



# Medical Training Survey

2024 Report

Prevocational and unaccredited  
trainees

- 03** Welcome
- 04** Background
- 05** Executive summary
- 06** Profile of Prevocational and unaccredited trainees
- 08** Training curriculum
- 10** Orientation
- 11** Assessment
- 12** Clinical supervision
- 15** Access to teaching
- 21** Facilities
- 22** Workplace environment and culture
- 35** Patient safety
- 37** Overall satisfaction
- 38** Future career intentions

### 2024 MEDICAL TRAINING SURVEY

Medical Training Survey data is getting richer each year.

Since 2019, trainees have been using their voice, in their survey. Through the MTS, they are highlighting what is going well in medical training in Australia and safely calling out where action is needed.

There is much to learn from rich MTS data and the 2024 headline results are interesting and important. There are also gems beneath the surface, clearly visible through tailored searches in the online data dashboard. 2024 results will be accessible in searchable form in early 2025 on the [MedicalTrainingSurvey.gov.au](https://MedicalTrainingSurvey.gov.au) website.

With strict confidentiality rules in place to protect trainees, the MTS online searchable database can reveal meaningful insights. Use it to compare trainees' feedback by specialty and jurisdiction. Take a deep dive into the culture of training, and make comparisons across sites.

There is a lot of stability and good news in the 2024 MTS results. The national quality of trainee supervision, orientation, teaching, education and training on patient safety is again high.

Worryingly, 29% of Aboriginal and Torres Strait Islander trainees and about 19% of all trainees are considering a career outside of medicine.

Unacceptably, again, one third of trainees (33%) reported having experienced or witnessed bullying, discrimination, harassment, sexual harassment or racism, spiking to 54% of Aboriginal and Torres Strait Islander trainees and 44% of interns. Around 70% of trainees reported that this impacted negatively on their training.

Aboriginal and Torres Strait Islander trainees report experiencing or witnessing racism at more than double the rate of other trainees: 38% compared to 17% of other trainees. There is no place for this in any civil community.

Within these data, there is nuance. The source of reported unprofessional behaviour varies between groups of trainees. For GP trainees (49%) and interns (54%), patients and their families were the most common source of unprofessional behaviour, anchoring deficits in the culture of medicine firmly in the context of wider community attitudes and behaviours. With robust evidence generated by trainees in the MTS, comes knowledge and the ability to develop effective strategies for change.

We are pleased that in 2024, 203 Aboriginal and Torres

Strait Islander trainees took part in the MTS. This is nearly a third of all registered Aboriginal and Torres Strait Islander medical practitioners and, it seems, a very healthy proportion of all Aboriginal and Torres Strait Islander trainees. We thank the Australian Indigenous Doctors Association (AIDA) for their work with trainees to build trust and confidence in the MTS. With a strong evidence base, action can flow.

Again in 2024, new MTS questions generated new insights:

- 81% of interns reported that their medical school prepared them well for medical training
- More than 1,000 trainees (5%) told us they had experienced/witnessed sexual harassment
- 62% of trainees agreed/strongly agreed that the financial cost of their College training program had led to stress
- 16% of trainees agreed/strongly agreed that the cost of their College training program had been a barrier to their progressing in the training program.

On flexible training, 68% of trainees agreed/strongly agreed that their College supported flexible training arrangements (up 3%), with workplace unavailability the main reason for not accessing it.

It's striking to think that many current trainees weren't yet in medical school when a previous cohort of trainees – most now specialists - campaigned successfully for the Board to establish the MTS. Not all current trainees know the MTS was created for trainees, with trainees.

With six consecutive years' MTS results now at our fingertips, and data generated by more than 50% of trainees each year, we have the opportunity to examine the data closely. In this detail lies the evidence that can inform constructive change.



**Dr Anne Tonkin AO**  
**Chair, Medical Board of Australia**

## Background

### INTRODUCTION

The Medical Training Survey (MTS) is a national, profession-wide survey of doctors in training in Australia. It is a confidential way to get national, comparative data to strengthen medical training in Australia. The MTS is conducted annually with doctors in training, with 2024 representing the sixth wave of data collection.

The objectives of the survey are to:

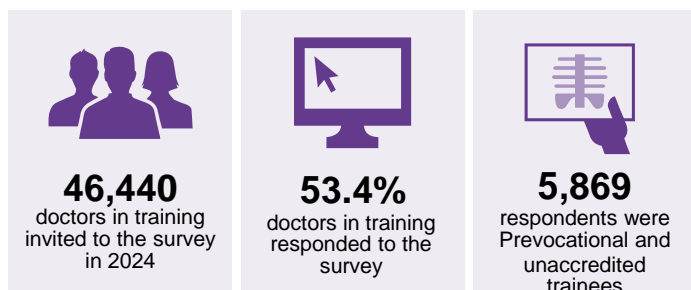
- promote better understanding of the quality of medical training in Australia
- identify how best to improve medical training in Australia, and

- identify and help deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The Australian Health Practitioner Regulation Agency (Ahpra), on behalf of the Medical Board of Australia (the Board), commissioned EY Sweeney to undertake data collection and report on the results for the MTS.

### METHOD

Data collection for the MTS involved receiving responses to an online survey from  $n = 24,812$  doctors in training, with  $n = 23,859$  responses eligible for analysis (i.e. currently training in Australia) between 4 August and 9 October 2024.



Different versions of the survey were used to reflect the particular training environment of doctors who are at different stages in their training. Doctors in training answered questions about their experiences in their workplace. This could be the doctor in training's current setting, workplace, placement or rotation, or might be a previous setting, if they have only been practising or training in their current setting for less than two weeks.

For this report, results for Prevocational and unaccredited trainees (Prevocational and

unaccredited trainees) are presented at an overall level. To explore results within Prevocational and

unaccredited trainees further, please visit [medicaltrainingsurvey.gov.au/results](https://medicaltrainingsurvey.gov.au/results).

### INTERPRETING THIS REPORT

This report provides key results based on  $n = 5,869$  Prevocational and unaccredited trainees compared against national results ( $n = 23,859$ ) of all eligible doctors in training (i.e. currently training in Australia).

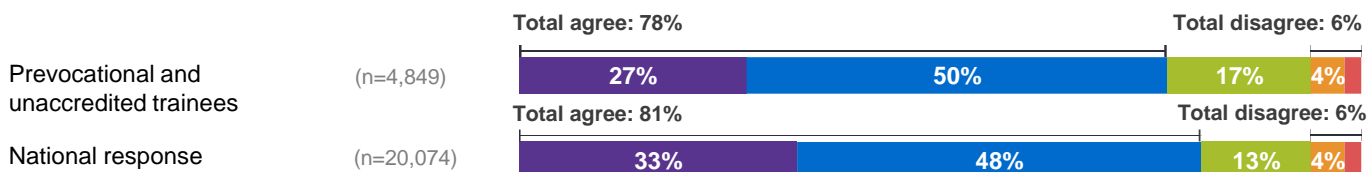
Bases exclude 'not applicable' responses or where the respondent skipped the question. Data in this report are unweighted. Labels on stacked charts are hidden for results 3% or less. Results with base sizes of less than  $n = 10$  are suppressed.

Data percentages displayed throughout the report are rounded to the nearest whole number. As such, if there is an expectation for a given chart or table that all percentages stated should add to 100% or nets should equal to the sum of their parts, this may not happen due to rounding.

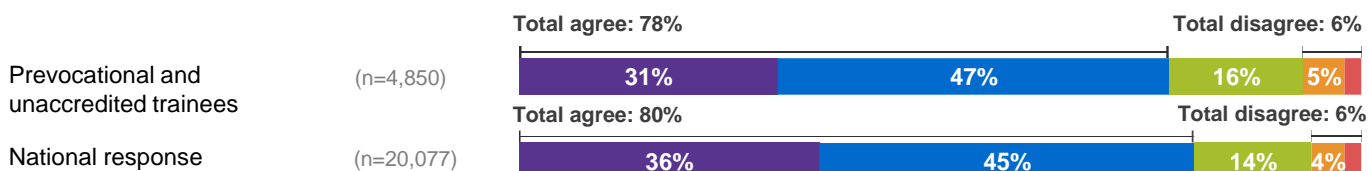
## Executive summary

### OVERALL SATISFACTION

#### I would recommend my current training position to other doctors



#### I would recommend my current workplace as a place to train



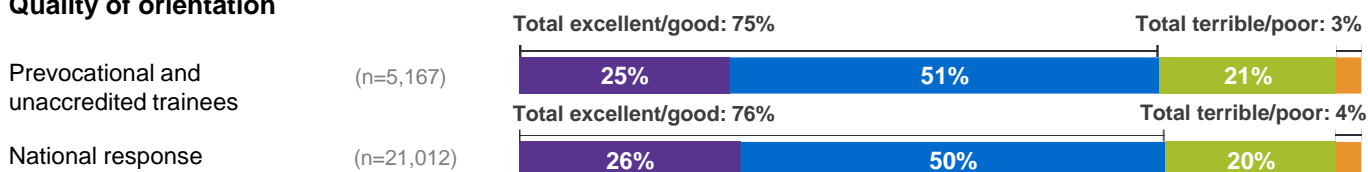
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample

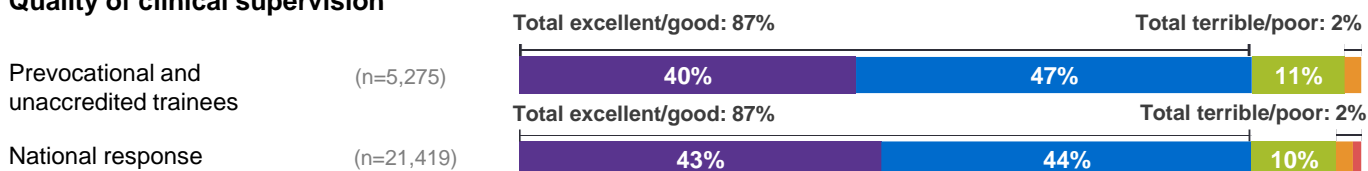
Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?

### HIGHLIGHTS

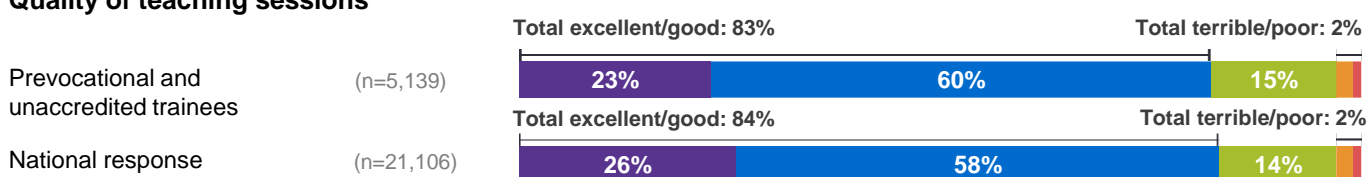
#### Quality of orientation



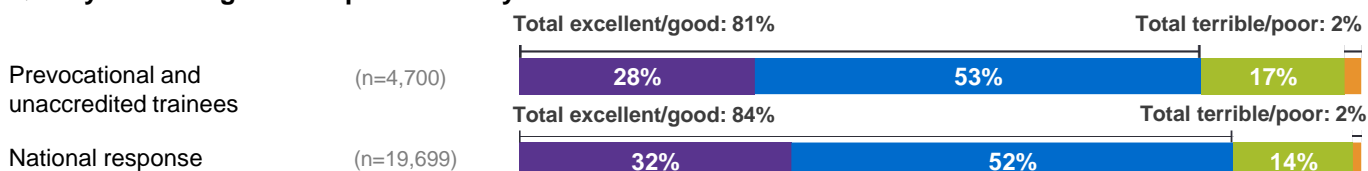
#### Quality of clinical supervision



#### Quality of teaching sessions



#### Quality of training to raise patient safety concerns



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

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

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

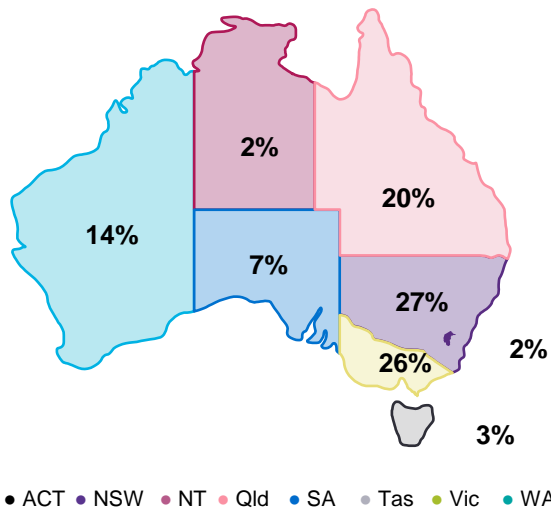
Base: Total sample | Q39. Overall, how would you rate the quality of the teaching sessions?

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

## Profile of Prevocational and unaccredited trainees

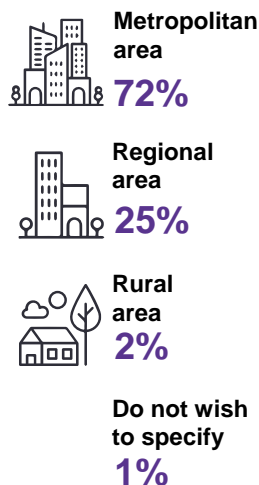
### SETTING

#### State/Territory



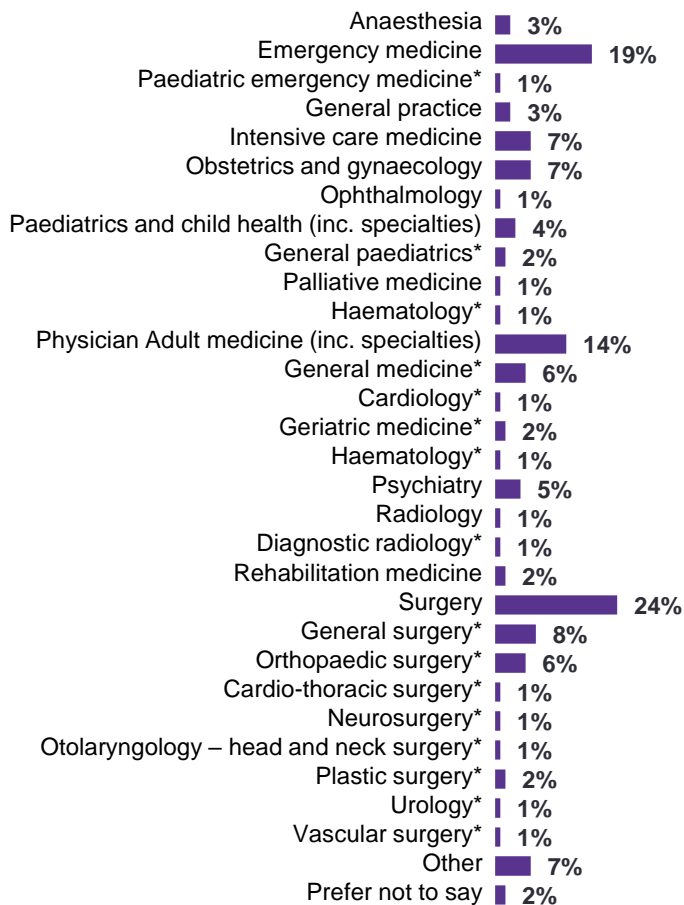
Base: Total sample (2024 Prevocational and unaccredited trainees: n = 5,869)  
 Q4. In which state or territory is your current term/rotation/placement based?

#### Region



Base: Total sample (2024 Prevocational and unaccredited trainees: n = 5,712)  
 Q6. Is your current setting in a...?

#### Current rotation / term / position



Base: Total sample (2024 Prevocational and unaccredited trainees: n = 5,645), fields with 10 or more responses shown. Note: fields marked with an \* are subspecialties.

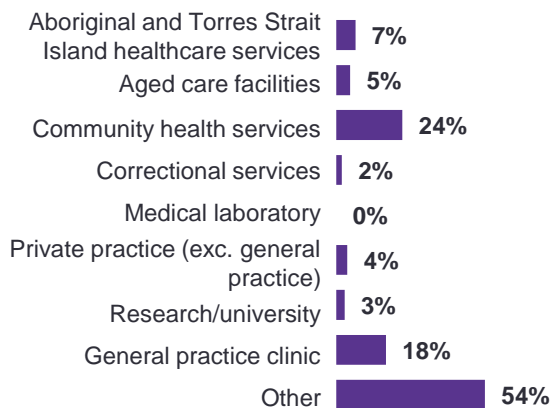
Q9a. Which area are you currently practising in? | Q9b. If applicable, which subspecialty area are you practising in?

#### Facility



Base: Total sample (2024 Prevocational and unaccredited trainees: n = 5,801)  
 Q5A. Is your current position/term/rotation/placement predominantly in a hospital?

#### Additional settings worked in



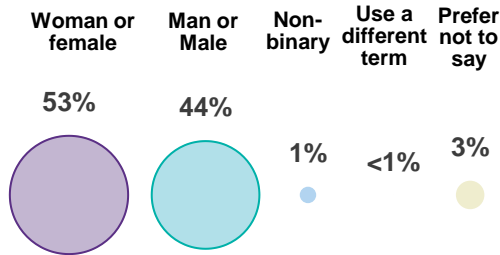
Base: Total sample excluding Not applicable (2024 Prevocational and unaccredited trainees: n = 837)

Q5c. Select any additional settings you work in / Which settings do you work in?

## Profile of Prevocational and unaccredited trainees

### DEMOGRAPHICS

#### Do you identify as...

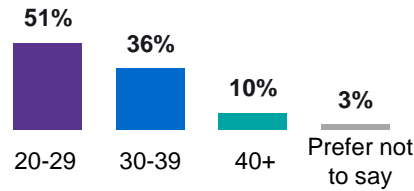


Base: Total sample (Prevocational and unaccredited trainees: n = 4,793)

Q55. Do you identify as...?

Note: For this question, answers that are less than 1% and have one or more responses have been shown as <1%

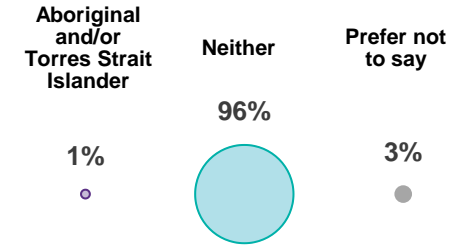
#### Age in years



Base: Total sample (Prevocational and unaccredited trainees: n = 4,676)

Q56. What is your age?

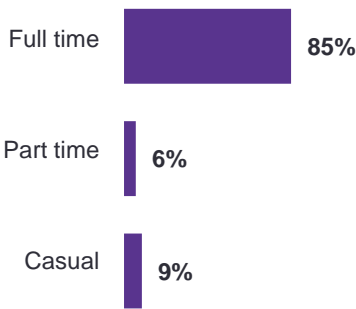
#### Cultural background



Base: Total sample (Prevocational and unaccredited trainees: n = 4,828)

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

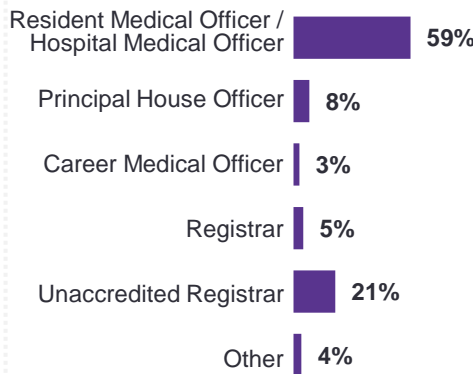
#### Employment



Base: Total sample (Prevocational and unaccredited trainees: n = 5,869)

Q2. Are you employed:

#### Role

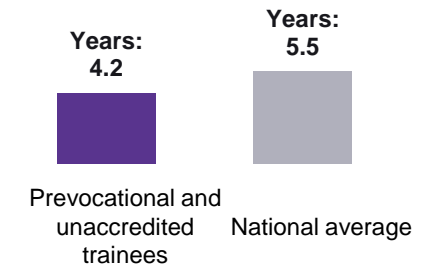


Base: Total sample (Prevocational and unaccredited trainees: n = 5,675). ^Asked of IMGs only

Q7. What is your role in the setting?

