric respiratory and sleep medicine	O 25
	Paediatric rheumatology	O 26
Prefer not to say O 99	Not applicable	O 98
	Prefer not to say	O 99



Pathology	[14]
General pathology	0 27
Anatomical pathology (including cytopathology)	O 28
Chemical pathology	O 29
Haematology	O 30
Immunology	O 31
Microbiology	O 32
Forensic pathology	O 33
Not applicable	O 98
Prefer not to say	O 99
Physician Adult medicine	[15]
General medicine	O 34
Cardiology	O 35
Clinical genetics	O 36
Clinical pharmacology	0 37
Endocrinology	O 38
Gastroenterology and hepatology	O 39
Geriatric medicine	O 40
Haematology	0 41
Immunology and allergy	O 42
Infectious diseases	O 43
Medical oncology	0 44
Nephrology	O 45
Neurology	O 46
Nuclear medicine	O 47
Respiratory and sleep medicine	0 48
Rheumatology	O 49
Not applicable	O 98
Prefer not to say	O 99



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





### TRAINING CURRICULUM

24			
[IMG]		1 or less	0 01
Q10.	How many years have you held registration	2	O 02
GIU.	in Australia?	3	O 03
		4	O 04
	Please select one response only.	5	O 05
		6	O 06
		7	O 07
		8	O 08
		9	O 09
		10 or more	O 10
[IMG]		Specialist and competent authority pathway	
		Go to Q11b	O 01
Q11a.	Which pathway are you in?	Specialist pathway Go to Q11b	O 02
	Please select one response only.	Standard pathway (AMC exam)	O 03
		Standard pathway (Workplace based assessment)	O 04
		Competent authority pathway	O 05
		Short term training pathway	O 06
		Other	O 97
		Unsure	O 99





[IMG] ASK IF	Q11a=1 OR 2	Australian and New Zealand College of Anaesthetists (ANZCA)
011h	Which college(s) did your specialist	The Australasian College of Dermatologists (ACD) 02
Gerrio.	pathway assessment?	Australasian College for Emergency Medicine (ACEM) 03
	Please select all that apply, up to a	Australian College of Rural and Remote Medicine (ACRRM)
	maximum of two.	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)
		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)
		The Royal Australian and New Zealand College of Radiologists (RANZCR)
		The Royal Australian College of General Practitioners (RACGP)
		The Royal College of Pathologists of Australasia (RCPA) 16
		Prefer not to say 97
		Unsure O 99





[IMG,	PVT, INS]	Yes	Go to Q13	01
Q12.	SHOW IF INS 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?	No	Go to Q26 [INS] or Q27 [IMG, PVT]	02
	<b>SHOW IF PVT</b> Do you have a professional <u>development or</u> <u>training plan</u> ?			
	HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'			
	Developed by you and your supervisor/peer reviewer for your employer/MBA			
	<b>SHOW IF IMG</b> Do you have a professional <u>development or</u> <u>training plan</u> ?			
	HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'			
	Developed by you and your supervisor/peer reviewer for your employer/college/MBA			



### [IMG, PVT, INS] ASK IF Q12=1

### Q13. SHOW IF INS

Thinking about your **intern education program**, to what extent do you agree or disagree with the following statements?

### SHOW IF IMG, PVT

Thinking about your **professional development or training 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 <b>SHOW IF INS</b> intern education program <b>SHOW IF IMG</b> , <b>PVT</b> plan is helping me to continue to develop as a doctor	O 5	04	03	02	O 1
2.	There are opportunities for me to meet the requirements of my <b>SHOW IF INS</b> intern education program <b>SHOW IF IMG, PVT</b> plan in my current setting	O 5	04	03	0 2	01
3.	I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF IMG, PVT plan requirements	O 5	04	03	02	01
4.	SHOW IF IMG My plan is preparing me to be a doctor/specialist in the Australian healthcare system	O 5	04	03	02	O 1
5.	My SHOW IF INS intern education program SHOW IF IMG, PVT plan is preparing me for future medical practice	O 5	04	03	0 2	O 1
6.	My SHOW IF INS intern education program SHOW IF IMG, PVT plan is advancing my knowledge	05	04	03	02	01



SNT/SGPT]	Addiction medicine – The Royal Australasian College of Physicians (RACP)
Q14. Which specialist training program(s) are you doing?	Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA) 02
Please select all that apply, up to a	Dermatology – The Australasian College of Dermatologists (ACD) 03
maximum of two.	Emergency medicine – Australasian College for Emergency Medicine (ACEM) 04
PROGRAMMER NOTE: CREATE HIDDEN VARIABLE	General practice – Australian College of Rural and RemoteMedicine (ACRRM)ASSIGN SGPT05
[COLLEGE] FOR PIPING, ROTATE TEXT AFTER THE EM DASH, REMOVE ANY	General practice – The Royal Australian College of General Practitioners (RACGP) ASSIGN SGPT 00
"THE" PREFIXES	Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) 09
	Medical administration – The Royal Australasian College of Medical Administrators (RACMA)
	Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
	(RANZCOG) 11
	Occupational and environmental medicine – The Royal           Australasian College of Physicians (RACP)         12
	Ophthalmology – The Royal Australian and New Zealand           College of Ophthalmologists (RANZCO)         13
	Paediatrics and child health – The Royal Australasian College of Physicians (RACP)
	Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA)
	Palliative medicine – The Royal Australasian College of Physicians (RACP)
	Pathology – The Royal College of Pathologists of Australasia (RCPA)
	Physician – The Royal Australasian College of Physicians (RACP)
	Psychiatry – The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
	Public health medicine – The Royal Australasian College of Physicians (RACP)
	Radiation oncology – The Royal Australian and New Zealand College of Radiologists (RANZCR)
	Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR)
	Rehabilitation medicine – The Royal Australasian College of Physicians (RACP)       22
	Sexual health medicine – The Royal Australasian College of Physicians (RACP) 24
	Sports and exercise medicine – Australasian College of Sport and Exercise Physicians (ACSEP)
	Surgery – Royal Australasian College of Surgeons (RACS) 26
	Surgery – Oral and maxillofacial surgery – Royal AustralasianCollege of Dental Surgeons (RACDS)27



[SGPT, SNT]	1 or less		0 01
ASK FOR EACH COLLEGE IN Q14	2		0 02
Q15. How many years have you been in the	3		O 03
[INSERT COLLEGE SELECTED] training	4		0 04
program?	5		O 05
Please select one response only.	6		0 06
	7		O 07
	8		O 08
	9		O 09
	More than 10		0 10
	Don't know		0 11
[SGPT]	Australian General Practice Training (AGPT)		01
Q16. Which training program are you in?	The Remote Vocational Training Scheme (RVTS	5)	02
Please select one response only.	RACGP Practice Experience Pathway (PEP)		03
	ACRRM Independent Pathway (IP)		04
	ACRRM Rural Generalist Training Scheme		05
	Unsure		O 96
	Not applicable		0 97
[SGPT]	GP Synergy	RTO	0 01
Q17. If applicable, which Regional Training	Eastern Victoria GP Training	RTO	O 02
Organisation provides your GP training?	Murray City Country Coast GP Training	RTO	0 03
Please select one response only.	GP Training Tasmania	RTO	0 04
riease select one response only.	GPeX	RTO	O 05
	Western Australia General Practice Training	RTO	O 06
	Northern Territory General Practice Education	RTO	0 07
	General Practice Training Queensland	RTO	O 08
	James Cook University	RTO	O 09
	Unsure		0 96
	Not applicable		O 97



### [SGPT]

The following questions relate to the Regional Training Organisation that provides your GP training.

### [SGPT]

### ASK IF Q17=1 TO 9

Q18. Thinking about your **[RESPONSE FROM Q17]** training program, to what extent do you agree or disagree with each of the following statements?

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The <b>[RESPONSE FROM Q17]</b> education program meets the College/s requirements	O 5	04	O 3	0 2	01
2.	The <b>[RESPONSE FROM Q17]</b> education program is preparing me as a specialist	O 5	04	O 3	0 2	01
3.	The <b>[RESPONSE FROM Q17]</b> education program is advancing my knowledge	05	04	O 3	02	01

### [SGPT]

### ASK IF Q17=1 TO 9

Q19. Thinking about how [RESPONSE FROM Q17] communicates with you about your training program, 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.	[RESPONSE FROM Q17] clearly communicates the requirements of my training program	O 5	04	03	02	O 1
2.	[RESPONSE FROM Q17] clearly communicates with me about changes to my training program and how they affect me	O 5	04	03	0 2	01
3.	I know who to contact at <b>[RESPONSE</b> FROM Q17] about my education program	05	04	03	0 2	01



### [SGPT] ASK IF Q17=1 TO 9

Q20. Thinking about how [RESPONSE FROM Q17] engages with you, 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.	<b>[RESPONSE FROM Q17]</b> seeks my views on the structure and content of the education program	O 5	04	O 3	O 2	01
2.	I am represented (by doctors in training e.g. registrar liaison officer) on <b>[RESPONSE FROM Q17]</b> 's training and/or education committees	O 5	04	03	0 2	01
3.	I am able to discuss the <b>[RESPONSE</b> <b>FROM Q17]</b> education program with other doctors	O 5	04	03	02	01
4.	<b>[RESPONSE FROM Q17]</b> provides me with access to psychological and/or mental health support services	O 5	04	03	O 2	01

PROGRAMMER NOTE: LOOP THIS SECTION FOR ALL SELECTIONS AT Q14 EXCEPT IF 'OTHER'. ENSURE COLLEGES HAVE EQUAL ODDS OF BEING FIRST OR SECOND SELECTION

### [SGPT, SNT]

The following questions relate to [INSERT COLLEGE FROM Q14].

### [SGPT, SNT]

Q21. Thinking about your **[INSERT COLLEGE FROM Q14]** training program, to what extent do you agree or disagree with each of the following statements?

### Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure	
1.	The College training program is relevant to my development	O 5	04	O 3	02	01	O 99	
2.	There are opportunities to meet the requirements of the training program in my current setting	O 5	04	O 3	0 2	01	O 99	
3.	I understand what I need to do to meet my training program requirements	O 5	04	O 3	0 2	01	O 99	
4.	The College supports flexible training arrangements	O 5	04	03	02	01	O 99	



### [SGPT, SNT]

Q22. Thinking about how **[INSERT COLLEGE FROM Q14] communicates** with you about your training program, 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	Does not apply
1.	My College clearly communicates the requirements of my training program	O 5	04	03	02	01	O 99
2.	My College clearly communicates with me about changes to my training program and how they affect me	O 5	04	O 3	02	01	O 99
3.	I know who to contact at the College about my training program	05	04	O 3	02	01	O 99

### [SGPT, SNT]

Q23a. In the last 12 months, have you sat one or more exams from...? Please select one response per row.