#### Postgraduate year

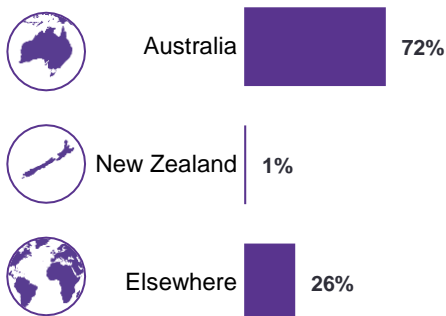
##### Postgraduate year average is



Base: Total sample (National: 2024 n = 23,835; Prevocational and unaccredited trainees: 2024 n = 5,869)

Q1. What is your postgraduate year?

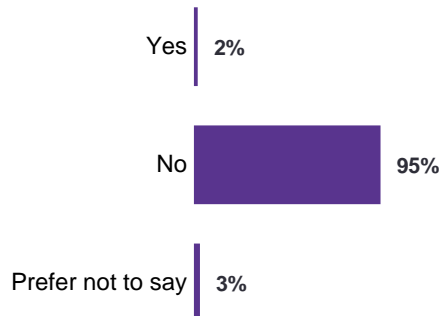
#### Primary degree



Base: Total sample (Prevocational and unaccredited trainees: n = 4,822)

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

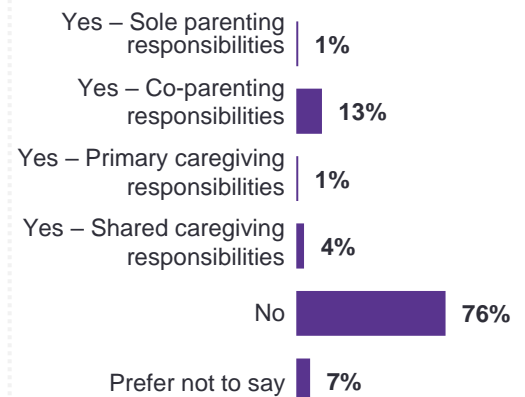
#### Do you identify as a person with a disability...



Base: Total sample (Prevocational and unaccredited trainees: n = 4,829)

Q60. Do you identify as a person with a disability?

#### Caring responsibilities



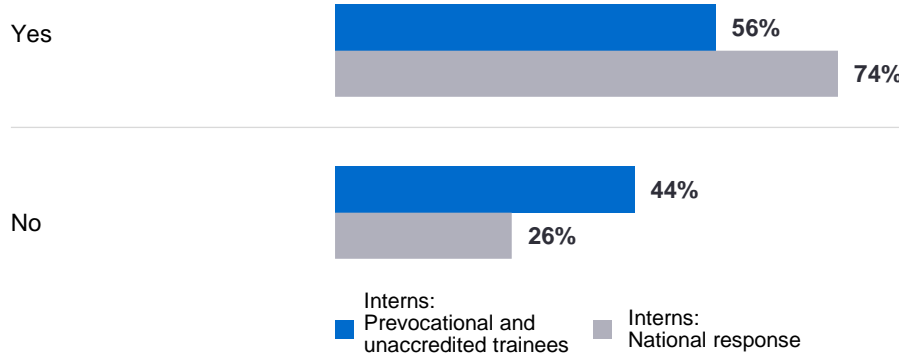
Base: Total sample (Prevocational and unaccredited trainees: n = 4,826)

Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others?

## Training curriculum

### PREVOCATIONAL AND UNACCREDITED TRAINEES WITH KNOWLEDGE OF THEIR PROFESSIONAL DEVELOPMENT/TRAINING PLAN...

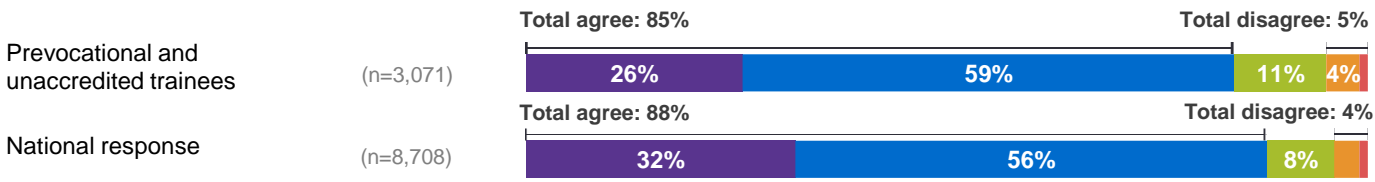
56% of prevocational and unaccredited trainees had a professional development or training plan, which was less than the national response for prevocational and unaccredited trainees and IMGs (74%).



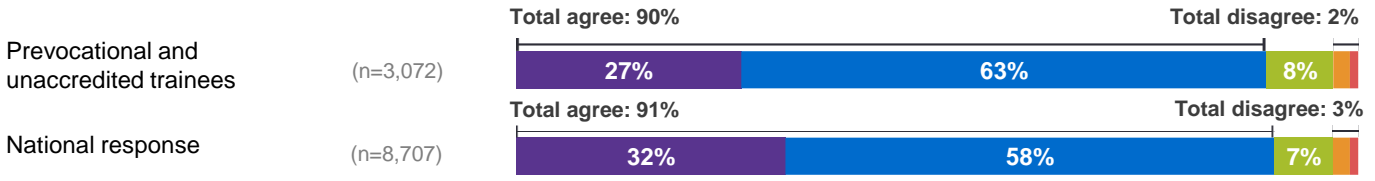
Base: National: 2024 n = 11,893; Prevocational and unaccredited trainees: 2024 n = 0). National response includes interns, prevocational and unaccredited trainees and IMGs.  
 Q12. Organisations that employ interns are required to provide them with a formal education program (such as grand rounds and weekly teaching sessions etc) in addition to work-based teaching and learning. Do you know about your intern education program?  
 Note: IMGs and prevocational and unaccredited trainees were shown the question: "Do you have a professional development or training plan?"

### PROFESSIONAL DEVELOPMENT OR TRAINING PLAN

**There are opportunities for me to meet the requirements of my plan in my current setting**



**I understand what I need to do to meet my professional development or training plan requirements**



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

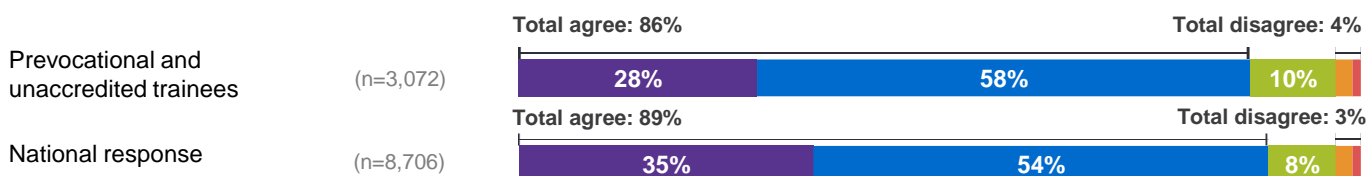
Base: Prevocational and unaccredited trainees with a training/professional development plan. National response includes interns, prevocational and unaccredited trainees and IMGs.  
 Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?  
 Note: IMGs and prevocational and unaccredited trainees were shown the question: "Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?"



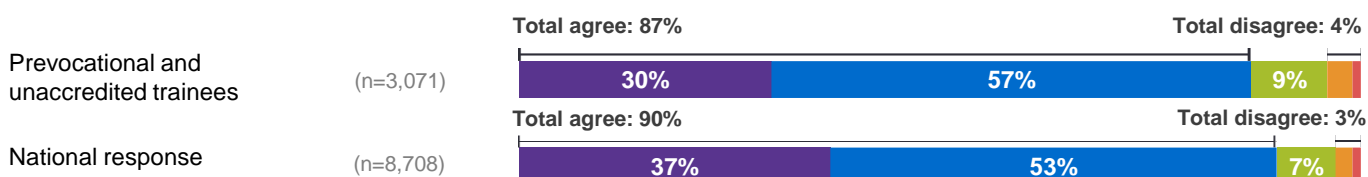
## Training curriculum

### PROFESSIONAL DEVELOPMENT OR TRAINING PLAN (continued)

#### My professional development or training plan is preparing me for future medical practice



#### My professional development or training plan is advancing my knowledge



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

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

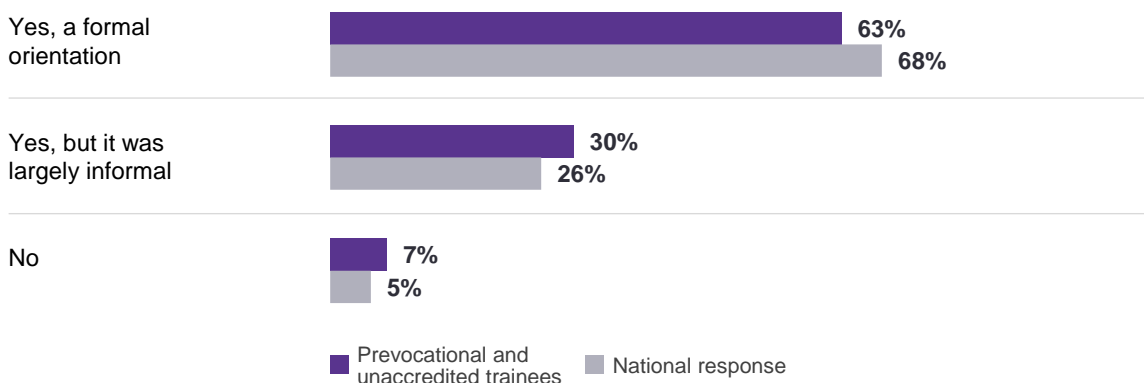
Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?

Note: IMGs and prevocational and unaccredited trainees were shown the question: "Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?"

## Orientation

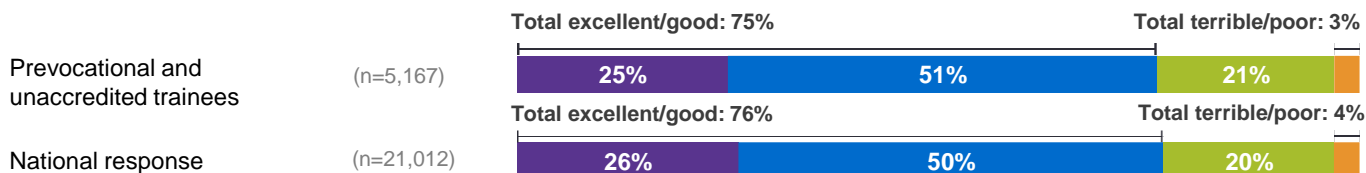
### DID YOU RECEIVE AN ORIENTATION TO YOUR SETTING?

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



Base: Total sample (National: 2024 n = 22,189; Prevocational and unaccredited trainees: 2024 n = 5,537)  
 Q27a. Did you receive an orientation to your setting?

### HOW WOULD YOU RATE THE QUALITY OF YOUR ORIENTATION?

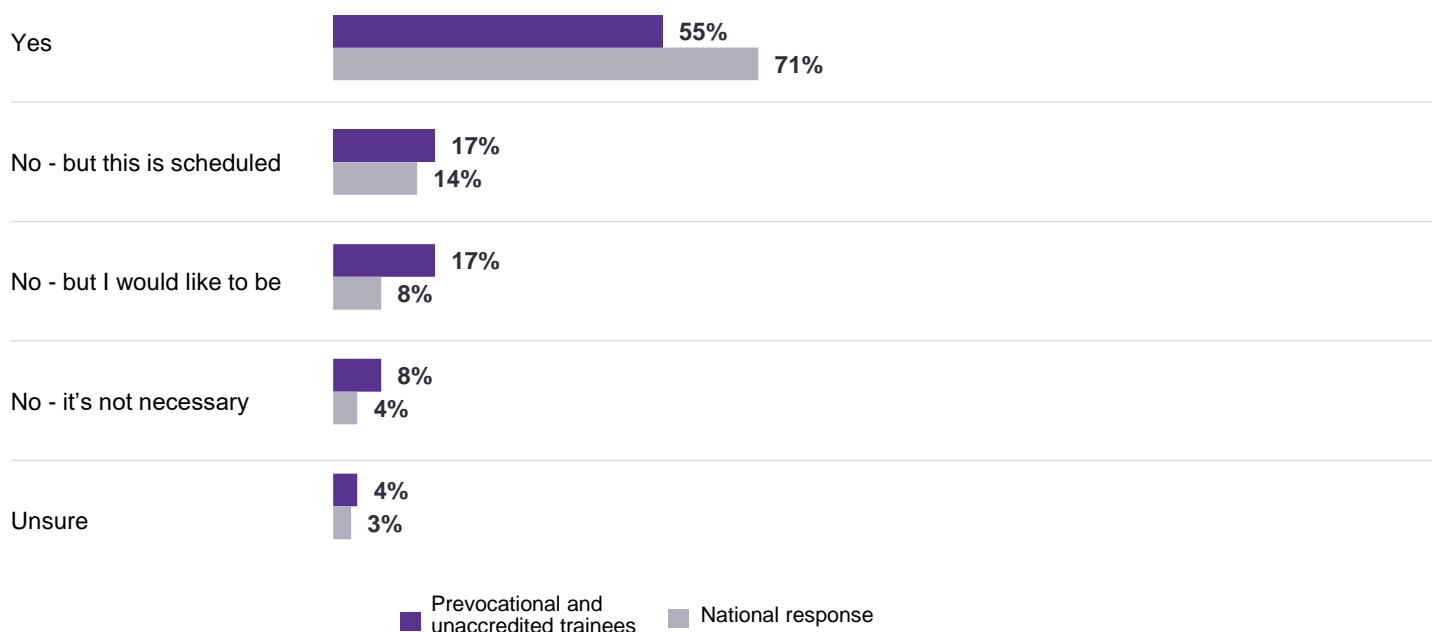


Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

## Assessment

### HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?

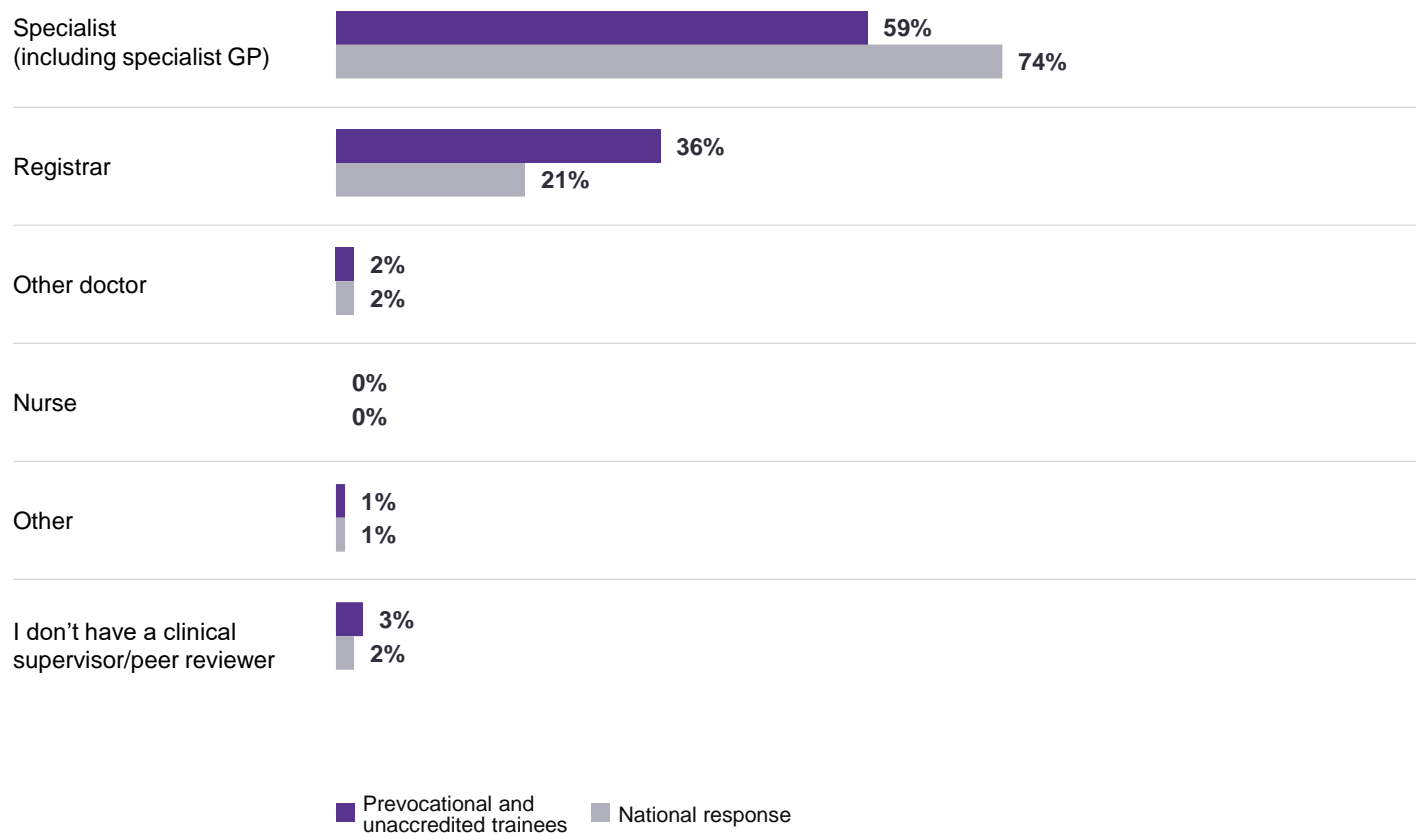


Base: Prevocational and unaccredited trainees, specialist trainees and IMGs (National: 2024 n = 20,413; Prevocational and unaccredited trainees: 2024 n = 5,404)

Q32. Has your performance been assessed in your setting?

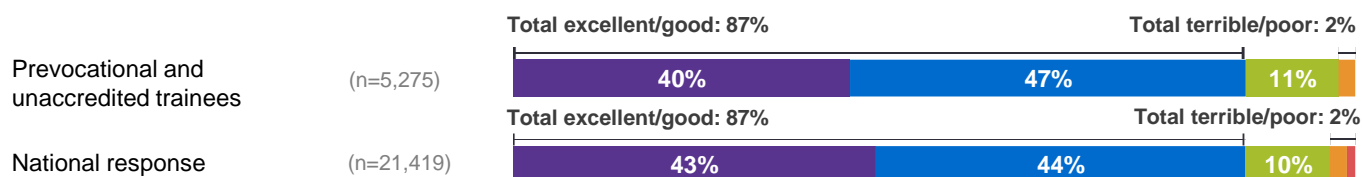
## Clinical supervision

### WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



Base: Total sample (National: 2024 n = 22,147; Prevocational and unaccredited trainees: 2024 n = 5,524)  
 Q28. In your setting, who mainly provides your clinical supervision?

### HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?



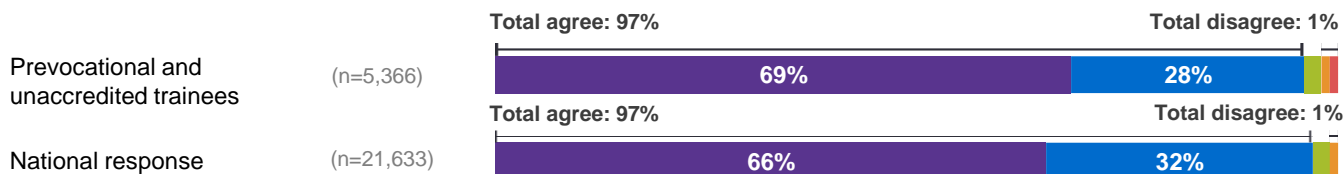
Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

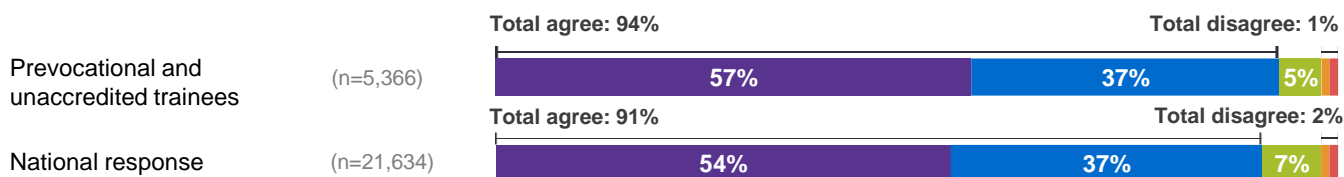
## Clinical supervision

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

**I am able to contact other senior medical staff IN HOURS if I am concerned about a patient**



**I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient**



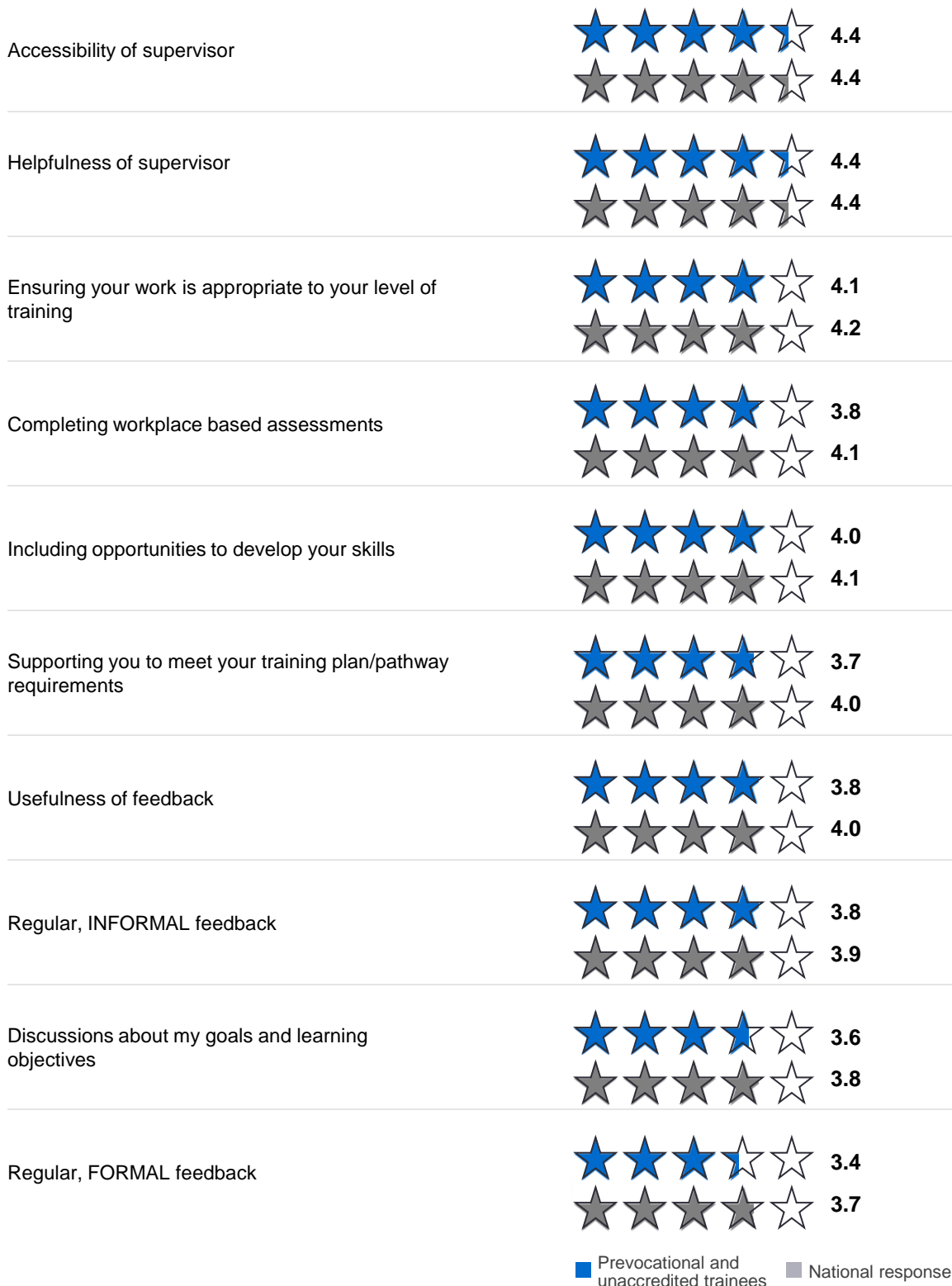
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample  
 Q29. To what extent do you agree or disagree with the following statements?

## Clinical supervision

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

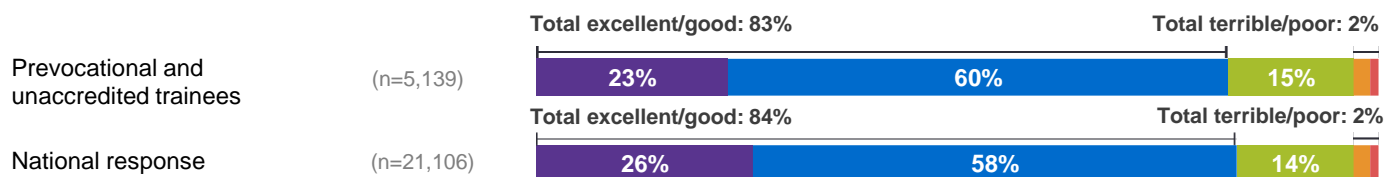
Average out of 5  
 (1=very poor - 5=very good)



Base: Have a supervisor (National: 2024 max n = 21,062; Prevocational and unaccredited trainees: 2024 max n = 5,168)  
 Q30. In your setting, how would you rate the quality of your overall clinical supervision for...?

## Access to teaching

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

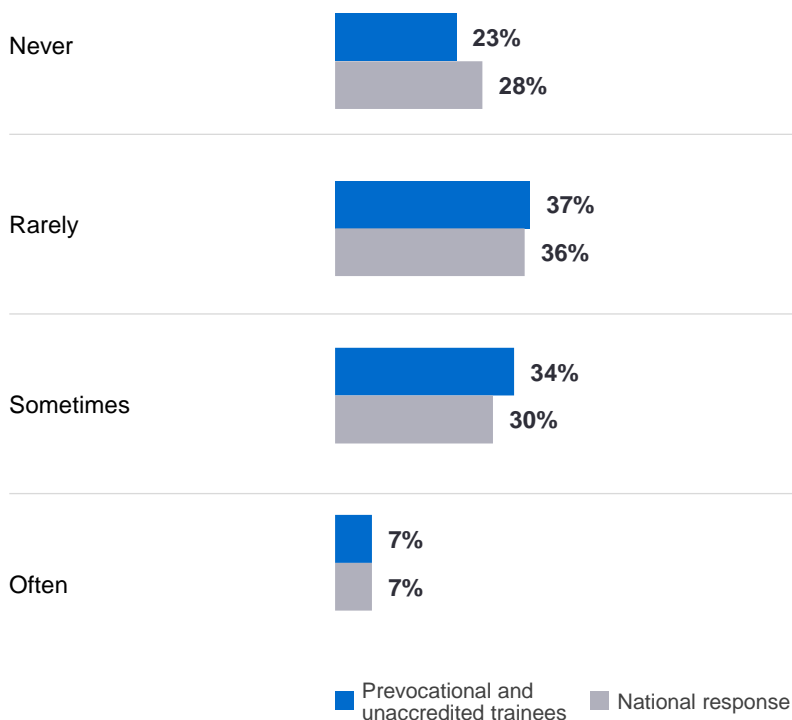


Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

### TRAINING AND OTHER JOB RESPONSIBILITIES

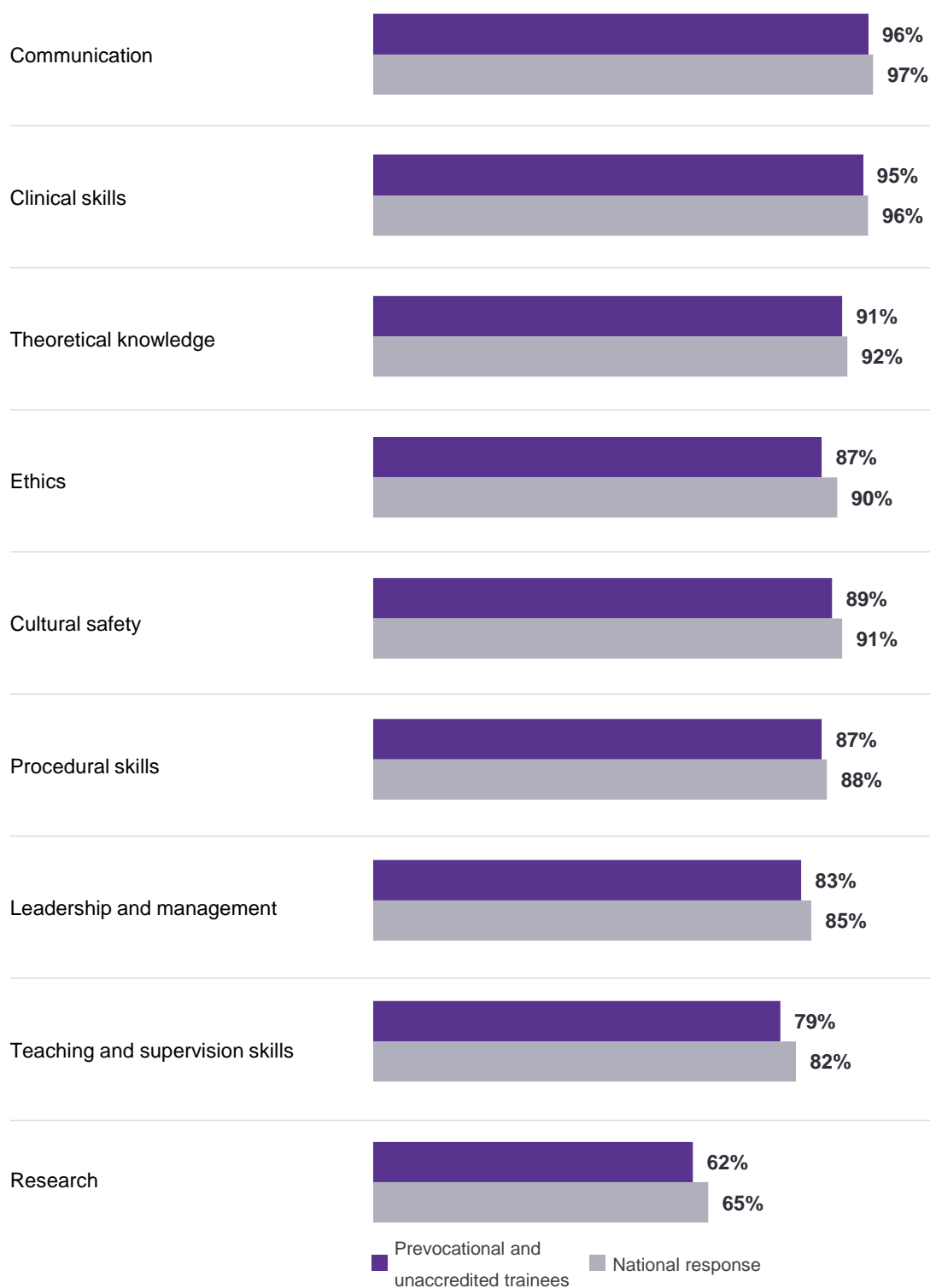
#### How regularly job responsibilities are preventing doctors in training from meeting training requirements



Base: Total sample (National: 2024 n = 21,394; Prevocational and unaccredited trainees: 2024 n = 5,255)  
 Q36. Which of the following statements best describes the interaction between your training requirements and the responsibilities of your job? My job responsibilities...

## Access to teaching

### DO YOU HAVE SUFFICIENT OPPORTUNITIES TO DEVELOP YOUR KNOWLEDGE AND SKILLS IN: (% yes)



Base: Total sample (National: 2024 max n = 21,411 Prevocational and unaccredited trainees: 2024 max n = 5,269)

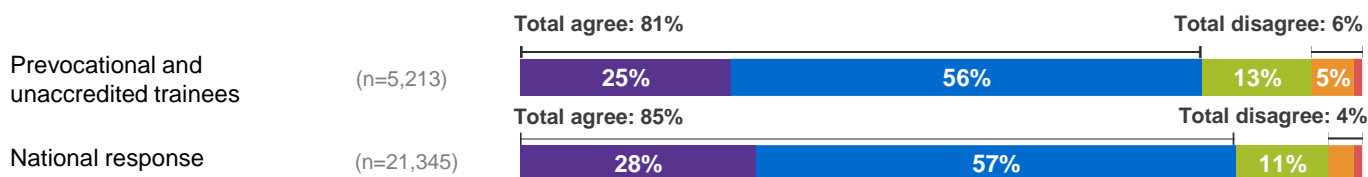
Q35. Thinking about the development of your knowledge and skills, in your setting, do you have sufficient opportunities to develop your...?



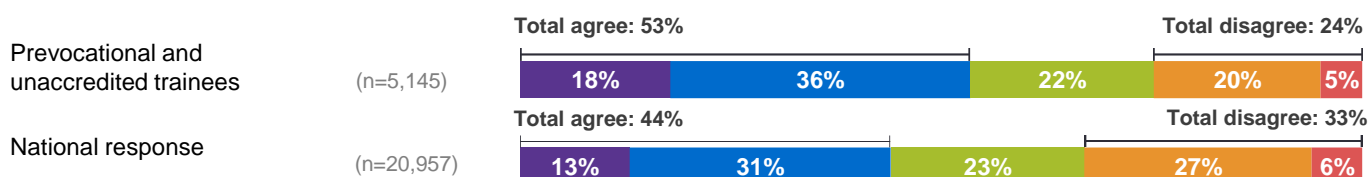
## Access to teaching

### DEVELOPMENT OF CLINICAL AND PRACTICAL SKILLS

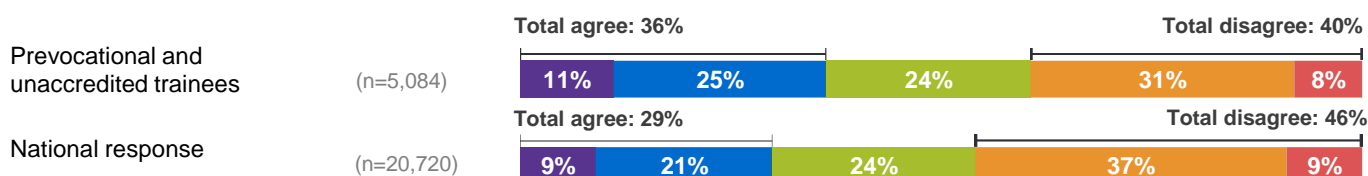
#### I can access the training opportunities available to me



#### I have to compete with other doctors for access to opportunities



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



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

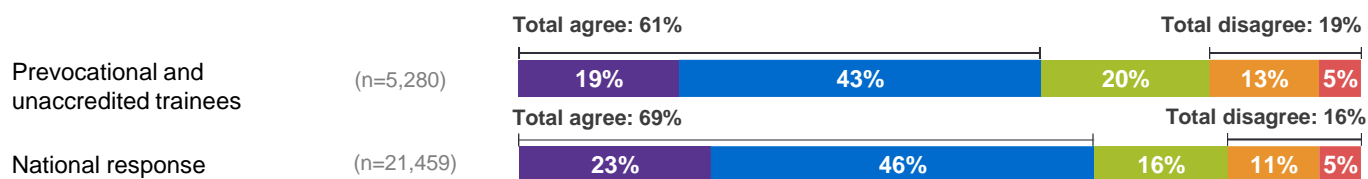
Base: Total sample

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

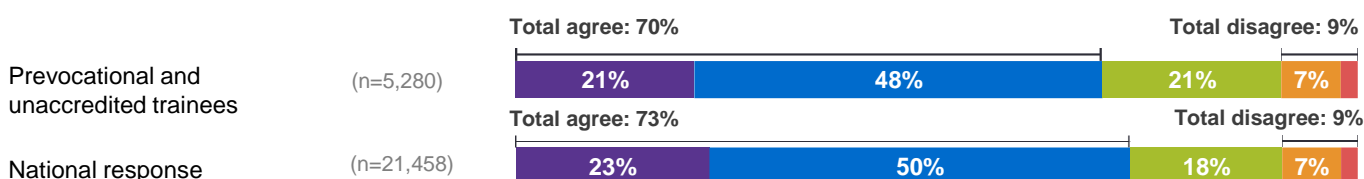
## Access to teaching

### ACCESS TO TEACHING AND RESEARCH

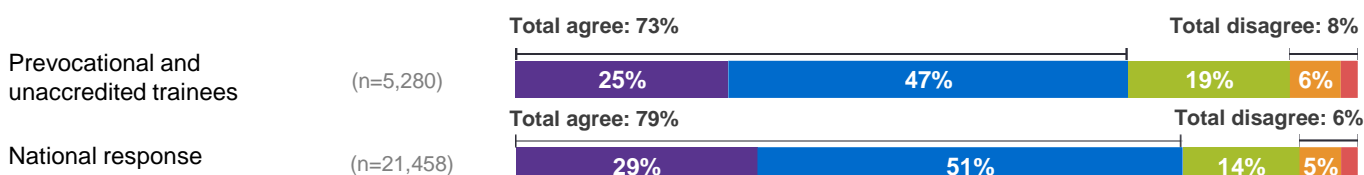
#### I have access to protected study time/leave



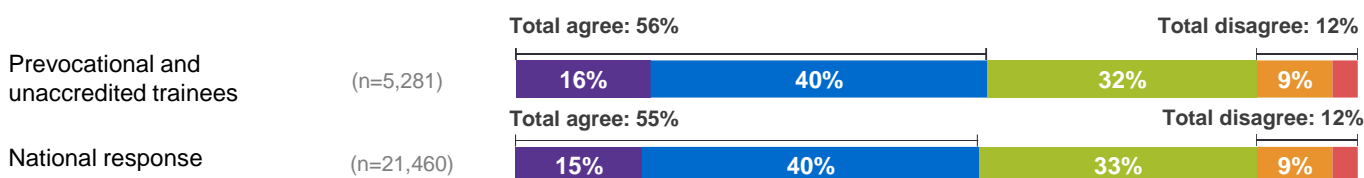
#### I am able to attend conferences, courses and/or external education events



#### My employer supports me to attend formal and informal teaching sessions



#### I am able participate in research activities



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

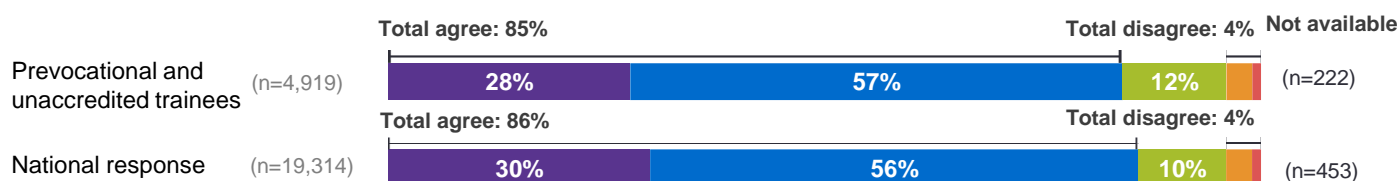
Base: Total sample  
 Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

## Access to teaching

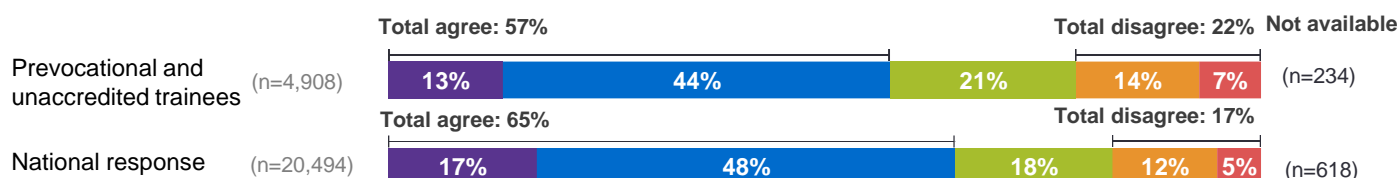
### THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR

Prevocational and unaccredited trainees were asked their level of agreement on whether an educational activity had been useful in their development as a doctor. Of the educational activities available, teaching in the course of patient care (bedside teaching) (90%), formal education program (85%) and Simulation teaching (85%) were rated the most useful.