	Yes	No
1. PIPE [College]	O 1	O 2

	F Q23aX=1 ', SNT]			
Q23b.	Have you received the results of your most recent exam for <b>Please select one response per row.</b>	rom?		
		Yes		No
1.	PIPE [College]	0 1		0 2
	F Q23bX=1 ', SNT]			
Q23c.	· · · · · · · · · · · · · · · · · · ·			
	Please select one response per row.			
		Yes	No	Prefer not to say
1.	PIPE [College]	01	0 2	O 99



### [SGPT, SNT] ASK IF Q23a=1

Q24. Thinking about all your **[INSERT COLLEGE FROM Q14] exam(s)** not just the most recent, 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	Not applicable
1.	The exam(s) reflected the College training curriculum	O 5	04	03	02	01	O 99
2.	The information the College provided about the exam(s) was accurate and appropriate	O 5	04	O 3	02	01	O 99
3.	The exam(s) ran smoothly on the day	05	04	03	0 2	01	O 99
<mark>4</mark> .	The exam(s) were conducted fairly	O 5	04	03	0 2	01	O 99
5.	I received useful feedback about my performance in the exam(s)	O 5	04	O 3	0 2	01	O 99
6.	The feedback is timely	0 5	04	O 3	02	01	O 99
7.	I received support from my College when needed	O 5	04	O 3	02	01	O 99

### [SGPT, SNT]

Q25. Thinking about how **[INSERT COLLEGE FROM Q14] engages with you**, 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.	The College seeks my views on the training program	O 5	04	03	O 2	01
2.	I am represented by doctors in training on the College's training and/or education committees	O 5	04	03	02	01
3.	I am able to discuss the College training program with other doctors	O 5	04	O 3	O 2	01
4.	The College provides me with access to psychological and/or mental health support services	05	04	03	02	01
5.	There are safe mechanisms for raising training/wellbeing concerns with the College	0 5	04	03	0 2	01



#### ASSESSMENT [INS] Yes Go to Q23b 01 Go to Q29 No 02 Q26a. Did you receive an assessment for your previous rotation?? [INS] ASK IF Q26a=1 Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation... Please select one response per row. Neither Strongly Strongly Agree Agree nor Disagree Disagree Agree Disagree 03 0 5 04 0 2 01 1. Was relevant to my training 2. Included an opportunity to discuss 05 04 03 0 2 01 feedback with my supervisor 3. Provided me with useful feedback about 05 04 03 02 01 my progress as an intern 4. Was conducted fairly 05 04 03 02 01 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.

[SGPT	, IMG, PVT, INS, SNT]	Yes, a formal orientation		01
Q27a.	Did you receive an orientation to your	Yes, but it was largely informal	5	02
GETU.	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.	No G	So to Q28	03
The second second second	, IMG, PVT, INS, SNT] = Q27a=1 OR 2	Excellent		05
ASKI		Good		04
Q27b.	How would you rate the quality of your	Average		O 3
	orientation?	Poor		0 2
	Please select one response only.	Terrible		01



06

07

### **CLINICAL SUPERVISION**

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

SGPT	, IMG, PVT, INS, SNT]	Specialist (including specialist GP)
Q28.	SHOW IF SGPT, PVT, INS, SNT	Registrar
Q20.	In your setting, who mainly provides your	Other doctor
	day-to-day clinical supervision?	Nurse
	SHOW IF IMG	Other
	In your setting, who mainly provides your	SHOW IF SGPT, PVT, INS, SNT
	day-to-day clinical supervision/peer review?	I don't have a clinical supervisor Go to Q32
	Please select one response only.	SHOW IF IMG
	HOVERTEXT FOR 'SETTING'	I don't have a clinical supervisor/peer reviewer
	Setting is the current or most recent workplace, placement or rotation where at	Go to Q32
	least 2 weeks have been completed as part	
	of your training.	
ISCOT	, IMG, PVT, INS, SNT]	
	F Q28=1 TO 5	
Q29.	To what extent do you agree or disagree with	the following statements?
	SHOW IF SGPT, PVT, INS, SNT	
	In my setting, if my clinical supervisor(s) is no	ot available
	SHOW IF IMG	
	In my setting, if my clinical supervisor(s)/pe	er reviewer(s) is not available
	Please select one response per row.	
	HOVERTEXT FOR 'SETTING'	
	Setting is the current or most recent workplace	e, 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	05	04	O 3	02	01
2.	I am able to contact other senior medical staff <b>AFTER HOURS</b> if I am concerned about a patient	05	04	03	0 2	01



### [SGPT, IMG, PVT, INS, SNT] ASK IF Q28=1 TO 5

Q30. 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'.

### SHOW IF SGPT, PVT, INS, SNT

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

### SHOW IF IMG

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	05	04	O 3	02	0 1	O 99
2.	Accessibility	05	04	03	02	01	O 99
3.	Regular, INFORMAL feedback	05	04	O 3	02	0 1	O 99
4.	Regular, FORMAL feedback	05	04	03	02	01	0 99
5.	Usefulness of feedback	05	04	03	02	01	O 99
6.	Discussions about my goals and learning objectives	05	04	O 3	02	01	O 99
7.	SHOW IF SGPT, PVT, IMG, SNT Supporting you to meet your training plan/pathway requirements SHOW IF INS Supporting you to meet your intern education program requirements	O 5	04	O 3	02	0 1	O 99
8.	Including opportunities to develop your skills	05	04	03	0 2	01	O 99
9.	Allowing for an appropriate level of responsibility	05	04	O 3	02	01	O 99
10.	Ensuring your work is appropriate to your level of training	O 5	04	03	02	01	O 99
11.	Completing workplace based assessments	O 5	04	O 3	0 2	01	O 99



1

	For your setting, how would you rate the quality of your clinical supervision/peer review? Please select one response only.		0 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.		
LSGP1,	IMG SKIP IF Q7=1, PVT, SNT]	Yes	01
Q32.	Has your performance been assessed in	No – but this is scheduled	02
	your setting?	No – but I would like to be	03
	HOVERTEXT FOR 'SETTING'	No – it's not necessary	04
	Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Unsure	05

h



### ACCESS TO TEACHING

### [SGPT, IMG, PVT, INS, SNT]

Q33. 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.