#### Formal education program<sup>^</sup>



#### Online modules (formal and/or informal)



#### Teaching in the course of patient care (bedside teaching)



#### Team or unit based activities



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

Base: Total sample excluding not available (shown separately)

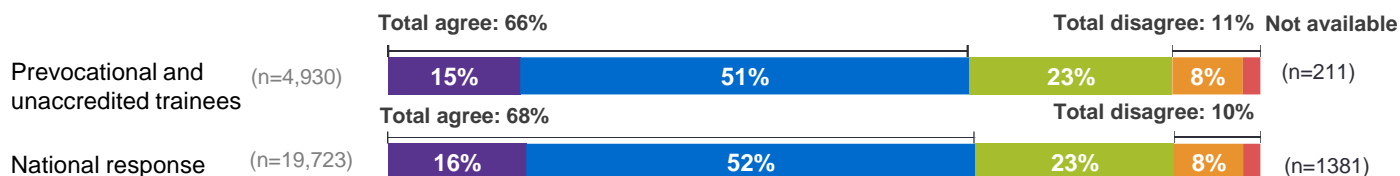
<sup>^</sup>Note: This question was not shown to Interns.

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

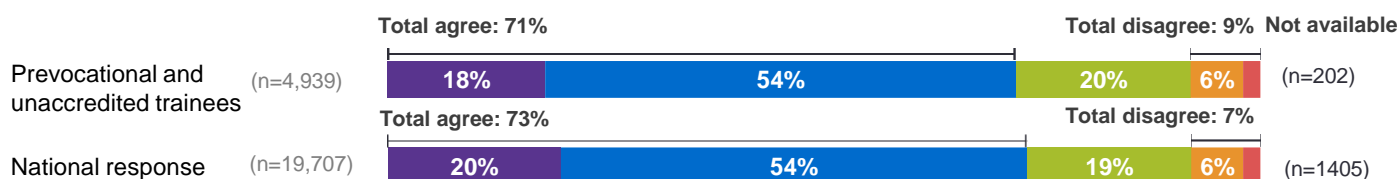
## Access to teaching

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

#### Medical/surgical and/or hospital-wide meetings



#### Multidisciplinary meetings



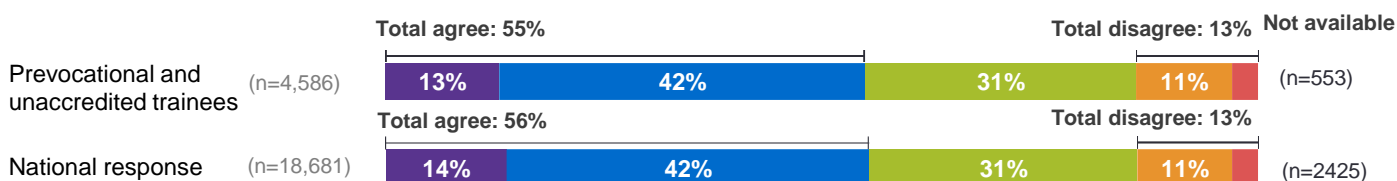
#### Simulation teaching



#### Access to mentoring



#### Practice based audits



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

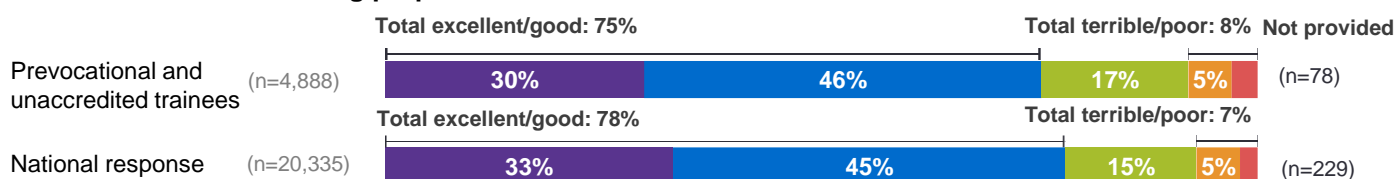
Base: Total sample excluding not available (shown separately)

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

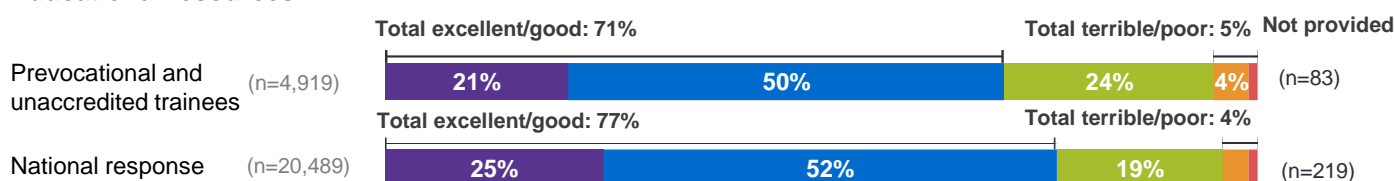
## Facilities

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

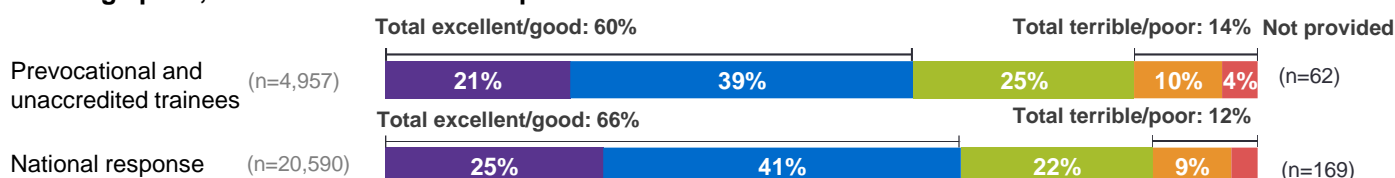
#### Reliable internet for training purposes



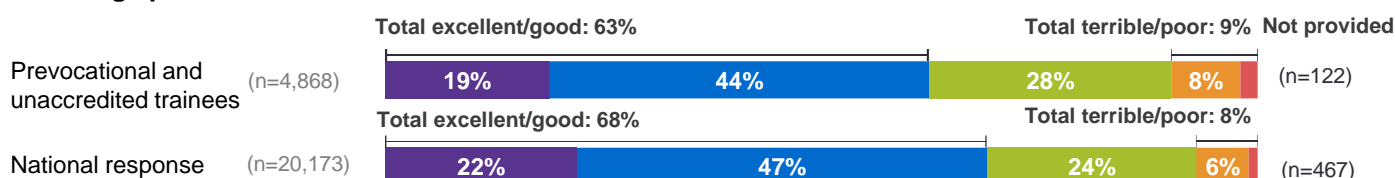
#### Educational resources



#### Working space, such as a desk and computer



#### Teaching spaces



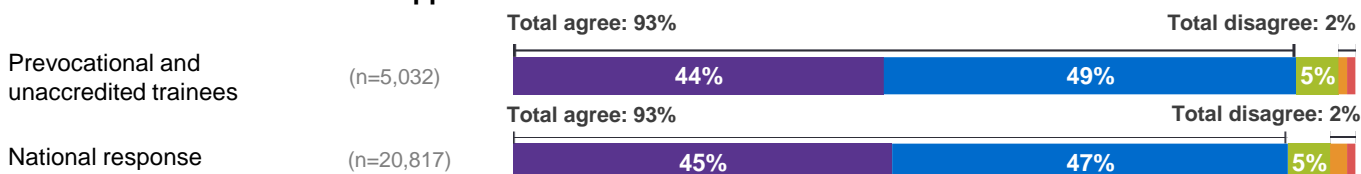
Key: ■ Excellent ■ Good ■ Average ■ Poor ■ Terrible

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

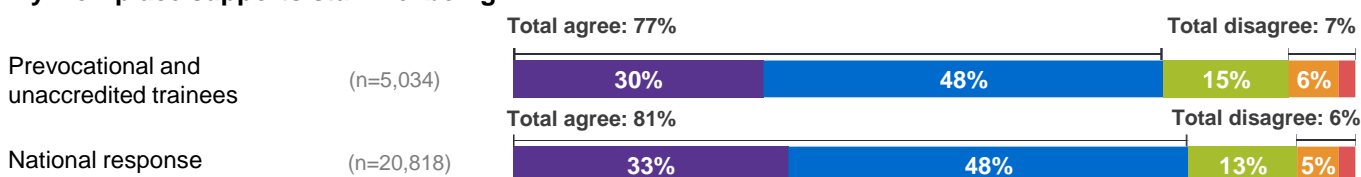
## Workplace environment and culture

### CULTURE WITHIN THE TRAINEE'S SETTING

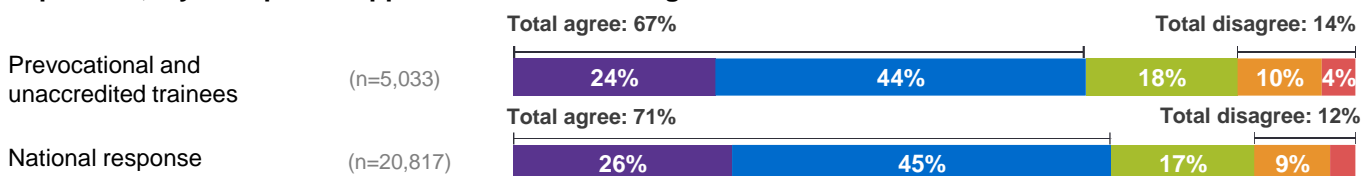
#### Most senior medical staff are supportive



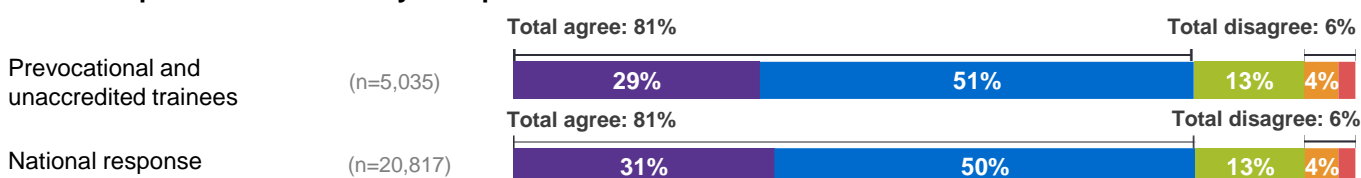
#### My workplace supports staff wellbeing



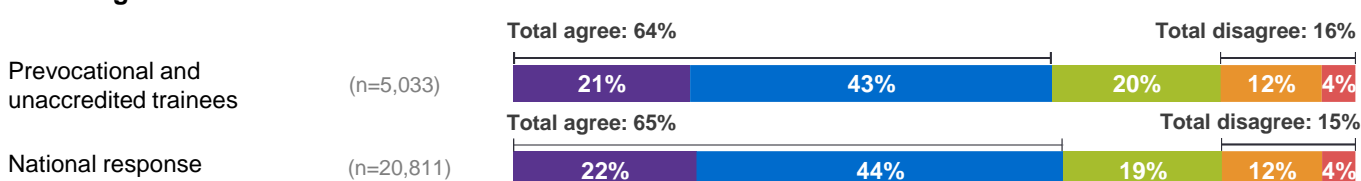
#### In practice, my workplace supports me to achieve a good work/life balance



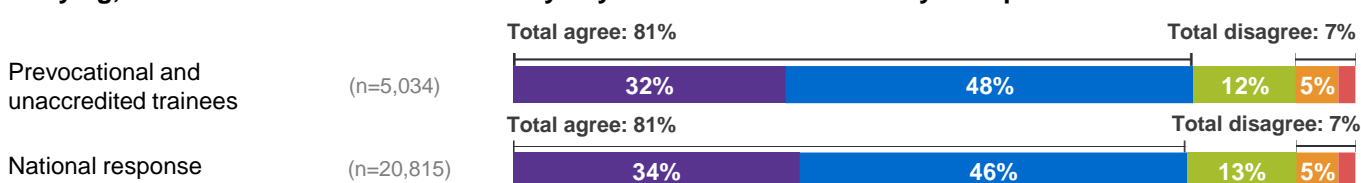
#### There is a positive culture at my workplace



#### I have a good work/life balance



#### Bullying, harassment and discrimination by anyone is not tolerated at my workplace



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

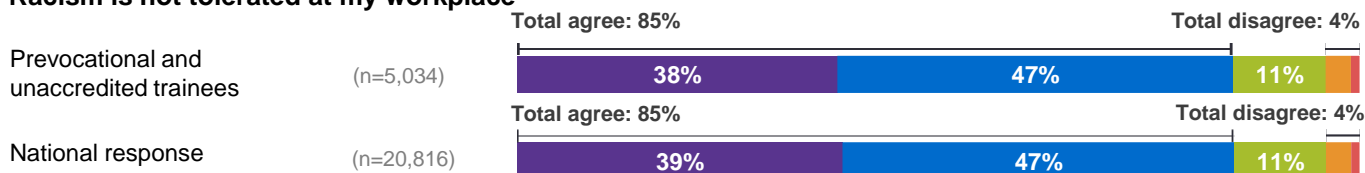
Base: Total sample

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

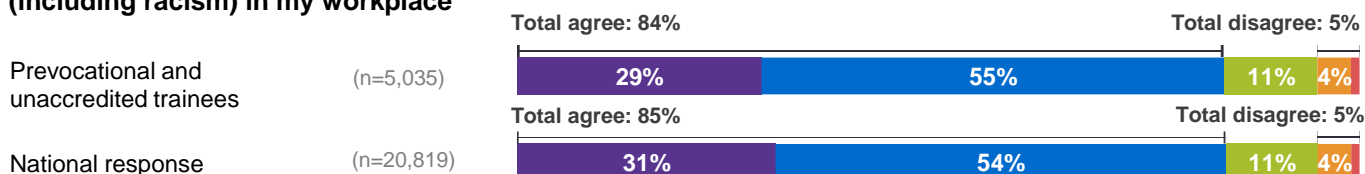
## Workplace environment and culture

### CULTURE WITHIN THE TRAINEE'S SETTING (continued)

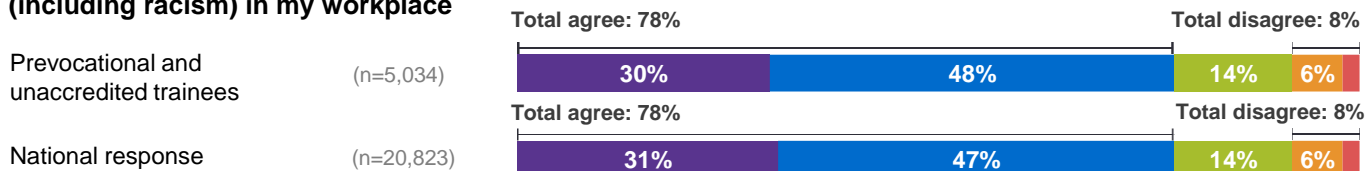
#### Racism is not tolerated at my workplace



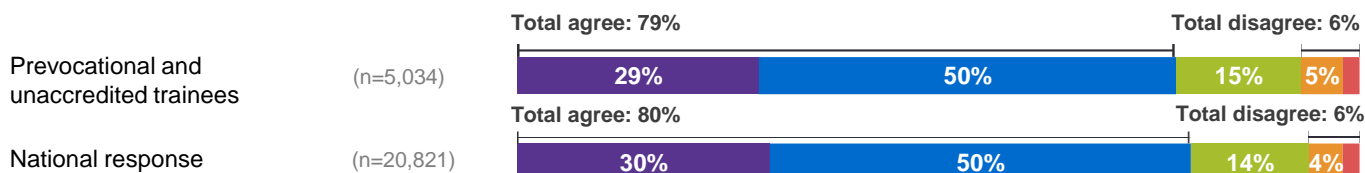
#### I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



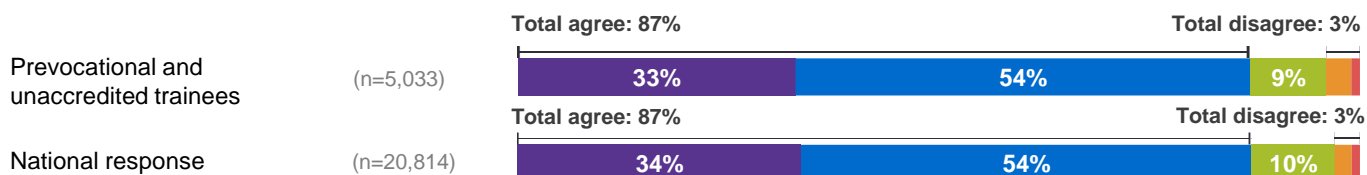
#### I am confident that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



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



#### Most senior allied health and nursing staff are supportive



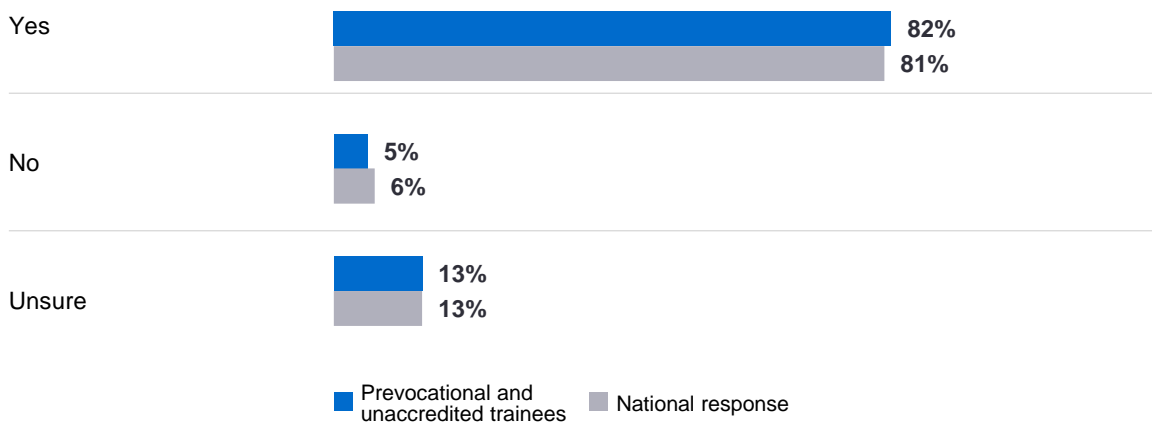
Key: ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Base: Total sample

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

## Workplace environment and culture

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

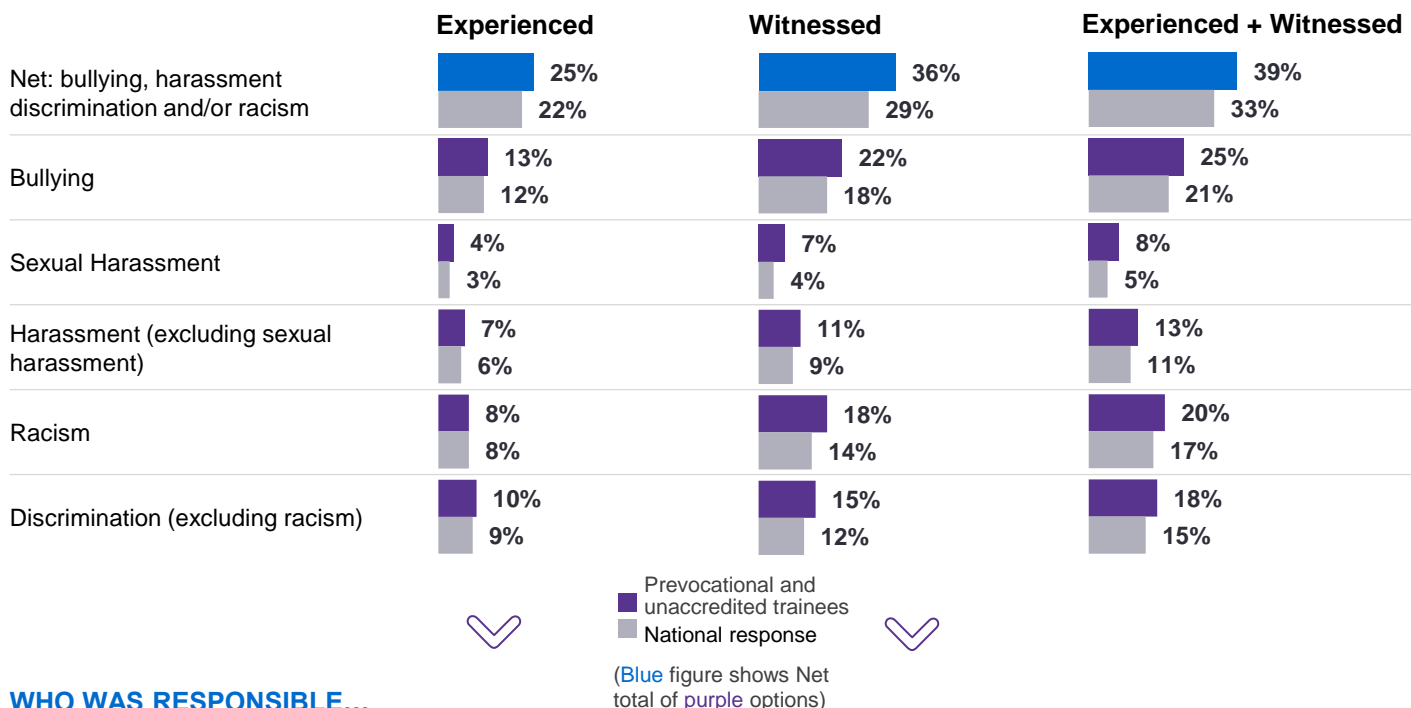


Base: Total sample (National: 2024 n = 20,527; Prevocational and unaccredited trainees: 2024 n = 4,947)  
 Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

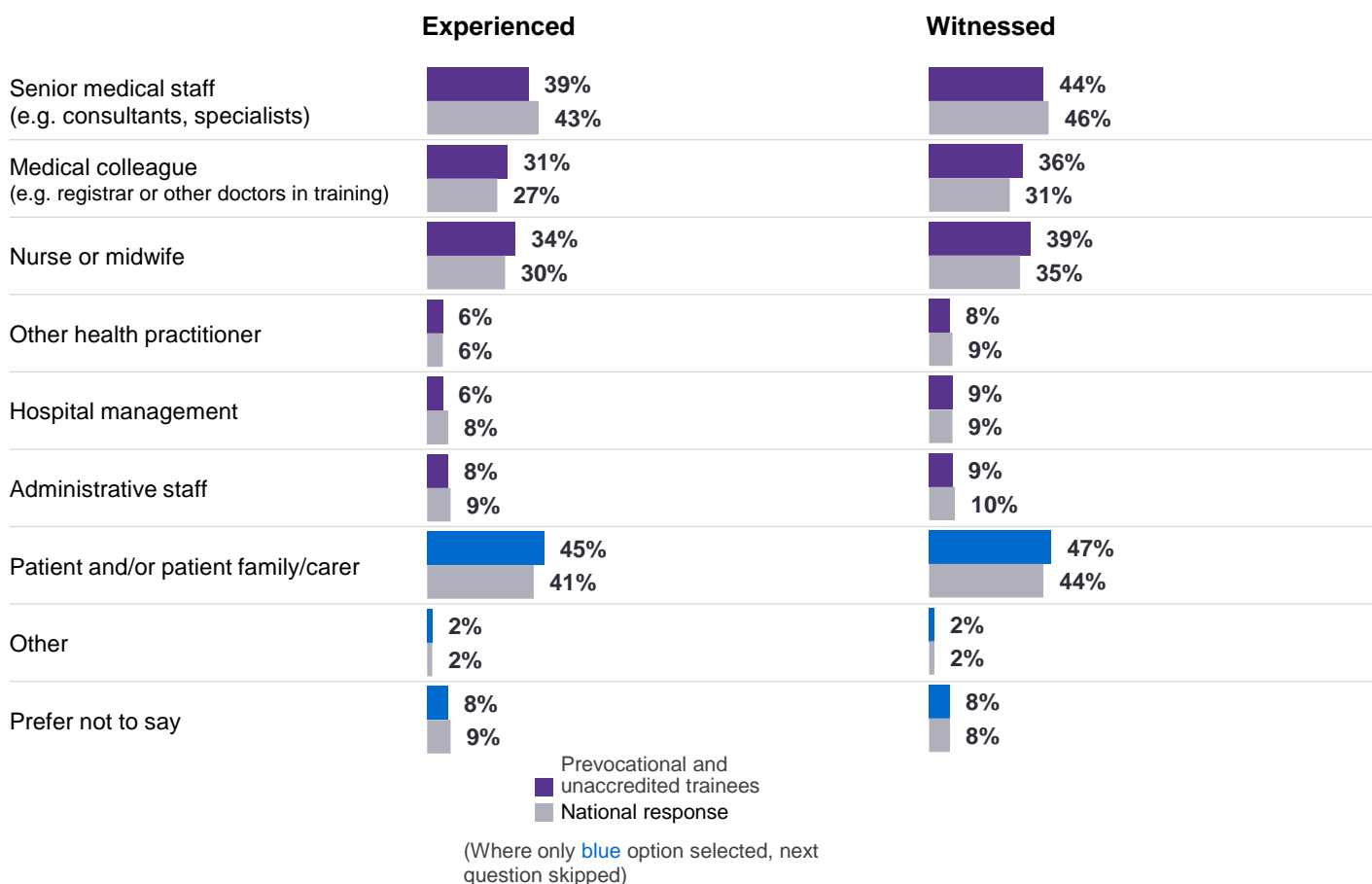


## Workplace environment and culture

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



### WHO WAS RESPONSIBLE...



Base: Total sample - Experienced (National: 2024 n = 18,217; Prevocational and unaccredited trainees: 2024 n = 4,426) - Witnessed (National: 2024 n = 18,998; Prevocational and unaccredited trainees: 2024 n = 4,633)

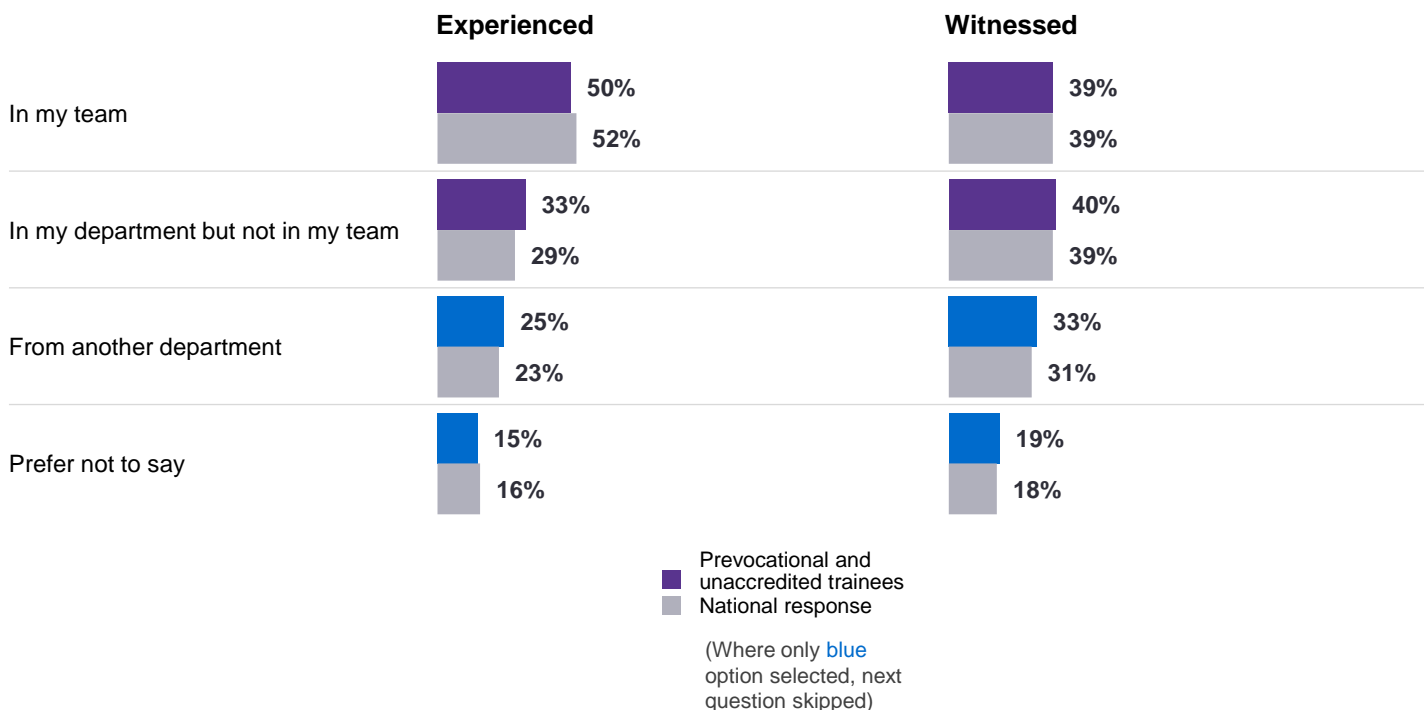
Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Base: Experienced/witnessed bullying, harassment sexual harassment, discrimination and/or racism - Experienced (National: 2024 n = 3,907; Prevocational and unaccredited trainees: 2024 n = 1,052) - Witnessed (National: 2024 n = 5,385; Prevocational and unaccredited trainees: 2024 n = 1,602)

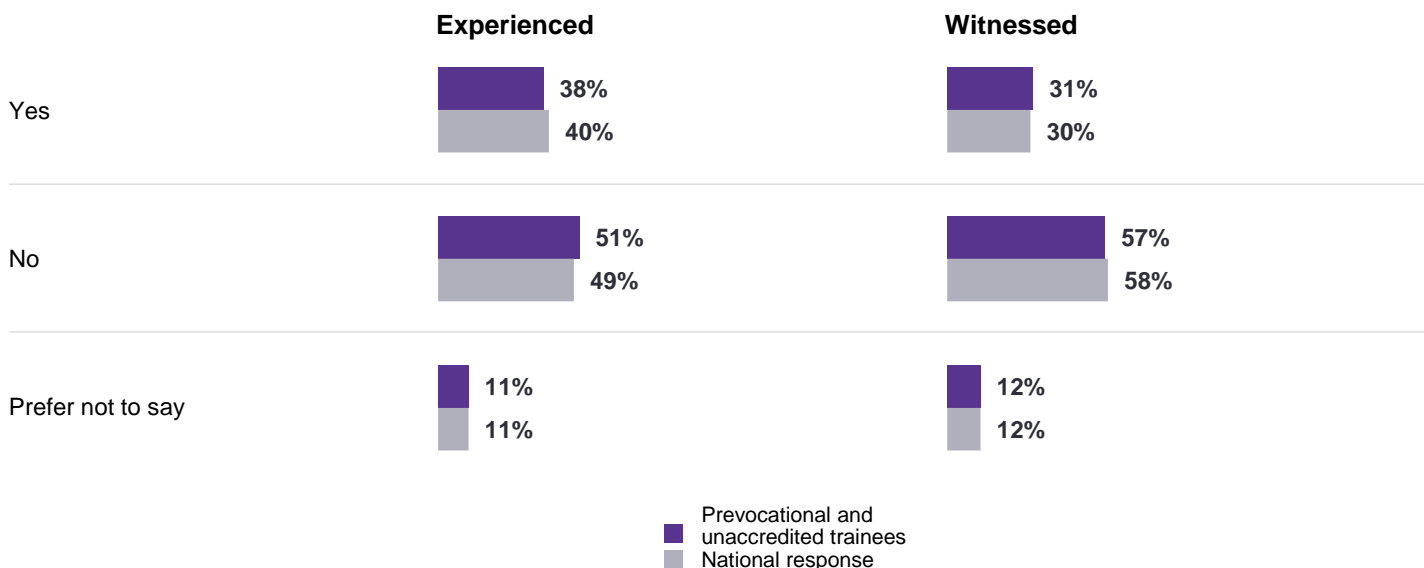
Q42b. Who was responsible for the bullying, harassment, discrimination and/or racism that you experienced/witnessed...

## Workplace environment and culture

### THE STAFF MEMBER OR COLLEAGUE RESPONSIBLE WAS...



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



Base: Experienced bullying, harassment, discrimination and/or racism from someone who was not a patient (National: 2024 n = 2,865 Prevocational and unaccredited trainees: 2024 n = 767) - Witnessed (National: 2024 n = 4,021; Prevocational and unaccredited trainees: 2024 n = 1,191)

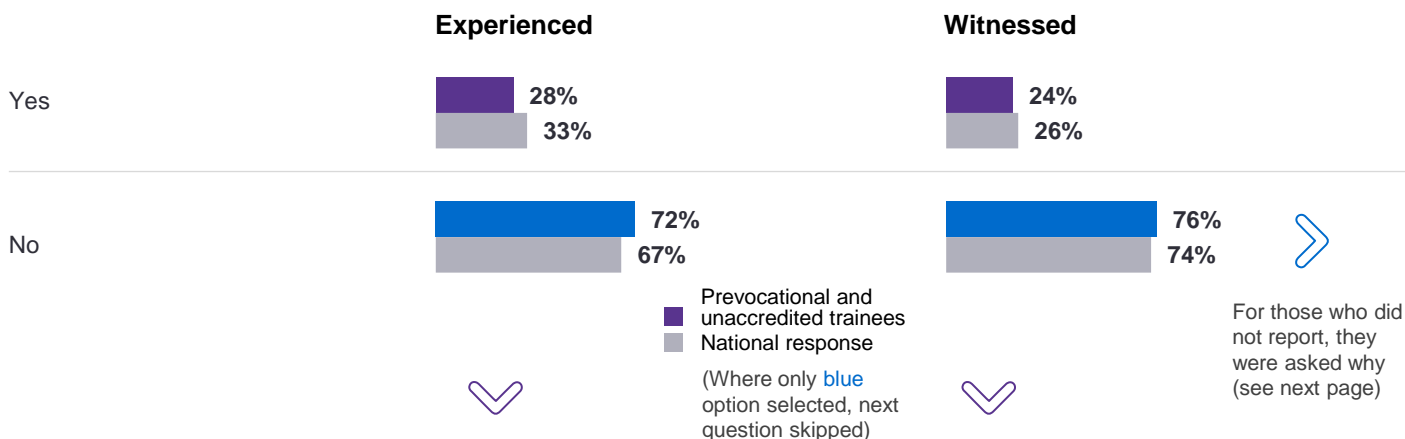
Q42c. The person(s) responsible was...

Base: Experienced bullying, harassment discrimination and/or racism from someone in their team or department (rebased to who was not a patient) (National: 2024 n = 2,040; Prevocational and unaccredited trainees: 2024 n = 554) - Witnessed (National: 2024 n = 2,631; Prevocational and unaccredited trainees: 2024 n = 768)

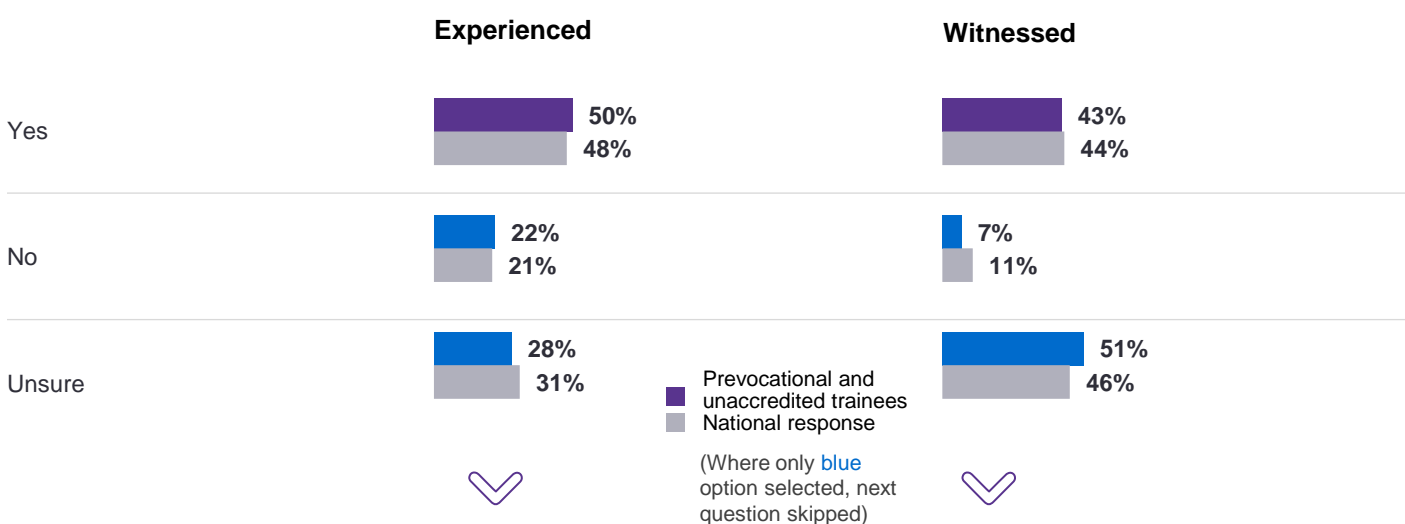
Q42d. Was the person(s) one of your supervisors?...