1.	Theoretical knowledge	01	0 2	O 3
2.	Clinical skills	01	02	O 3
3.	Procedural skills	01	02	O 3
4.	Teaching and supervision skills	O 1	02	O 3
5.	Ethics	O 1	02	O 3
6.	Leadership and management	O 1	02	O 3
7.	Communication	01	02	O 3
8.	Cultural safety	01	0 2	O 3
9.	Research	01	02	O 3

### [SGPT, IMG, PVT, INS, SNT]

Q34. 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	05	04	03	02	01	O 99
2.	I have to compete with <b>other doctors</b> for access to opportunities	05	04	03	0 2	01	O 99
3.	I have to compete with other health professionals for access to opportunities	05	04	03	0 2	01	O 99



### [SGPT, IMG, PVT, INS, SNT]

Q35. 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	05	04	03	0 2	0 1
2.	SHOW IF SGPT AND ASK IF Q17=1 TO 9 I am able to attend [RESPONSE FROM Q17] education events	O 5	O 4	O 3	02	0 1
3.	I am able to attend conferences, courses and/or external education events	O 5	04	O 3	0 2	01
4.	SHOW IF SGPT My GP supervisor supports me to attend formal and informal teaching sessions	O 5	04	O 3	02	01
5.	My employer supports me to attend formal and informal teaching sessions	05	O 4	O 3	02	O 1
6.	I am able to participate in research activities	05	04	O 3	02	01
[ <mark>SGP</mark> Q36.	T, IMG, PVT, INS, SNT] Which of the following statements best			meeting my tra		

describe the interaction between your training requirements and the responsibilities of your job?

My job responsibilities...

Rarely prevent me from meeting my training requirementsO 2

Sometimes prevent me from meeting my training requirements

Often prevent me from meeting my training requirements O 4

Please select one response only.



### [SGPT, IMG, PVT, INS, SNT]

Q37. 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.

		Stro Ag		Ag	ree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	SHOW IF SGPT, IMG, PVT, SNT Formal education program	0	5	0	4	03	0 2	01	O 99
2.	Online modules (formal and/or informal)	0	5	0	4	O 3	02	01	O 99
3.	Teaching in the course of patient care (bedside teaching)	0	5	0	4	O 3	02	01	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	0	5	0	4	O 3	0 2	0 1	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	0	5	0	4	03	0 2	01	O 99
6.	Multidisciplinary meetings	0	5	0	4	03	0 2	01	O 99
7.	Simulation teaching	0	5	0	4	03	0 2	0 1	O 99
8.	Access to mentoring	0	5	0	4	03	0 2	01	O 99
SGPT	T, IMG, PVT, INS, SNT]		Exce	llent					05
Q38.	Overall, how would you rate the quality	of	Good	ł					04
	the teaching sessions?		Avera						03
	Please select one response only.		Poor	<u></u>					0 2
			Terri	ble					01



### WORKPLACE ENVIRONMENT AND CULTURE

### [SGPT, IMG, PVT, INS, SNT]

Q39. 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	05	04	03	0 2	01	O 98	O 99
2.	Educational resources	05	04	03	0 2	01	O 98	O 99
3.	Working space, such as a desk and computer	05	04	O 3	02	01	O 98	O 99
4.	Teaching spaces	05	04	03	0 2	01	O 98	O 99

### [SGPT, IMG, PVT, INS, SNT]

Q40. 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	05	04	03	0 2	01
2.	My workplace supports staff wellbeing	05	04	03	0 2	01
3.	In practice, my workplace supports me to achieve a good work/life balance	05	04	O 3	0 2	01
4.	There is a positive culture at my workplace	05	04	O 3	0 2	01
5.	I have a good work/life balance	05	04	O 3	02	0 1
6.	Bullying, harassment and discrimination by anyone is not tolerated at my workplace	05	04	03	O 2	01
7.	Racism is not tolerated at my workplace	05	04	O 3	02	01
8.	I <b>know how</b> to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	O 5	04	03	02	01
9.	I <b>am confident</b> that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	O 5	04	03	02	01



10.	I could access support from my workplace if I experienced stress or a traumatic event	05	0 4	03	0 2	01
1 <mark>1</mark> .	I have access to flexible working arrangements	O 5	04	03	0 2	01

### [SGPT, IMG, PVT, INS, SNT] Q41a. 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-discriminationharassment-and-bullying \*\* Racial Discrimination Act <a href="https://humanrights.gov.au/quick-guide/12083">https://humanrights.gov.au/quick-guide/12083</a> 2) Witnessed 1) Experienced 1. Bullying The Fair Work Amendment Act 2013 defines workplace □ 1 bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.\* 2. Harassment Harassment is behaviour which victimises, humiliates, **2** □ 2 insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation. 3. Discrimination Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender or sexual orientation. 4. Racism Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.\*\* O 98 O 98 98. None of the above SHOW BELOW Q41a: 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.