## Workplace environment and culture

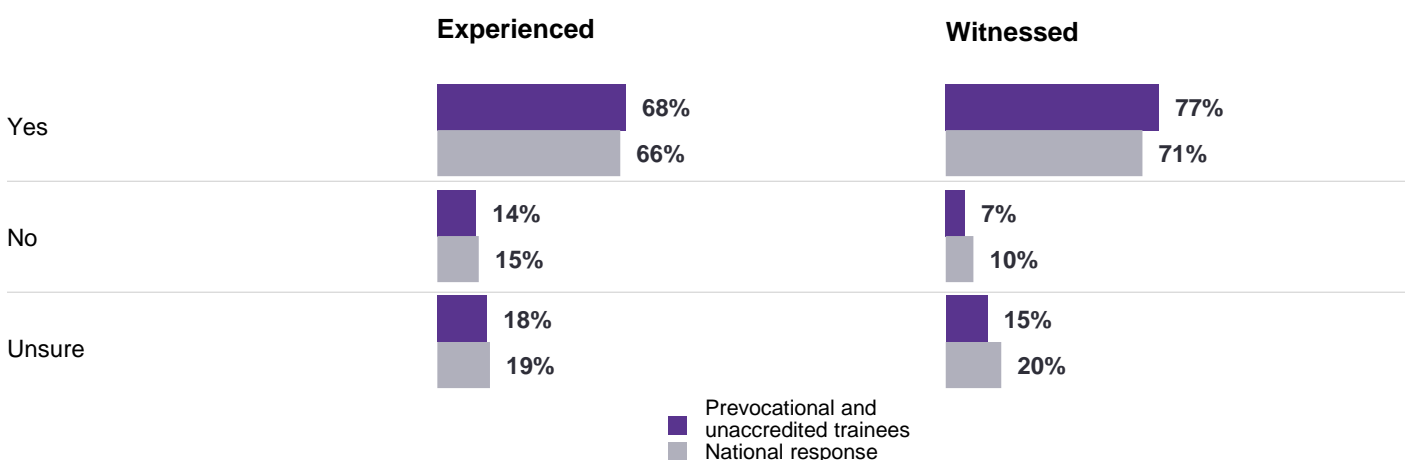
### HAVE YOU REPORTED IT...



### HAS THE REPORT BEEN FOLLOWED UP...



### ARE YOU SATISFIED WITH HOW THIS REPORT WAS FOLLOWED UP...



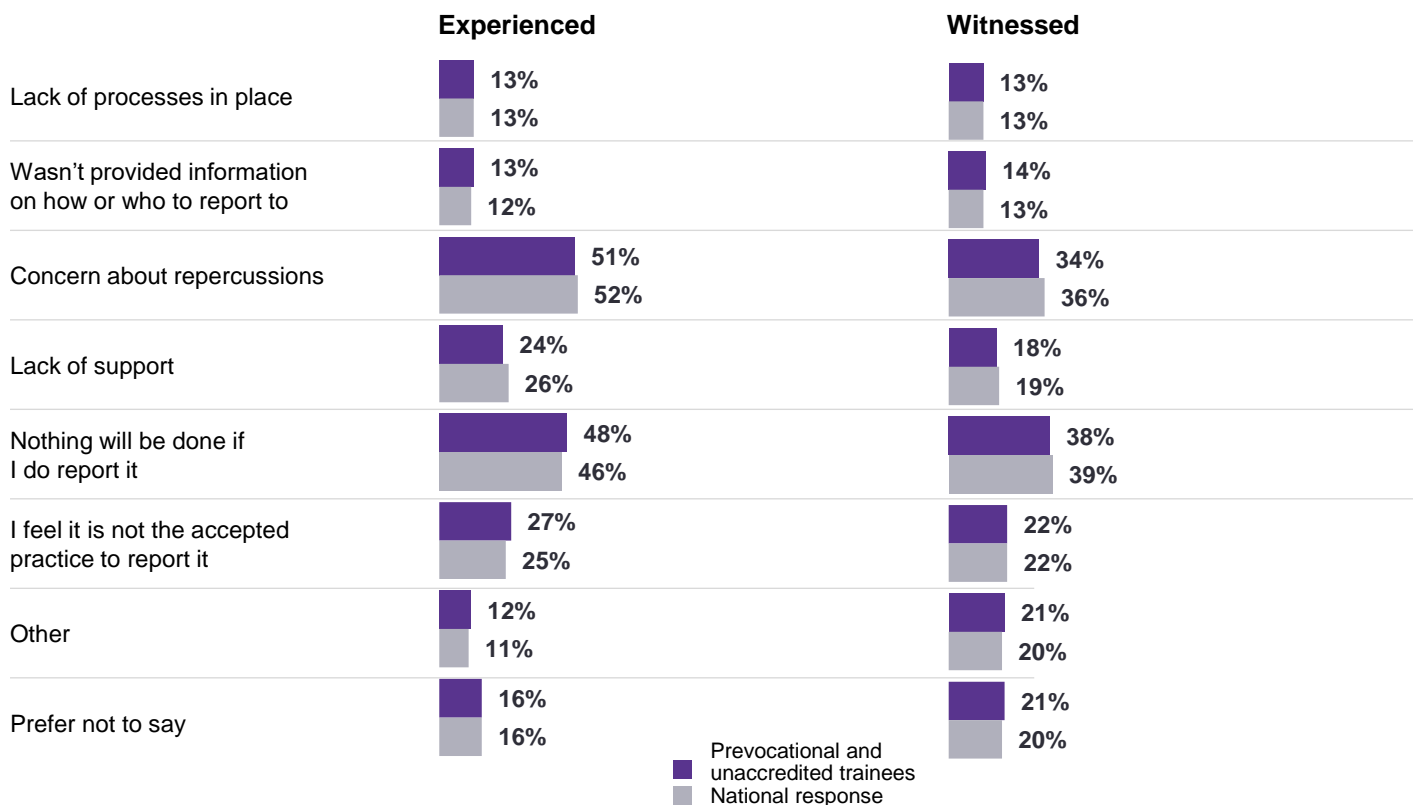
Base: Experienced bullying, harassment discrimination and/or racism (National: 2024 n = 3,835; Prevocational and unaccredited trainees: 2024 n = 1,032) - Witnessed (National: 2024 n = 5,248; Prevocational and unaccredited trainees: 2024 n = 1,556) | Q42e. Have you reported it?

Base: Reported bullying, harassment, discrimination and/or racism (National: 2024 n = 1,249; Prevocational and unaccredited trainees: 2024 n = 282) - Witnessed (National: 2024 n = 1,379; Prevocational and unaccredited trainees: 2024 n = 362) | Q42f. Has the report been followed up?

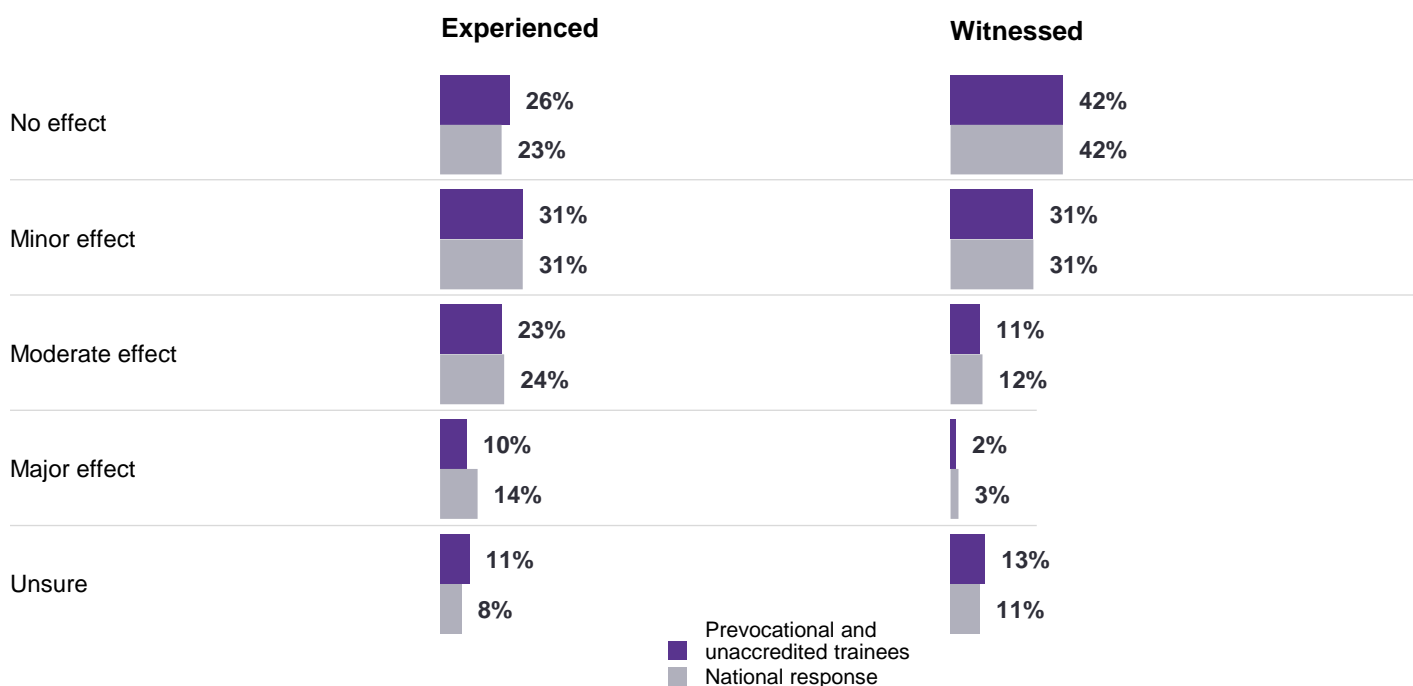
Base: Reported bullying, harassment, discrimination and/or racism who reported the incident and followed it up (National: 2024n = 591; Prevocational and unaccredited trainees: 2024 n = 138) - Witnessed (National: 2024 n = 593; Prevocational and unaccredited trainees: 2024 n = 149) | Q42g. Are you satisfied with how the report was followed up?

## Workplace environment and culture

### WHAT PREVENTED YOU FROM REPORTING...



### HAS THIS INCIDENT ADVERSELY AFFECTED YOUR MEDICAL TRAINING...



Base: Experienced bullying, harassment discrimination and/or racism and did not report it. (National: 2024 n = 2,561; Prevocational and unaccredited trainees: 2024 n = 745) - Witnessed (National: 2024 n = 3,830; Prevocational and unaccredited trainees: 2024 n = 1,181)

Q42i. What prevented you from reporting?

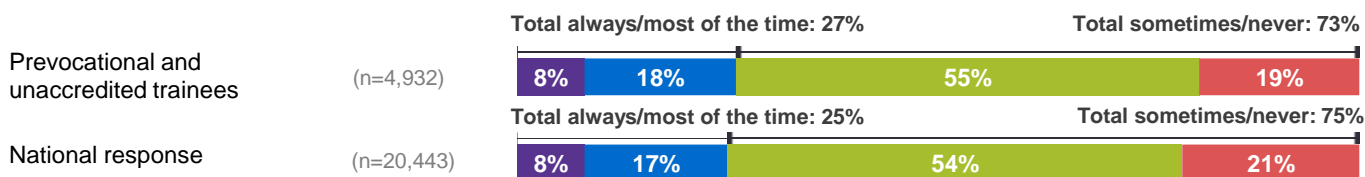
Base: Experienced bullying, harassment discrimination and/or racism (National: 2024 n = 3,921; Prevocational and unaccredited trainees: 2024 n = 1,064) - Witnessed (National: 2024 n = 5,376; Prevocational and unaccredited trainees: 2024 n = 1,606)

Q42h. How has the incident adversely affected your medical training?

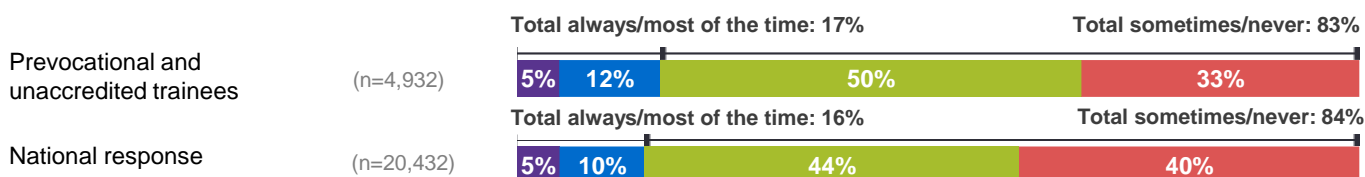
## Workplace environment and culture

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

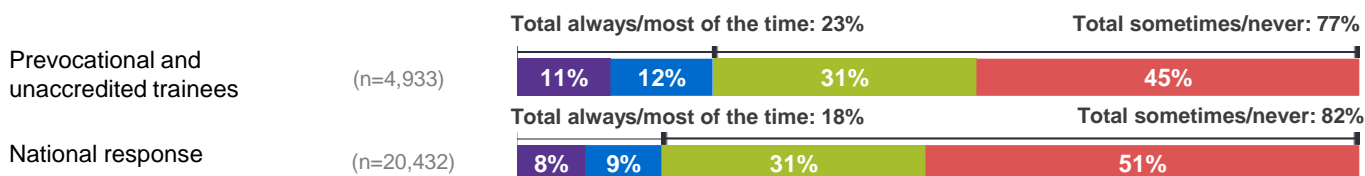
#### The amount of work I am expected to do



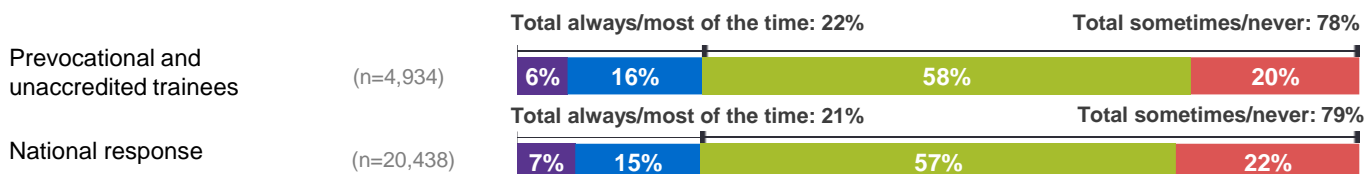
#### Having to work paid overtime



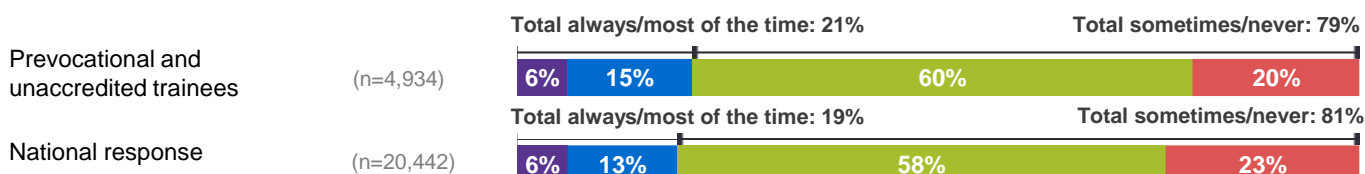
#### Having to work unpaid overtime



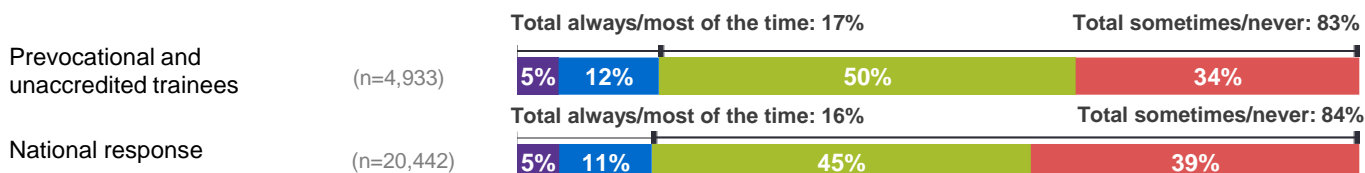
#### Dealing with patient expectations



#### Dealing with patients' families



#### Expectations of supervisors



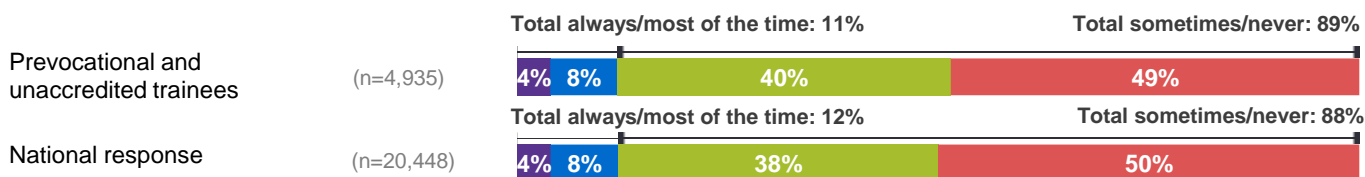
Key: Always (purple), Most of the time (blue), Sometimes (green), Never (red)

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

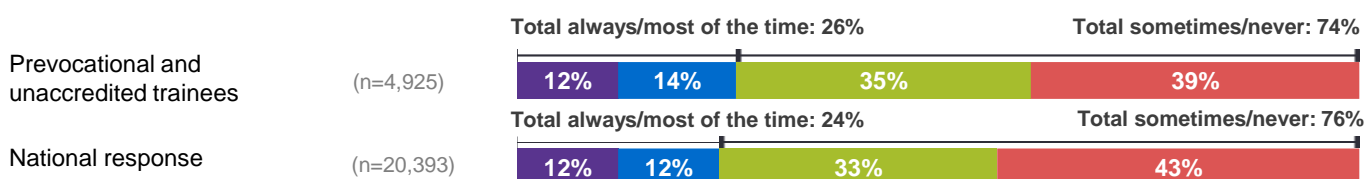
## Workplace environment and culture

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

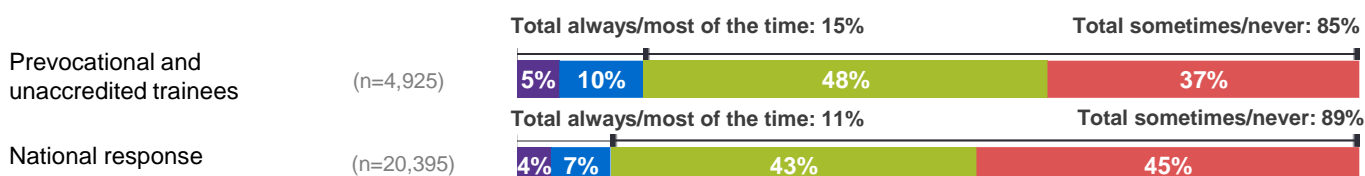
#### Supervisor feedback



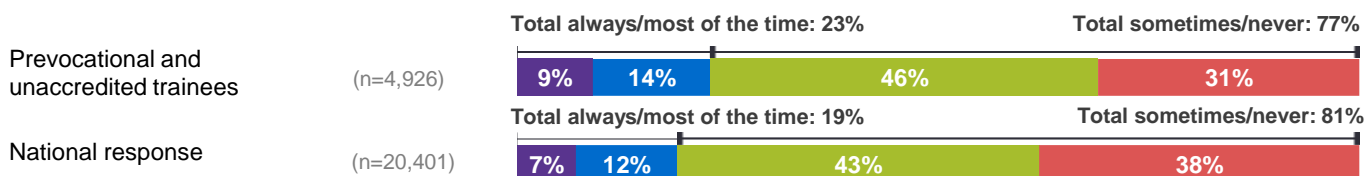
#### Having to relocate for work



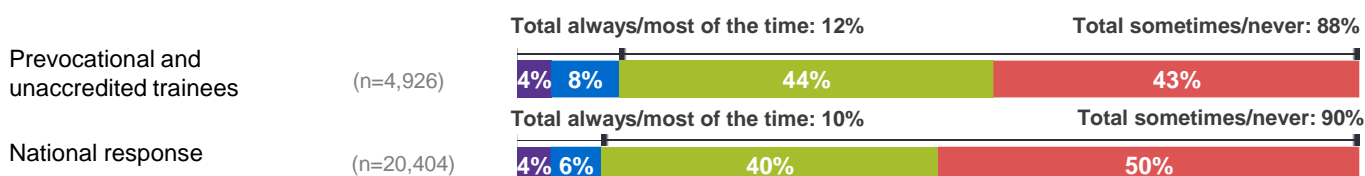
#### Being expected to do work that I don't feel confident doing