### [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41a.1=1|2|3|4 OR Q41a.2=1|2|3|4

Q41b. Who was responsible for the bullying, harassment, discrimination and/or 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
99.	. Prefer not to say	O 99	O 99

### [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41b.1=1|2|3|4|5|7 OR Q41b.2=1|2|3|4|5|7

### Q41c. The person(s) responsible was... Please select all that apply.

	1) Experienced	2) Witnessed
1. In my team	□ 1	□ 1
2. In my department but not in my team	□ 2	□ 2
3. From another department	□ 3	□ 3
99. Prefer not to say	O 99	O 99

### [SGPT, IMG, PVT, INS, SNT]

SHOW IF Q41c.1=1|2 or Q41c.2=1|2

### Q41d. Was the person(s) one of your supervisors? Please select one response

	1) Experienced	2) Witnessed				
1. Yes	0 1	01				
2. No	0 2	O 2				
3. Prefer not to say	O 99	O 99				



#### [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41a.1=1|2|3|4 OR Q41a.2=1|2|3|4 Q41e. Have you reported it? Please select one response 1) Experienced 2) Witnessed 01 01 1. Yes 02 02 2. No [SGPT, IMG, PVT, INS, SNT] SHOW IF Q42e.1=2 OR Q42e.2=2 Q42i. What prevented you from reporting? Please select all that apply. 1) Experienced 2) Witnessed 1. Lack of processes in place □ 1 2. Wasn't provided information on how or who to □ 2 □ 2 report to 3. Concern about repercussions 4. Lack of support 5. Nothing will be done if I do report it 6. I feel it is not the accepted practice to report it 7. Other O 99 O 99 99.Prefer not to say [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41e.1=1 OR Q41e.2=1 Q41f. Has the report been followed-up? Please select one response 1) Experienced 2) Witnessed 01 1. Yes 01 0 2 02 2. No 03 03 3. Unsure [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41e.1=1 OR Q41e.2=1 Q41g. Are you satisfied with how the report was followed-up? Please select one response 1) Experienced 2) Witnessed

1. Yes	0 1	0 1
2. No	0 2	O 2
3. Unsure	O 3	O 3



### [SGPT, IMG, PVT, INS, SNT] SHOW IF Q41a.1=1|2|3|4 OR Q41a.2=1|2|3|4

Q41h. How has the incident adversely affected your medical training? Please select one response

	1) Experienced	2) Witnessed
1. No effect	0 1	01
2. Minor effect	0 2	O 2
3. Moderate effect	0 2	0 2
4. Major effect	0 2	O 2
5. Unsure	0 2	0 2

	T, IMG, PVT, INS, SNT]	Yes	O 1
Q42.	If you needed support, do you know how to access support for your health (including	No	0 2
	for stress and other psychological distress)?	Unsure	<u> </u>
	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.		



### [SGPT, IMG, PVT, INS, SNT]

Q43. 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
					INEVEI
01.	The amount of work I am expected to do	04	03	0 2	01
02.	Having to work paid overtime	04	O 3	02	01
03.	Having to work unpaid overtime	04	O 3	02	0 1
04.	Dealing with patient expectations	O 4	03	0 2	01
05.	Dealing with patients' families	04	03	O 2	O 1
06.	Expectations of supervisors SHOW IF IMG Expectations of supervisors/peer reviewer	04	O 3	02	01
07.	Supervisor feedback SHOW IF IMG Supervisors/peer reviewer feedback	04	O 3	02	01
08.	Having to relocate for work	04	O 3	0 2	01
09.	Being expected to do work that I don't feel confident doing	04	O 3	O 2	0 1
10.	Limited access to senior clinicians	04	O 3	02	01
11.	Lack of appreciation	04	03	0 2	01
12.	Workplace conflict	04	03	0 2	01



[SGPT	, IMG, PVT, INS, SNT]	Very light	01
Q44.	How would you rate your workload in your	Light	02
	setting?	Moderate	03
	Disease select one receives only	Heavy	04
	Please select one response only.	Very heavy	05
	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.		
[SGPT	, IMG, PVT, INS, SNT]	20 hours or less	01
_		20 hours or less 21 – 30 hours	0 1 0 2
<b>[SGPT</b> Q45.	On average in the past month, how many hours per week have you worked?		
_	On average in the past month, how many hours per week have you worked?	21 – 30 hours	0 2
_	On average in the past month, how many	21 – 30 hours 31 – 40 hours	O 2 O 3
_	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	21 – 30 hours 31 – 40 hours 41 – 50 hours	0 2 0 3 0 4
_	On average in the past month, how many hours per week have you worked? HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed	21 – 30 hours 31 – 40 hours 41 – 50 hours 51 – 60 hours	0 2 0 3 0 4 0 5
-	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	21 – 30 hours 31 – 40 hours 41 – 50 hours 51 – 60 hours 61 – 70 hours	0 2 0 3 0 4 0 5 0 6

### [SGPT, IMG, PVT, INS, SNT]

Q46. 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	O 4	O 3	0 2	0 1	O 99
2.	Working unrostered overtime have a negative impact on your training	04	O 3	0 2	0 1	O 99
3.	Working unrostered overtime provide you with more training opportunities	04	O 3	0 2	01	O 99



#### PATIENT SAFETY [SGPT, IMG, PVT, INS, SNT] Excellent 05 Good 04 Q47. In your setting, how would you rate the quality of your training on how to raise Average 03 concerns about patient safety? Poor O 2 Please select one response only. Terrible 01 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. [SGPT, IMG, PVT, INS, SNT] Q48. 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. Neither Strongly Strongly Agree Agree nor Disagree Disagree Agree Disagree 1. I know how to report concerns about 05 04 03 0 2 01 patient care and safety 2. There is a culture of proactively dealing 02 01 05 04 03 with concerns about patient care and safety 3. I am confident to raise concerns about 04 0 2 01 05 03 patient care and safety 4. There are processes in place at my 05 04 03 0 2 01 workplace to support the safe handover of patients between shifts / practitioners 5. I have received training on how to provide 05 04 03 02 01 culturally safe care



### OVERALL SATISFACTION

### [SGPT, IMG, PVT, INS, SNT]

Q49. 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 <b>current training</b> <b>position</b> to other doctors	O 5	04	O 3	02	01
2.	I would recommend my <b>current workplace</b> as a place to train	O 5	04	O 3	0 2	0 1

### FUTURE CAREER INTENTIONS

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

[SGPT, SNT] Q50a. Do you intend to continue in your specialty training program?	Yes No Undecided	0 1 0 2 0 3
[IMG] Q50b. Do you intend to continue on a pathway to general or specialist registration? Please select one response only.	Yes – specialist registration     G       No     G	So to Q54       O 1         So to Q54       O 2         So to Q55       O 3         So to Q54       O 4
[PVT, INS] Q51. Do you intend to become a specialist?	No G	So to Q53         O 1           So to Q54         O 2           So to Q54         O 3
[PVT, INS] ASK IF Q51=1 Q52. Which specialty are you most interested in pursuing? Please select one response only.	Addiction medicine – The Royal Austra Physicians (RACP) Anaesthesia – Australian and New Zea Anaesthetists (ANZCA) Dermatology – Australasian College of Emergency medicine – Australasian Co Medicine (ACEM) General practice – Australian College of Medicine (ACRRM)	O 01  Aland College of O 02 Dermatologists (ACD) O 03  College for Emergency O 04



General practice – The Royal Australian College of GeneralPractitioners (RACGP)0
Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) O 09
Medical administration – The Royal Australasian College of Medical Administrators (RACMA) O 10
Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) O 11
Occupational and environmental – The Royal Australasian College of Physicians <b>(RACP)</b> O 12
Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) O 13
Paediatrics and child health – The Royal Australasian College of Physicians (RACP) O 14
Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA) O 15
Palliative medicine – The Royal Australasian College of         Physicians (RACP)         O
Pathology – The Royal College of Pathologists of Australasia (RCPA) O 17
Physician – The Royal Australasian College of Physicians (RACP) O 18
Psychiatry – The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 0 19
Public health medicine – The Royal Australasian College of Physicians (RACP) O 20
Radiation oncology – The Royal Australian and New ZealandCollege of Radiologists (RANZCR)0 21
Radiology – The Royal Australian and New Zealand College ofRadiologists (RANZCR)0 22
Rehabilitation medicine – The Royal Australasian College of Physicians (RACP) O 23
Sexual health medicine – The Royal Australasian College of Physicians (RACP) O 24
Sports and exercise medicine – Australasian College of Sportand Exercise Physicians (ACSEP)0025
Surgery - Royal Australasian College of Surgeons (RACS)O 26
<u>Surgery – Oral and maxillofacial surgery – Royal Australasian</u> College of Dental Surgeons (RACDS) O 27
Unsure O 97



### [SGPT, IMG, PVT, INS, SNT] IMG SKIP IF Q51b=3

### Q53. 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	O 5	04	O 3	0 2	01
2.	I am interested in rural practice	05	04	03	O 2	01
3.	I am interested in getting involved in medical research	O 5	04	O 3	0 2	01
4.	I am interested in getting involved in medical teaching	O 5	04	O 3	0 2	01
5.	<ul> <li>SHOW IF SGPT OR SNT</li> <li>I am concerned I will not successfully complete my training program to attain Fellowship</li> <li>SHOW IF PVT OR INS AND Q51=1</li> <li>I am concerned about being able to secure a place in my preferred College training program</li> <li>SHOW IF IMG</li> <li>I am concerned I will not successfully meet my pathway requirements</li> </ul>	05	04	O 3	02	0 1
6.	I am concerned about whether I will be able to secure employment on completion of training SHOW IF IMG I am concerned about whether I will be able to secure employment on completing of the pathway	05	04	O 3	02	0 1
7.	I am considering a future outside of medicine	05	04	O 3	0 2	01



### COVID-19

### [SGPT, IMG, PVT, INS, SNT]

Q54. We would like to know if and how, COVID-19 has impacted your medical training in 2022.

COVID-19 has impacted my...

		Positively	Negatively	Mixture of positive and negative	Unaffected	Unsure	Not applicable
1.	Training opportunities	05	04	03	02	01	O 99
2.	Routine teaching	O 5	04	O 3	0 2	01	O 99
3.	Ways of learning	05	04	03	O 2	01	O 99
4.	Access to learning resources	05	O 4	03	0 2	O 1	O 99
5.	Exam(s) preparation	O 5	O 4	03	0 2	01	O 99
6.	Research opportunities	05	O 4	03	02	O 1	O 99
7.	Progression (e.g. delayed entry, completion of training)	O 5	04	03	02	O 1	O 99
8.	Workload	O 5	04	03	O 2	01	O 99
9.	Medical training overall	O 5	04	03	0 2	01	O 99



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.

[SGPT, IMG, PVT, INS, SNT]		Man or male	01
Q55.	Do you identify as?	Woman or female	0 2
Q00.	Please select one response only.	Non-binary	03
		Prefer not to say	O 99
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.			
[SGPT	, IMG, PVT, INS, SNT]	20 to 24	01
Q56.	What is your age?	25 to 29	0 2
Q00.	Please select one response only.	30 to 34	03
		35 to 39	04
		40 to 45	05
		45+	06
		Prefer not to say	O 99
[SGPT	, IMG, PVT, INS, SNT]	Yes – Aboriginal	0 1
Q57.	Do you identify as an Australian Aboriginal	Yes – Torres Strait Islander	0 2
Q37.	and/or Torres Strait Islander person?	Yes – Both Aboriginal and Torres Strait Islander	03
	Please select one response only.	No	04
		Prefer not to say	O 99
ISGPT	; PVT, INS, SNT]	Yes - Australia	0 1
The second		Yes - New Zealand	0 2
Q58a.	Did you complete your primary medical degree in Australia or New Zealand?	No - Elsewhere	03
	Please select one response only.		
[SGPT	, IMG, PVT, INS, SNT]		
ASK I	Q58a=3 OR IMG		
10.000	In which country did you complete your primary medical degree? Please type in and select.	PROGRAMMER NOTE: ADD AUTOCOMPLETE D	ROP DOWN
	riease type in and select.		