#### Lack of appreciation



#### Workplace conflict

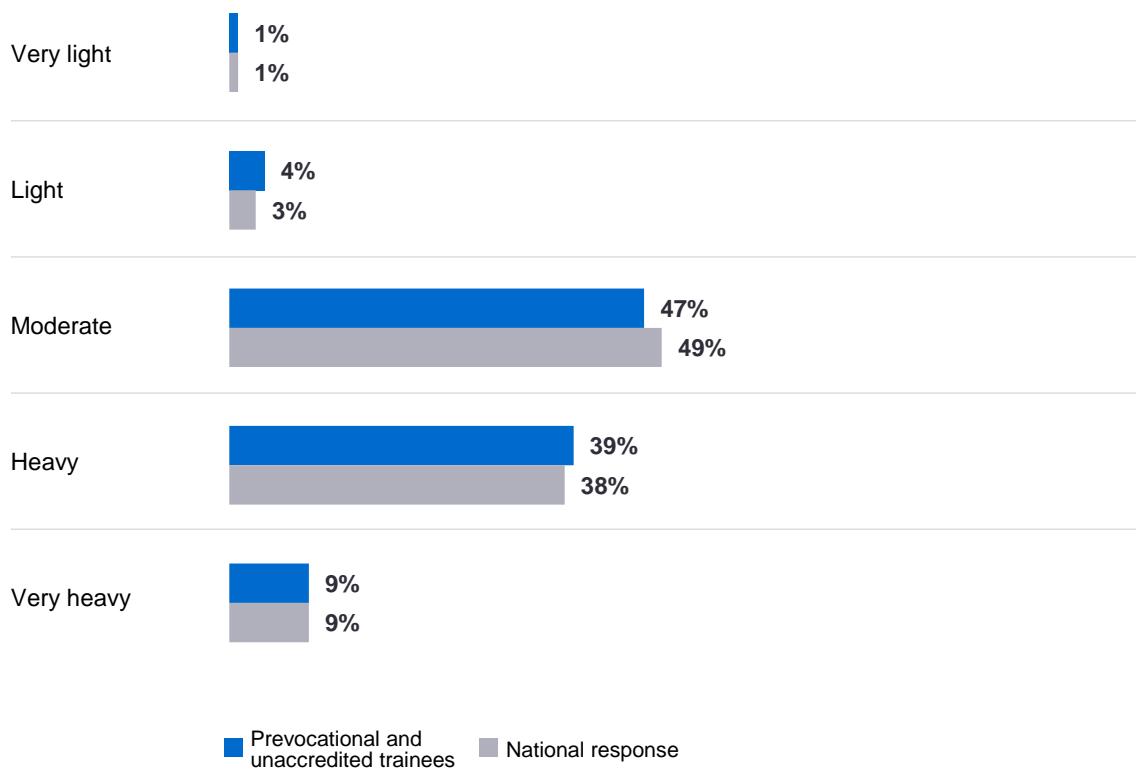


Key: Always      Most of the time      Sometimes      Never

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

## Workplace environment and culture

### HOW WOULD YOU RATE YOUR WORKLOAD IN YOUR SETTING?



Base: Total sample (National: 2024 n = 20,339; Prevocational and unaccredited trainees: 2024 n = 4,923)  
 Q45. How would you rate your workload in your setting?

## Workplace environment and culture

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

On average, prevocational and unaccredited trainees worked 46.5 hours a week, compared to 44.8 hours a week for the national average.

For prevocational and unaccredited trainees, 69% were working 40 hours a week or more, compared to the national response of 62%.

**On average, Prevocational and unaccredited trainees worked...**      **On average, doctors in training nationally worked...**

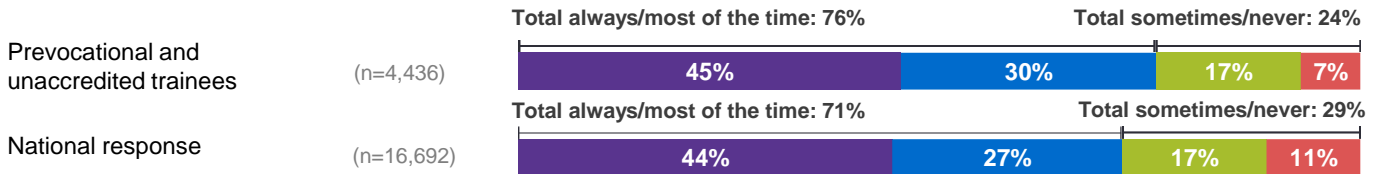


Base: Total sample (National: 2024 n = 20,358; Prevocational and unaccredited trainees: 2024 n = 4,914). Sample includes respondents who are employed full-time, part-time and casually.

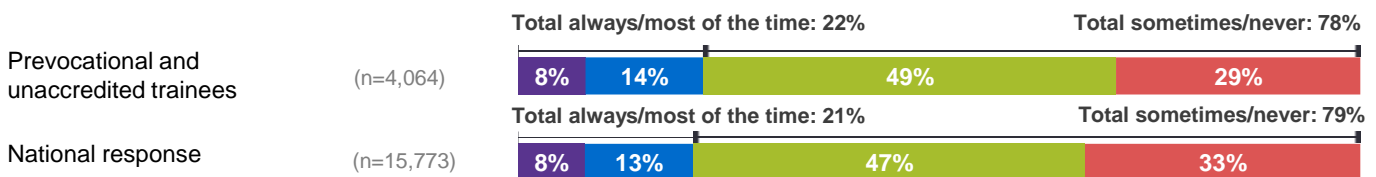
Q46. On average in the past month, how many hours per week have you worked?

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

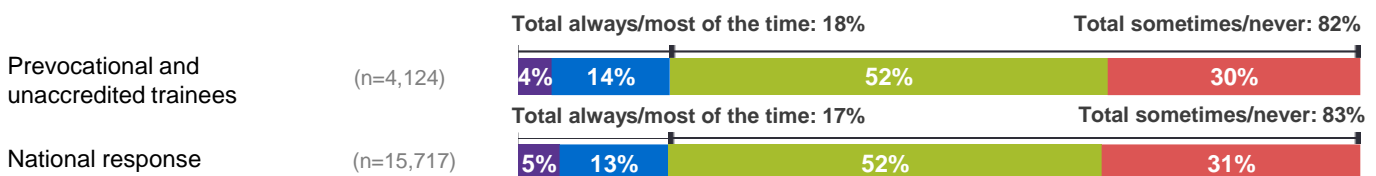
#### You get paid for the unrostered overtime



#### Working unrostered overtime have a negative impact on your training



#### Working unrostered overtime provide you with more training opportunities



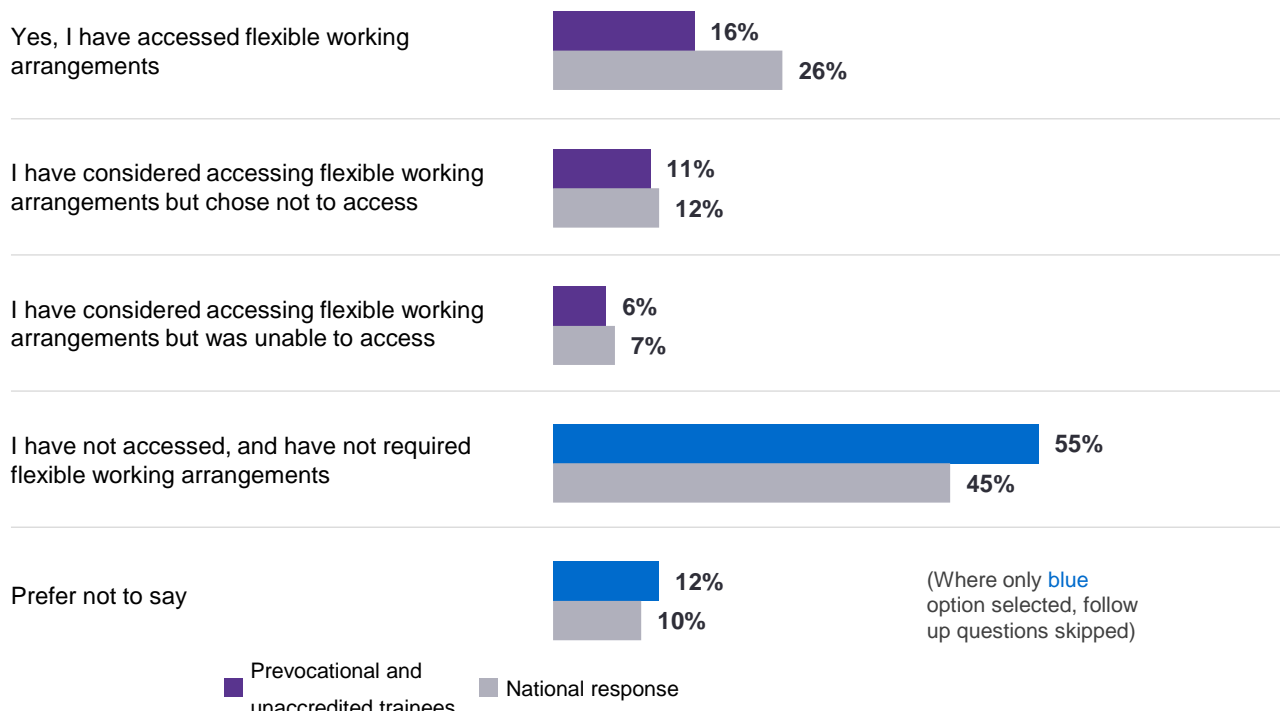
Key: ■ Always      ■ Most of the time      ■ Sometimes      ■ Never

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



## Workplace environment and culture

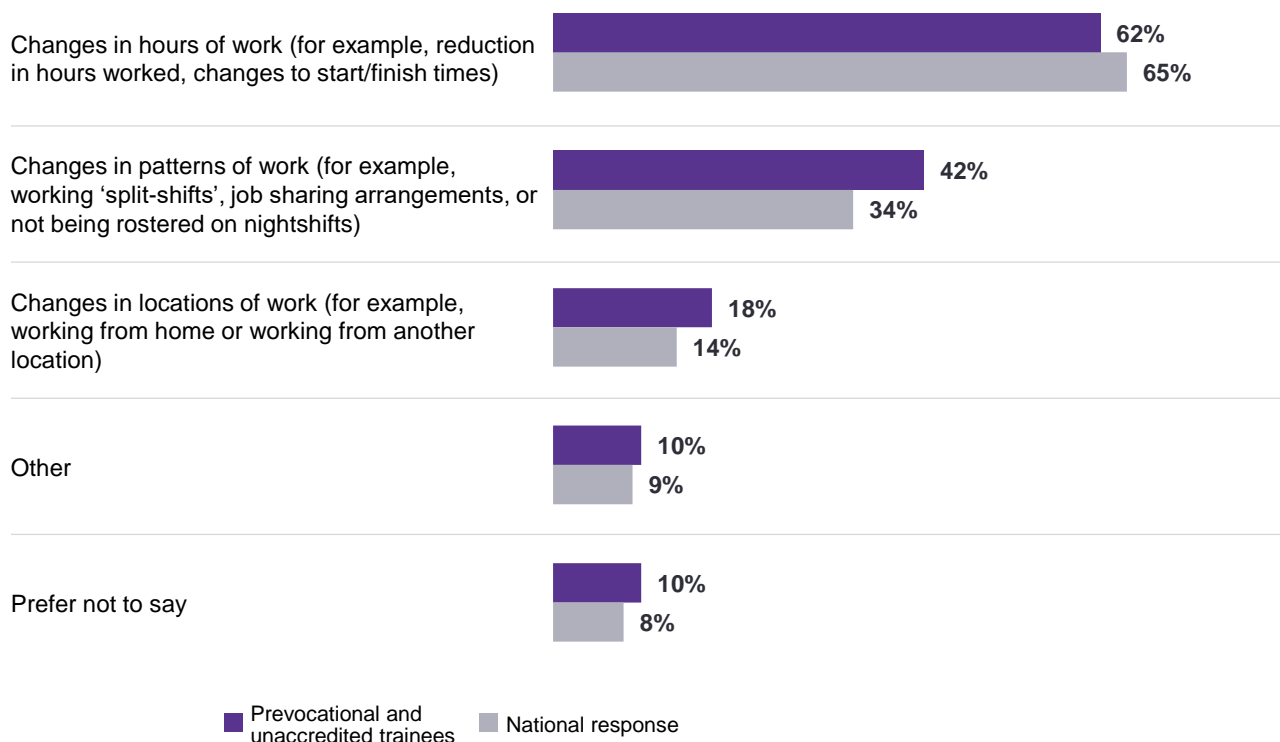
### HAVE YOU ACCESSED, OR CONSIDERED ACCESSING, FLEXIBLE WORKING ARRANGEMENTS IN YOUR SETTING?



Base: Total sample (National: 2024 n = 20,266; Prevocational and unaccredited trainees: 2024 n = 4,899)

Q63a. Have you accessed, or considered accessing, flexible working arrangements in your setting?

### WHAT SORT OF FLEXIBLE WORKING ARRANGEMENTS DID YOU ACCESS/WOULD YOU HAVE LIKED TO ACCESS:

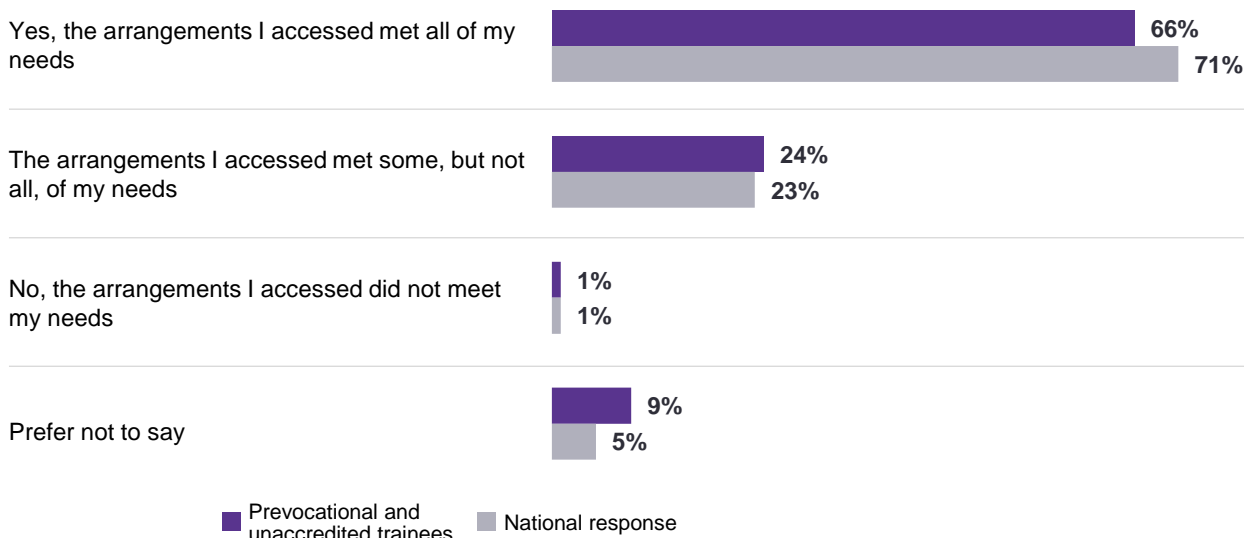


Base: Accessed, or would like to have access to flexible working arrangements (National: 2024 n = 8,989; Prevocational and unaccredited trainees: 2024 n = 1,631)

Q64. What sort of flexible working arrangements did you access / What sort of flexible working arrangements would you have liked to access?

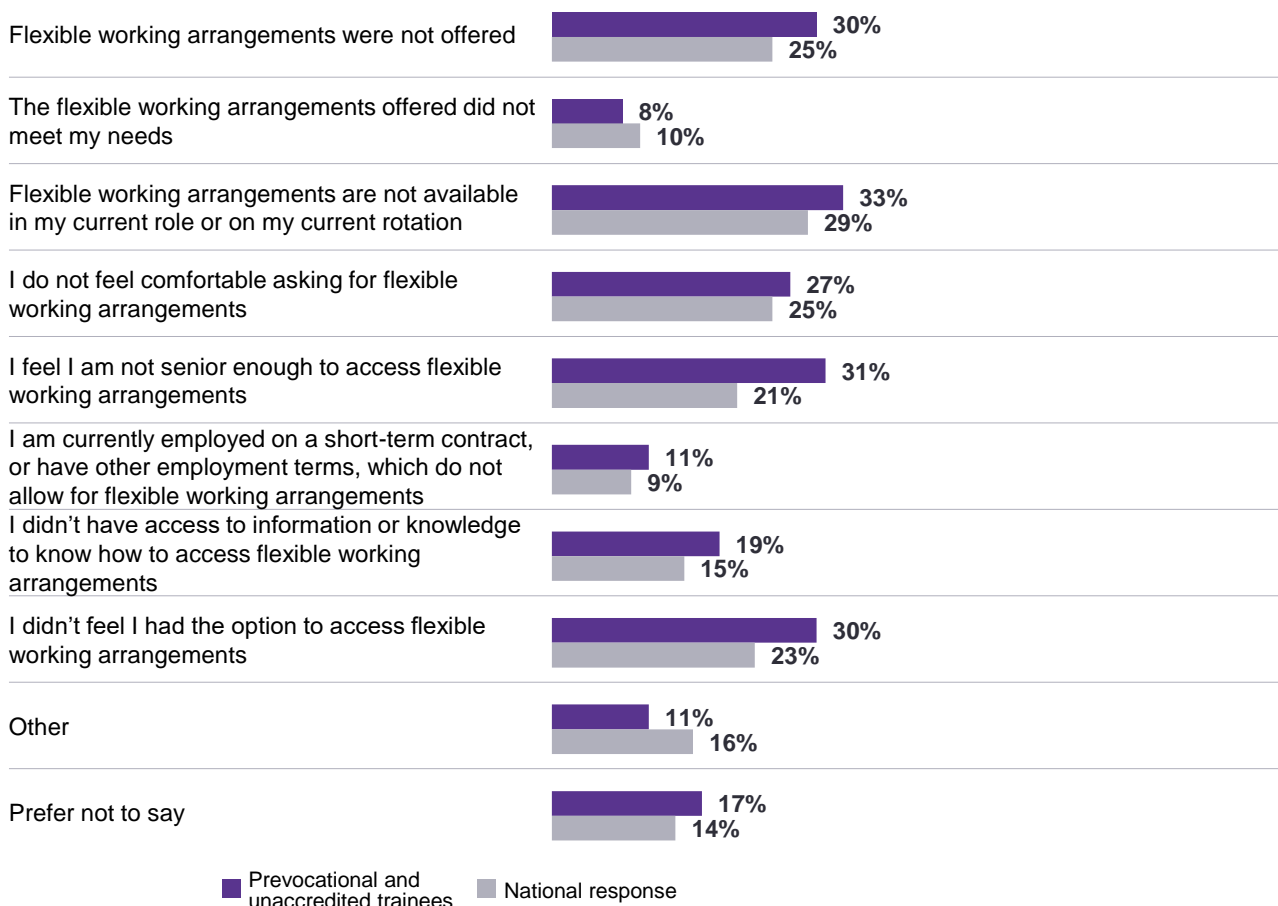
## Workplace environment and culture

### DID THE FLEXIBLE WORKING ARRANGEMENTS YOU ACCESSED IN YOUR SETTING MEET YOUR NEEDS



Base: Accessed flexible working arrangements (National: 2024 n = 5,196; Prevocational and unaccredited trainees: 2024 n = 795)  
 Q63b. Did the flexible working arrangements you accessed in your setting meet your needs?