### 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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NEWS

# Appendix C. Medical Training Survey Steering Committee terms of reference and membership

FEEDBACK

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# C1 Medical Training Survey Steering Committee terms of reference and membership



### Terms of reference

Medical Training Survey Steering Committee

### Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to leading the delivery of an annual Medical Training Survey (MTS). The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey assist the Board, Ahpra and other relevant stakeholders 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

### **Purpose of the Steering Committee**

The Board has established the MTS Steering Committee to support the MTS project. The Steering Committee provides oversight of the contents and delivery of the MTS, collection, analysis and publication of the survey data. This includes, but is not limited to, providing advice and recommendations on project processes, stakeholder engagement, publication of findings and if necessary, the procurement of future external providers to administer the MTS.

### **Terms of Reference**

The Steering Committee will:

- 1. review and provide feedback on the MTS project plan as necessary
- 2. provide regular advice, where required, to the Board on the progress of the MTS project
- 3. oversight the MTS project through its annual life cycle from question approval through to publication of results. This includes providing input into the survey tool and recommending taking action if there are delays in delivering elements of the project
- 4. support the project team to manage the risks associated with the project by providing guidance and advice. The Project Manager will alert the Committee of any known risks that are likely to impact on the delivery of project and/or the reputation of the Board and Ahpra. The Committee will regularly review the risk register and recommend possible mitigation strategies
- 5. support the project team by providing timely advice on issues that arise in relation to the survey
- 6. if necessary, inform the request for tender for the contractor who will administer the survey. This includes providing advice on the scope of the services to be contracted for and evaluating submissions and quotes. Member/s of the Steering Committee may also be asked to participate in the selection process.



- 7. provide advice and recommendations to the project team on stakeholder engagement strategy and communications, including on publishing and disseminating the MTS findings
- 8. consult with the MTS Consultative Forum when necessary
- 9. provide guidance and feedback on the reporting of the results of the survey static reports and interactive dashboard, and
- 10. be alerted and deal with any concerns that arise from the running of survey and/or the results of the survey.

### Membership

The Steering Committee includes:

### Chair

Member of the Medical Board Australia

### Members

- Two additional members of the Board a community and a practitioner member
- Executive Officer, Medical
- MTS Project Manager
- Two senior Ahpra staff to represent Regulatory Operations and Information Technology
- Communications Advisor for the Medical Board
- One nominee of the Australian Medical Council
- One nominee of the jurisdictions
- Two nominees of the doctors in training (a nominee of the Australian Medical Association Council of Doctors in Training and a nominee of College Trainee Committee

### Secretariat services

The Steering Committee will be scheduled as required but are expected to be monthly to two-monthly.

The Steering Committee can meet more frequently if necessary.



### **Meetings and procedures**

### Meetings can be:

- face-to-face
- via videoconference
- via teleconference

### **Procedures for meetings**

The Chair is to preside at a meeting of the Steering Committee. In the absence of the Chair, one of the other members of the Board will preside at the meeting.

Materials will be provided to members at least two working days prior to day of the meeting, noting that the purpose of the Committee is to make timely decisions to avoid project delays.

A brief report of the meeting will be drafted and circulated to members.

### Quorum

A quorum of the Committee is five members.

### Reporting

The Steering Committee will report to the Board and Ahpra.

### **Payment and expenses**

The doctor in training will be paid an honorarium for their attendance and related expenses.

Members of the Board will be paid in accordance with the Board members' manual.

Other members will not be paid to attend meetings but travel and accommodation will be funded by the Board and arranged by Ahpra.

### **Timeframe**

The Board will review the role of the Steering Committee and its membership as required.

Name of document	Medical Training Survey Steering Committee Terms of Reference
Version	Version 4
Reviewed	7 February 2022
Approved	23 February 2022
Next review	As required but within 2 years of approval

### Medical Board of Australia Medical Training Survey Steering Committee Terms of reference | March 2022





### Membership

MBA Medical Training Survey Steering Committee

Amended: May 2022

### Members

### Chair

Associate Professor Stephen Adelstein, Medical Board of Australia

### Members

Dr Daniel Heredia, Medical Board of Australia Dr Sanjay Hettige, Australian Medical Association Council of Doctors in Training Dr Charles Jenkinson, Australian Medical Association Trainee Chairs Forum Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency Professor Anthony Lawler, Jurisdiction Advisory Committee Ms Saoirse McDonough, Australian Health Practitioner Regulation Agency Ms Nicole Newton, Communications Advisor Ms Bernadette Thomson, Australian Health Practitioner Regulation Agency Ms Kirsty White, Australian Medical Council Ms Michelle Wright, Medical Board of Australia **Secretariat** Ms Brie Woods, Australian Health Practitioner Regulation Agency

Medical Board of Australia Medical Training Survey Steering Committee

Membership | November 2022 | Confirmed



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# Appendix D. Medical Training Survey Consultative Forum terms of reference and membership 101 FEEDB

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# D1 Medical Training Survey Advisory Group terms of reference and membership



### Terms of reference

### Medical Training Survey Advisory Group

### Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to leading the delivery of an annual Medical Training Survey (MTS). The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey will assist the Board, Ahpra and other relevant stakeholders 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.

### Purpose of the Consultative Forum

The Board has established the MTS Consultative Forum to support the MTS project by providing advice and guidance on matters related to the survey and will also act as a consultative forum, providing stakeholder feedback to the Board and communicating with their stakeholders on matters related to the MTS.

Including, but not limited to:

- the survey questions
- stakeholder engagement strategy (including advice and guidance on increasing uptake and usage of results)
- real-life examples of how the results are being used by stakeholders, and
- how to manage adverse results that indicate systemic issues.

The MTS Consultative Forum is also a consultative forum. The members represent most relevant stakeholder groups and it is expected that they will provide feedback to the Board via the Consultative Forum from stakeholders and will communicate with their stakeholders on matters related to the MTS, including on how to increase the response rate and disseminate results.



### **Terms of Reference**

The Consultative Forum will:

- 1. provide advice on:
  - a. survey content
  - b. survey design (including how the questions are presented in the online survey tool)
  - c. presentation of the data in the static reports and on the interactive online data dashboard
  - d. the dissemination and publication of the MTS findings, and
  - e. how to manage adverse results and serious concerns that have arisen from the MTS.
- 2. provide advice and recommendations to the Steering Committee and project team on the stakeholder engagement and communications strategy. This will include having an active role in the promotion of the survey to doctors in training
- 3. support and promote the dissemination the MTS findings to key stakeholders, and
- 4. encourage the use of results by stakeholders

### Membership

The Consultative Forum is appointed by the Medical Board of Australia and includes:

### Chair

• Chair of the MTS Steering Committee (who is a member of the Board)

### Members

At least two additional members of the Steering Committee, one of whom must be a Board member

 A community member that is not a member of the National or State or Territory Boards or Committees

The Board will seek nominations from the following representative organisations:

- One nominee of the Australian Medical Council
- Two nominees of the jurisdictions
- One nominee of the Australian Medical Association
- Three doctors in training, including a nominee of the Australian Medical Association Council of
- Doctors in Training, a nominee from a College Trainee Committee and a nominee of the Australasian Junior Medical Officers' Committee
- One nominee of the Confederation of Postgraduate Medical Education Councils
- Two nominees of the Council of Presidents of Medical Colleges
- One nominee of the Medical Deans Australia and New Zealand
- A representative from a private sector employer
- One nominee of the Australian Indigenous Doctors Association
- A nominee of the Doctors' Health Services Pty Ltd (DrHS)
- A Director of Clinical Training (or similar position) with expertise in the supervision of doctors in training.

The Board can appoint additional members to the Consultative Forum as required.

### Secretariat services



### Secretariat will be provided by Strategy and Policy, Medical

### **Meetings and procedures**

### Frequency of meetings

The Consultative Forum will be scheduled as required but are expected to be quarterly over the next year of the project. The requirement for meetings will be determined as the project progresses.

Meetings can be:

- face-to-face
- via videoconference
- via teleconference

### **Procedures for meetings**

The Chair is to preside at a meeting of the Consultative Forum. In the absence of the Chair, the other

Board member on the Steering Committee will preside at the meeting.

Materials will be provided to members at least five working days prior to day of the meeting.

A brief report of the meeting will be drafted and circulated to members

### Reporting

The Consultative Forum will report to the Board via the Chair of the Steering Committee.

### **Payment and expenses**

The doctors in training and external community member will be paid an honorarium for their attendance and related expenses.

Members of the Board will be paid in accordance with the Board members' manual.

Other members will not be paid to attend meetings but travel and accommodation will be funded by the Board and arranged by Ahpra and funded by the Board.

### Timeframe

The Board will review the role of the Advisory Group and its membership as required.

Name of document         Medical Training Survey Consultative F           Terms of Reference         Terms of Reference	
Version	Version 5
Reviewed	7 February 2022
Approved	23 February 2022
Next review	As required but within 2 years of approval

### Medical Board of Australia Medical Training Survey Advisory Group Terms of reference | March 2022





### Membership

### Consultative Forum Membership

### Amended: May 2022

### Chair

Associate Professor Stephen Adelstein, (Chair) Medical Board of Australia

### Members

Ms Monica Barolits-McCabe, Australian Indigenous Doctors Association

Dr Claire Blizard, Medical Council of NSW

Dr Michael Bonning, Australian Medical Association

Professor Stuart Carney, Medical Deans Australia and New Zealand

Dr Ava Carter, Confederation of Postgraduate Medical Education Council

Dr Jeanette Conley, Australian Private Hospital Association

Ms Megan Crawford, Jurisdiction Advisory Committee

Ms Sally Cross, Australian Medical Association

Ms Jasmine Davis, Australian Medical Students' Association

Associate Professor Louis Irving, Australasian Directors of Clinical Training Committee

Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency

Ms Nicole Newton, Communications Adviser

Dr Helen Parsons, Council of Presidents of Medical Colleges

Dr Mary Pinder, Council of Presidents of Medical Colleges

Ms Kelli Porter, Australian Health Practitioner Regulation Agency Community Advisory Council

Dr Helena Qian, Australasian Junior Medical Officers' Committee

Dr Greg Sweetman, Jurisdiction Advisory Committee

Dr Hannah Szwezcyk, Australian Medical Association Council of Doctors' in Training

Ms Theanne Walters, Australian Medical Council

Dr Daniel Wilson, Australian Medical Association Council of Doctors' in Training



Ms Michelle Wright, Medical Board of Australia

Dr John Zorbas, Medical Board of Australia

### **Secretariat**

Ms Brie Woods, Australian Health Practitioner Regulation Agency

Membership | November 2022 | Confirmed

Visit <u>MedicalTrainingSurvey.gov.au</u> to explore the results further by using the interactive data dashboard



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