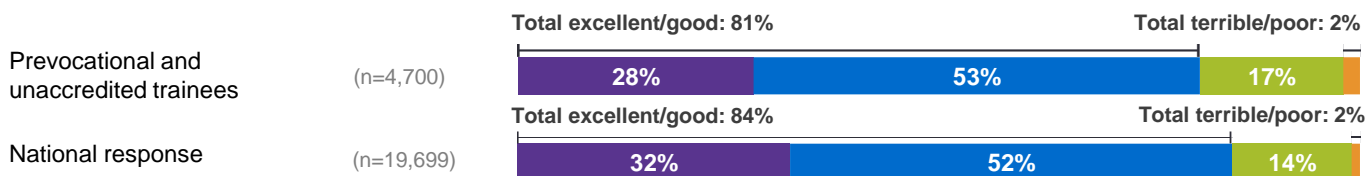
### WHY HAVE YOU CHOSEN NOT TO ACCESS, OR BEEN UNABLE TO ACCESS, FLEXIBLE WORKING ARRANGEMENTS IN YOUR SETTING?



Base: Would like to have access to flexible working arrangements (National: 2024 n = 3,780; Prevocational and unaccredited trainees: 2024 n = 834)  
 Q63c. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting?

## Patient safety

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



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

Base: Received training on how to raise concerns about patient safety

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

#### I did not receive training on how to raise concerns about patient safety

Prevocational and unaccredited trainees 4%

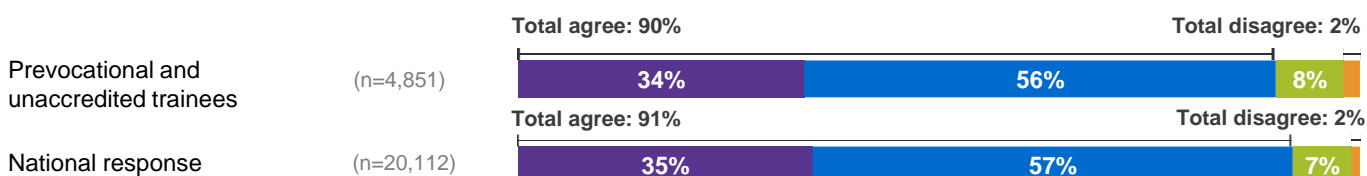
National response 3%

Base: Total Sample

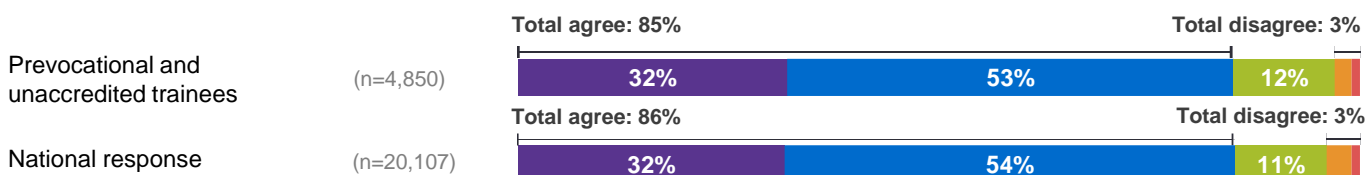
Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

## PATIENT CARE AND SAFETY IN THE WORKPLACE

### I know how to report concerns about patient care and safety



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



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

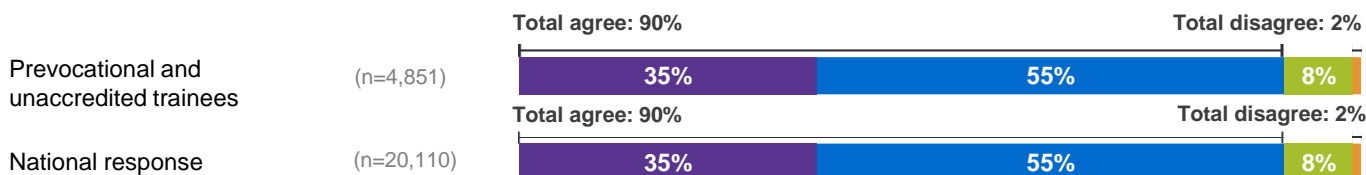
Base: Total sample

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

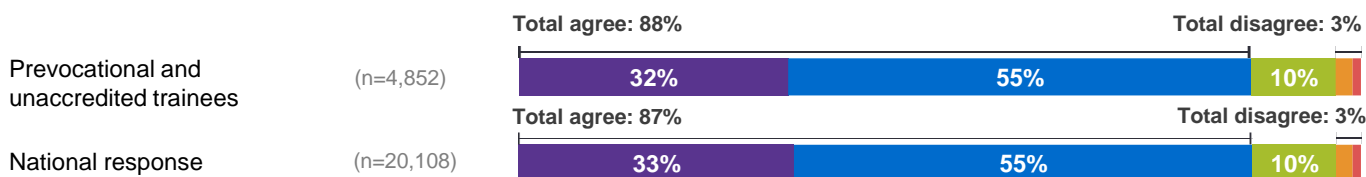
## Patient safety

### PATIENT CARE AND SAFETY IN THE WORKPLACE (cont.)

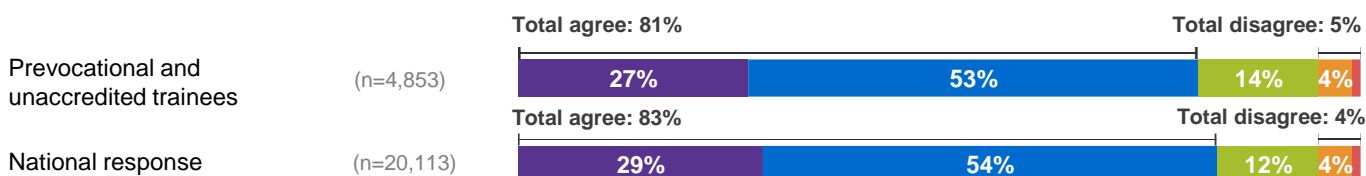
#### I am confident to raise concerns about patient care and safety



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



#### I have received training on how to provide culturally safe care



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

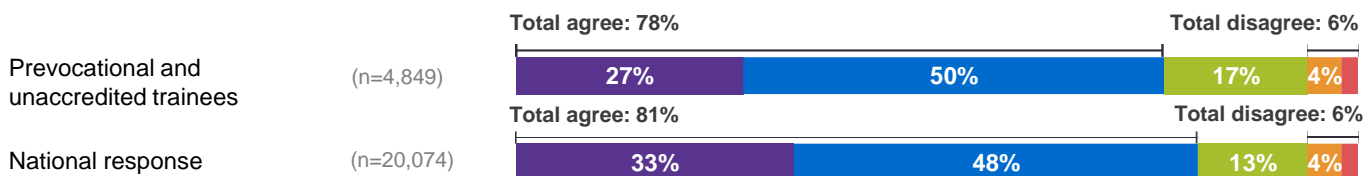
Base: Total sample

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

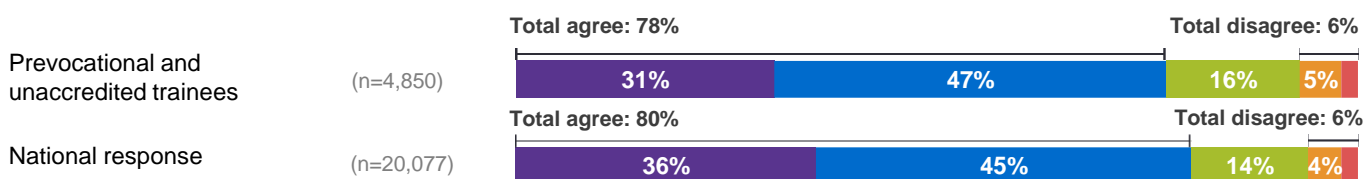
## Overall satisfaction

### RECOMMEND TRAINING

#### I would recommend my current training position to other doctors



#### I would recommend my current workplace as a place to train



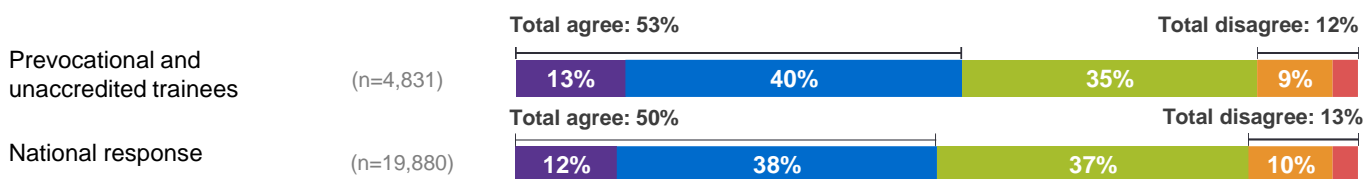
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

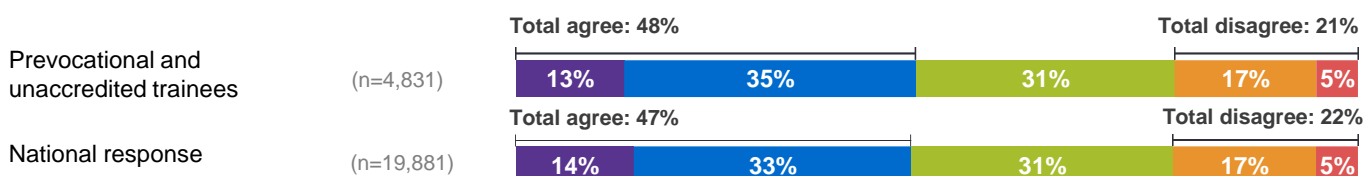
## Future career intentions

### CAREER INTERESTS

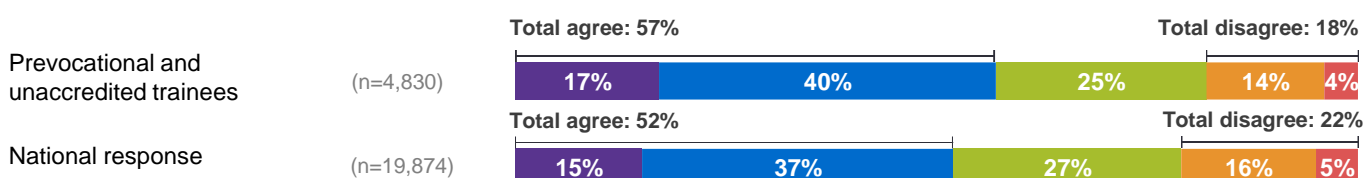
#### I have an interest in Aboriginal and Torres Strait Islander health/healthcare



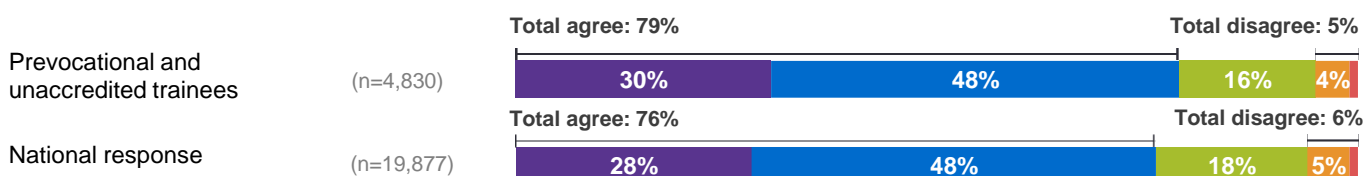
#### I am interested in rural practice



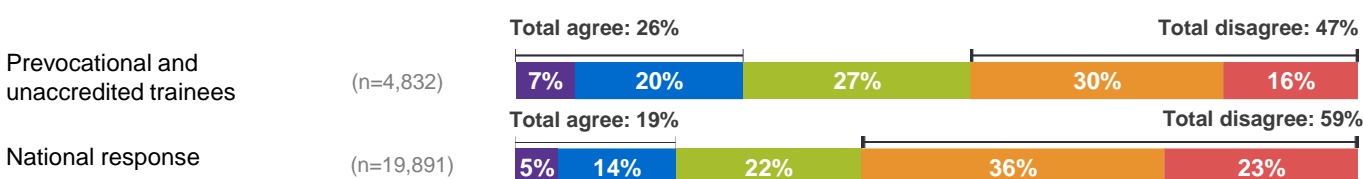
#### I am interested in getting involved in medical research



#### I am interested in getting involved in medical teaching



#### I am considering a future outside of medicine



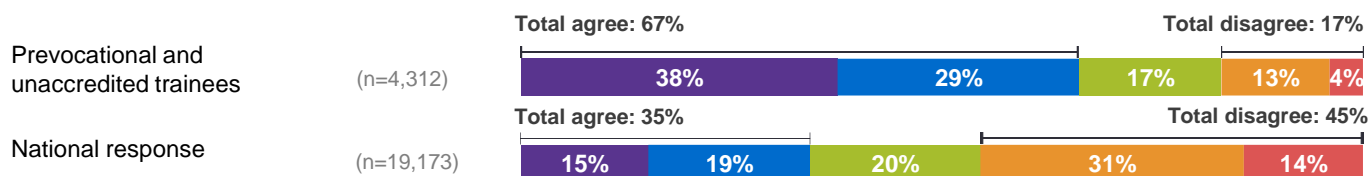
**Key:** ■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

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

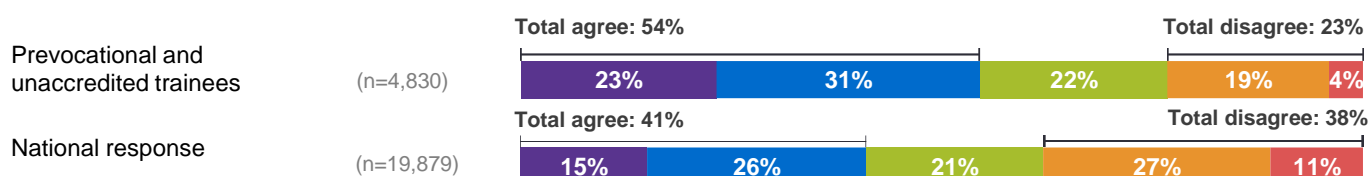
## Future career intentions

### TRAINING PROGRAM COMPLETION

**I am concerned I will not successfully complete my training program to attain Fellowship / meet my pathway requirements / securing a place in my preferred College training program**



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



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

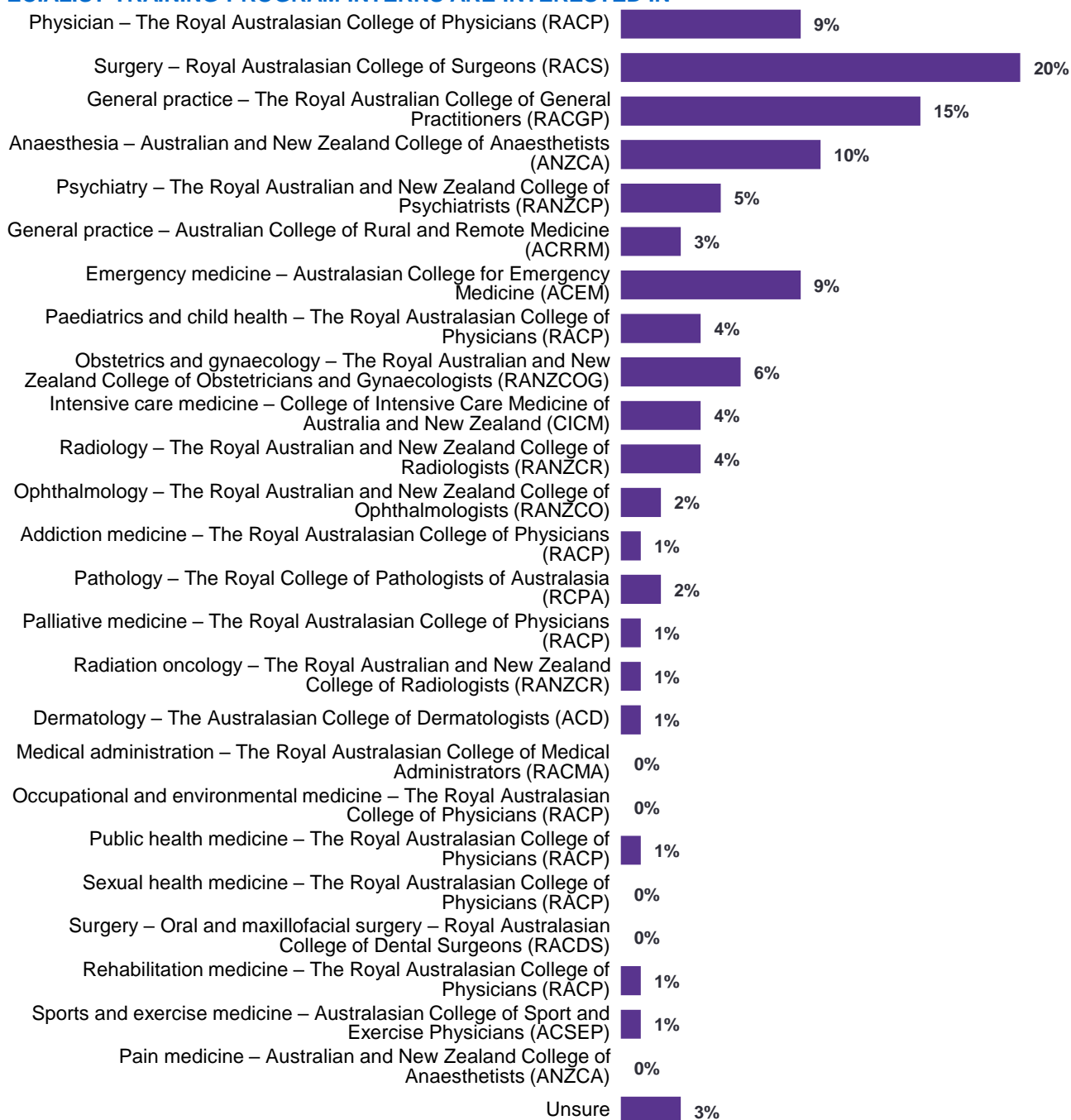
Base: Total sample  
 Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

## Future career intentions

### PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY



### SPECIALIST TRAINING PROGRAM INTERNS ARE INTERESTED IN



Base: Prevocational and unaccredited trainees (2024 n = 4,841)

Q52. Do you intend to become a specialist?

Base: Prevocational and unaccredited trainees interested in a specialty (2024 n = 4,313)

Q53. Which specialty are you most interested in pursuing?



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the results further by using the interactive  
data dashboard